Form

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.

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

2017 Open to Public Inspection

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Ā	For the	e 2017 c	alendar	year, or	•					ending	-					_
В	Check if an	pplicable	C Name of	organizatio	on									D Employe	er identification number	
	Address cl	hange			F	AYEŢTE	VILI	LE YOU	TH CEN	ITER,	INC.			_		
$\overline{\Box}$	Name cha	nge	_	siness as				REYNOLI		S AND	GIRL) <u>25</u> 4287	_
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-	Initial return						ZIP or fo	reign postal c	ode					4/3-	442-3242	_
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For DAA		ork Red	uction Ac	t Notice,	see the s	eparate in	structi	ons.							Form 990 (201)	7)

DAA

	FAYETTEVILLE YOU		0254287	Page 2
	tatement of Program Ser theck if Schedule O contain	vice Accomplishments ns a response or note to any line i	n this Part III	X
Briefly desc	cribe the organization's mission	to a reopenies of frete to any mis-	The Control	
SEE SCH	EDULE O			
Did the orga	anization undertake any significa	nt program services during the year which	were not listed on the	
•	990 or 990-EZ? scribe these new services on Scl	nedule O		Yes X No
		ake significant changes in how it conducts	, any program	
services? If "Yes " des	scribe these changes on Schedu	le O		Yes X No
Describe th	e organization's program service	accomplishments for each of its three larg		
	Section 501(c)(3) and 501(c)(4) c penses, and revenue, if any, for e	rganizations are required to report the amo each program service reported	ount of grants and allocations to others	S,
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Other progr	ram services (Describe in Schedi \$ inc	ule O) udıng grants of\$) (Revenue \$	

Form 990 (2017) FAYETTEVILLE YOUTH CENTER, INC.

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Part III 5 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 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

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

19

If "Yes." complete Schedule G. Part III

Form 990 (2017) FAYETTEVILLE YOUTH CENTER, INC.

Part IV Checklist of Required Schedules (continued)

20a Duthe organization operate one or more hospital facilities "I"ves" complete Schedule H 20a X				Yes	No
the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1º If "Pis" complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2º If "Pis" complete Schedule I, Parts I and II 22 X 23 X 24 Did the organization asserv "Fis or Part IVI, Section A), line 3, a y of 3 about compensation of the organization asserv "Fis or Part IVI, Section A), line 3, a y of 3 about compensation of the organization asserver "Fis or Part IVI, Section A), line 3, a y of 3 about compensation of the organization asserver yets of braid IVI, Section A), line 3, a y of 3 about compensation of the organization asserver in the year (14 W Fis), "Go to line 28 a bid the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization mental an escrive account other than a refunding escrive at any time during the year? 26 Did the organization meets any for some secret proceeds of tax-exempt bonds outstanding at any time during the year? 26 Section 501(G)(3), 501(G)(4), and 501(G)(3) proceeds of tax-exempt bonds outstanding at any time during the year? 27 Section 501(G)(3), 501(G)(4), and 501(G)(3) proceeds of tax-exempt bonds outstanding at any time during the year? 28 Section 501(G)(3), 501(G)(4), and 501(G)(3) proceeds of tax-exempt bonds outstanding at any time during the year? 29 Section 501(G)(3), 501(G)(4), and 501(G)(3) proceeds of tax-exempt bonds outstanding at any time during the year? 29 Section 501(G)(3), 501(G)(4), and 501(G)(3) proceeds of tax-exempt bonds outstanding at any time during the year? 29 Did the organization and as an one been respond on any of the organization with a disqualified person in a prior year, and that the transaction and any other section	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year; that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization and proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization and proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization proced and proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization proced and proceeds of tax-exempt bonds outstanding at any time during the year? 24d Did the organization proced and proceeds of the year? If "Yes," complete Schedule L, Part II 25a X Did the organization proced a grant or other assistance to any of the organization proceds organization proceds a grant or other assistance to any officer, director, trustee, where the year? If "Yes," complete Schedule L, Part IV Was the organization organization proceds of applicable filing threeholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Sc			23		Х
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37				
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		• • • • • • • • • • • • • • • • • • • •			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		Х
	38				
			38	Х	

Form	990 (2017) FAYETTEVILLE YOUTH CENTER, INC. 71-0254287		Pa	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0	-		
b	Enter the number of round it 25 monded in time its 2 monded in time its	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Χ	
2-	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	"		
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 171			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>X</u>
þ	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)	_		3.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7	- 7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans [3b]	1		
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	

Form 990 (2017) FAYETTEVILLE YOUTH CENTER INC

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(do box off	o not o	Pos check ess pe	C) sition more erson	e than one compensation compensation is both an from or/frustee) the org			(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2 1000 11100)	organization and related organizations
(1)MIKE HILL										
moeactioen	2.00	X		Х				0	0	0
TREASURER (2) ERIC BRADFORD	0.00	 ^	-	_		\vdash		0		<u> </u>
(2)ERIC BRADFORD	2.00									
SECRETARY	0.00	X		X				O	0	0
(3) JAMIE BANKS		Ì								
	2.00					ΙÍ				
DIRECTOR	0.00	X	_	_				0	0	0
(4) JIM STOCKLAND										
DIRECTOR	2.00	X						0	0	0
(5) KERRY BRADLEY	0.00	╁							<u> </u>	
(O) KEIKKI BIGIBEET	2.00									
DIRECTOR	0.00	Х						0	0	0
(6) JEFF KOENIG										
	2.00]			^	
DIRECTOR	0.00	X	-	┝		\vdash		0	0	0
(7)LISA MORSTAD	2.00		1							
DIRECTOR	0.00	X						0	0	0
(8) LEVON OGDEN	1 0.00	 ^ ^				П		<u>_</u>		<u> </u>
	2.00		ļ							
DIRECTOR	0.00	X	╙	_	<u> </u>	Ш		0	0	0
(9) NEIL SHIPLEY										
DIDECTOR	2.00	,,			l	H			_	
DIRECTOR (10) EDWARD HURLEY	0.00	X	 	\vdash	⊢	╁		0	0	0
(10)EDWARD HORLET	2.00			ĺ						
DIRECTOR	0.00	$ _{X}$						0	0	0
(11) STEVE BANDY	1	†	T	\Box		\Box				
	2.00									
PRESIDENT	0.00	X		X	L.	\Box		0	0	<u> </u>
DAA										Form 990 (2017)

Form 990 (2017) FAYETTEV												Pa	<u>ige 8</u>
		ruste	ees,			рюу	ees	, and Highest Compens		<i>Jea)</i>	(F)		
(A) Name and title	(B) Average hours per week (list any	box	x, unie	Pos heck ss pe	rson	than o is both or/trusto	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**21033-41130)		organizati and relate organizatio	on ed	
(12) DICK JOHNSON	0 00										•		
DIRECTOR	2.00 0.00	X						ام	0				0
DIRECTOR (13) JASON CARTER	0.00	╁	\vdash			\vdash		0					
	2.00	,,							0				0
DIRECTOR (14) JOHN ERCK	0.00_	X	╁┈	-	\vdash	\vdash		0	0				0
	2.00	,,							0				^
DIRECTOR (15) ADAM RUTLEGE	0.00	X	\vdash		\vdash	\vdash		0	0	<u> </u>			0
	2.00			,,					0				0
VICE PRESIDENT (16) MONTY SHARIT	0.00	X	┢	Х	\vdash	\vdash		0	0_				0
(16) MONII SHARII	2.00												
DIRECTOR	0.00	X						l ol	0				0
(17) AMBER KRAMER													
	2.00	,,			:				^				^
DIRECTOR (18) TRENT WELLER	0.00	X	├			\vdash		0	0	 			0
(10) IRENI WELLER	2.00												•
DIRECTOR	0.00	X						l ol	0				0
(19) CLARK MORMAN													
DIRECTOR	2.00 0.00	X						ol	0				0
1b Sub-total							>						
c Total from continuation she	ets to Part VI	I, Se	ctio	n A									
d Total (add lines 1b and 1c) Total number of individuals (ii	ncluding but no	at lum	uted	to th	088	lister	<u>P</u> 1 ah	l nove) who received more t	han \$100 000 of				
reportable compensation from				10 111	1036	113100			11a11 \$100,000 O				
3 Did the organization list any f	ormer officer	direc	tor i	ar tri	istor	e ke	v en	nnlovee or highest compe	ensated			res	No
employee on line 1a? If "Yes,	" complete Sch	hedu	le J	for s	uch	indiv	dua	al			3		<u>X</u>
4 For any individual listed on lir organization and related organization													
individual	inizations great	iei ii	iaii 4	, 130	,000	, , ,,	763	s, complete schedule s lo	Such		4		X
5 Did any person listed on line for services rendered to the or									n or individual		5		<u>X</u>
Section B. Independent Contract													
 Complete this table for your fi compensation from the organ 										tax vea	r		
	(A) business address								(B) tion of services			(C) pensa	ion
							-						
									<u>-</u>		-		
											<u> </u>		

0

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Form 990 (2017) FAYETTEVILLE YOUTH CENTER, INC. 71-0254287

Part VII · Section A. Officer (A) Name and title	(B) Average hours per week (list any hours for	off	x, unle icer a	Pos check ess pe	rson Irecto	than on the state of the state	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ated	
(20) PAM BOWERS DIRECTOR	2.00	Х						0	0				
(21) JACOB LOGUE DIRECTOR	2.00	Х						0	0			-	
to a line should be sub-total continuation should be sub-total (add lines 1b and 1c) total number of individuals (in reportable compensation from	including but no	ot lim	iited		ose	liste	▶ ▶ d ab	pove) who received more	than \$100,000 of			•	
 Did the organization list any temployee on line 1a? If "Yes For any individual listed on line organization and related organization and related organization." 	e," complete Scl ne 1a, is the su anizations great	nedu m of ter th	le J repo nan \$	for s ortab 3150	uch le c ,000	indiv ompo i? If	idua ensa "Yes	al ation and other compensa s," complete Schedule J fo	ition from the or such		3	Yes	No
5 Did any person listed on line for services rendered to the of Section B. Independent Contract	organization? <i>If</i>								on or individual		5		
Complete this table for your from the organical compensation from the organical compensation.	nization Report	npen t con	sate npen	d ind	depe	nde or the	nt co cal	endar year ending with or	within the organization's	tax yeaı		(C)	
Name and	(A) d business address							Descrip	(B) olion of services		Co	(C) mpensa	ation
						···							
									1				
2 Total number of independent received more than \$100,000													

	πv		r if Schedule			a response	e or note to any li	ne in this Part VII	<u> </u>	
			,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue Other Similar Amounts	1a	Federated ca	mpaigns	1a		98,328				
2 5		Membership	. •	1b		169,639				
Ag		Fundraising e		1c		3,553				
声		Related organ		1d						
ğΈ		Government grants		1e		292,254				
อัก		All other contribution								
돌림			ts not included above	1f		271,067				
털이	а	Noncash contributi	ons included in lines 1	a-1f	<u> </u>	3,000				
흕		Total. Add lin			•	• •	834,841			
<u> </u>		rotan riaa mi				Busn Code				
ě	2a	ргсргат	TIONAL PROGR	2M4			1,007,103	1,007,103		
윤	b	пропри	TOWNE TROOM							
<u>.</u>	c						-		_	
훘	d								-	
É	_									
B	f	All other prog	ram service rev	enue						
윤		Total. Add lin		01100			1,007,103	,	<u> </u>	
	3		come (including	divide	ends inte	rest				
	•	and other sim		,	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	····	57,850			57,850
	Δ		investment of ta	Y-EYE	mnt bond	Inroceed				
	5	Royalties			mpt bond	. p. 00000	·			
		rioyamoo	(ı) Real		(u) F	Personal				-
	6a	Gross rents	(,,::22:		- (-,					
	b	Less rental exps								
		•								
	C	Rental inc or (loss Net rental inc				•				
	d 7a	Gross amount from		,) Other				
		sales of assets		<u> </u>	(11)	, Other				
		other than inventor			<u> </u>					
	D	Less cost or other	I .	380						
		basis & sales exps			ļ					
		Gain or (loss)		300	l		-77,380			-77,380
		Net gain or (lo	oss) rom fundraising ev	onto			77,300		- ,	11,500
venue	oa	(not including \$		553				s		
ě		, ,	reported on line 1							
8			-							
Other Re	_	See Part IV, line		a						
핑		Less direct e		b)	20 010 74					
i			r (loss) from fur		ng events					
	9a		rom gaming activit			1				•
		See Part IV, line		a						
1		Less direct e		b						
			r (loss) from ga		ctivities					
	ıua		of inventory, less			İ				
		returns and a		a						
		Less cost of	-	b						
	<u></u> c		r (loss) from sal	es of i	nventory	P			<u>.</u>	
	4.		cellaneous Revenue			Busn Code	F 0.63			
	11a	OTHER IN	COME				5,863	5,863		
	þ									
	С					\vdash				
	d	All other reve								
	е	Total. Add lin				•	5,863			10.555
	12	Total revenu	ie. See instructi	ons		•	1,828,277	1,012,966	0	-19 , 530

Form 990 (2017) FAYETTEVILLE YOUTH CENTER, INC. 71-0254287

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 (D) Fundraising expenses (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 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, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 139 904,625 154 105 123. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 97,382 579 986 6,817 Other employee benefits 379 270 85,644 995 10 Payroll taxes Fees for services (non-employees) 11 Management **b** Legal 2,737 20.743 18,006 c Accounting d Lobbying e 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) 4,771 4,055 716 12 Advertising and promotion 10,321 10,321 13 Office expenses 954 3,035 12,919 Information technology 14 15 Royalties 262 262 773 16 Occupancy 8,201 5,108 3.093 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 184 184 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates <u>355,75</u>0 355,750 22 Depreciation, depletion, and amortization 28,348 55,473 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 252 ,252 SUPPLIES 34 300 34,300 PROGRAM EXPENSES 29,180 29,180 CONTRACT LABOR C , 292 ,210 15,082 BANK AND CREDIT CARD FEES 27 375 22,963 64,162 13,824 e All other expenses 881. 261,060 246,524 468 103. 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

Form 990 (2017) FAYETTEVILLE YOUTH CENTER, INC.

Part X Balance Sheet

P	art)	K Balance Sheet				
		Check if Schedule O contains a response or note to any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		208,073	1	227,624
	2	Savings and temporary cash investments			2	•
	3	Pledges and grants receivable, net		141,958	3	172,660
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, dir	ectors -			
	ľ	trustees, key employees, and highest compensated employees				
	ŀ	Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as	ا defined under section	·	Ť	
	ľ	4958(f)(1)), persons described in section 4958(c)(3)(B), and cont		d		
		sponsoring organizations of section 501(c)(9) voluntary employee	· · · · · · · · · · · · · · · · · · ·	•		
un.		organizations (see instructions) Complete Part II of Schedule L	25 Deficionary		6	
Assets	٦,	Notes and loans receivable, net	<u> </u>	- : ::	7	
Ass	8	Inventories for sale or use	-		8	
-	1 -		-	22,277	9	21,916
	9	Prepaid expenses and deferred charges Land, buildings, and equipment cost or	-	22,211		21, 310
	lua		14,285,127			
	ا ر		4,825,053	9,806,031	10c	9,460,074
		•	4,023,033	2,750,220	11	2,754,655
	11	Investments—publicly traded securities	-	2,130,220		2,134,033
	12	Investments—other securities See Part IV, line 11	-		12 13	-
	13	Investments—program-related See Part IV, line 11	-		_	
	14	Intangible assets	465,339	14	16E 220	
	15	Other assets See Part IV, line 11	-	13,393,898	15	465,339 13,102,268
	16	Total assets. Add lines 1 through 15 (must equal line 34)		69,136		73,244
	17	Accounts payable and accrued expenses	-	09,130		13,244
	18	Grants payable	-	148,187	18	156 050
	19	Deferred revenue	ŀ	140,107	19	156,058
	20	Tax-exempt bond liabilities	}		20	
	21	Escrow or custodial account liability Complete Part IV of Schedu			21	
Liabilities	22	Loans and other payables to current and former officers, director	s,			
Ħ		trustees, key employees, highest compensated employees, and				
ē	l	disqualified persons Complete Part II of Schedule L	<u> </u>	204	22	
_	I .	Secured mortgages and notes payable to unrelated third parties	}-	394	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related	4			
		parties, and other liabilities not included on lines 17-24) Complet	e Part X			
	l	of Schedule D	-	017 717	25	220 202
_	26	Total liabilities. Add lines 17 through 25	<u>ਹ</u>	217,717	26	229,302
es		Organizations that follow SFAS 117 (ASC 958), check here ▶	X and			
2		complete lines 27 through 29, and lines 33 and 34.		10 (50 50)		10 470 500
3ale	27	Unrestricted net assets		10,659,523		10,479,502
Ā	28	Temporarily restricted net assets	-	2,516,658	28	2,393,464
5	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check	here 🔪 and			
ts	l_	complete lines 30 through 34.				
Se		Capital stock or trust principal, or current funds	-		30	
¥	31		Ļ		31	
Ret		Retained earnings, endowment, accumulated income, or other fu	inds	10 150 151	32	10 000 000
		Total net assets or fund balances	_	13,176,181	33	12,872,966
	34	Total liabilities and net assets/fund balances		13,393,898	34	13,102,268

Form	n 990 (2017) FAYETTEVILLE YOUTH CENTER, INC. 71-0254287			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			277
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,24		
3	Revenue less expenses Subtract line 2 from line 1	3	- 4]	18,	<u> 247</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,17	76 <u>,</u>	<u> 181</u>
5	Net unrealized gains (losses) on investments	5	1!	l5,	<u>032</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	12,87	72,	966
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		}		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	n 990) (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name	of th	ne organization	eavemmettt ti	Z VOLIMII CENMED	TNC		1 7 7	dentification number 254287				
D	art	l Boso		E YOUTH CENTER, / Status (All organizatio								
								structions				
	orga			use it is (For lines 1 through								
1	H	•	•	ssociation of churches describ								
2	H)(A)(ii). (Attach Schedule E (F vice organization described in								
3	Н			ed in conjunction with a hospi				ter the hospital's name				
4	Ш		-	ed in conjunction with a nospi	lai desciii	Jeu III Se	CHOIT 170(D)(1)(A)(III). EII	ter the hospitars hame,				
_	\Box	city, and stat		t of a college or unwarety own	and or one	aratad by	a governmental unit desc	rihed in				
5	Ш	•	•	t of a college or university owr	ieu oi ope	sialed by	a governmentar unit desc	nibed in				
6	\Box		(b)(1)(A)(iv). (Complete Pa	governmental unit described i	n section	170(b)(1)(Δ)(v)					
7	X		•	a substantial part of its suppor				al public				
•		•	section 170(b)(1)(A)(vi). (, , , , , , , , , , , , , , , , , , , ,				P				
8		A community	y trust described in section	170(b)(1)(A)(vi). (Complete I	Part II)							
9				escribed in section 170(b)(1)(
		-	or a non-land grant college	e of agriculture (see instruction	ns) Enter	the name	e, city, and state of the coll	lege or				
10	\Box	university	tion that normally receives	(1) more than 33 1/3% of its s	support fre	m contri	nutions membership fees	and aross				
10	Ш	•	•	empt functions—subject to cer			-	_				
				and unrelated business taxable								
	_	acquired by	the organization after June	30, 1975 See section 509(a)(2). (Con	nplete Pa	rt III)					
11		An organizat	tion organized and operated	d exclusively to test for public	safety Se	ee sectio	n 509(a)(4).					
12				d exclusively for the benefit of								
				nizations described in section								
	_		•	that describes the type of sup		_	· ·	-				
	а		•	perated, supervised, or contro ower to regularly appoint or el-	-							
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
	b	Type II.	A supporting organization s	supervised or controlled in cor	nection w	ith its su	pported organization(s), by	y having				
		control o	r management of the supp	orting organization vested in t	he same p	ersons t	nat control or manage the	supported				
			, ,	te Part IV, Sections A and C								
	С			supporting organization oper structions) You must compl				grated with,				
	d	_	- · · · · ·	ed. A supporting organization				ganization(s)				
			• •	he organization generally mus	-			tentiveness				
		_ '	,	must complete Part IV, Sec								
	е			eceived a written determination on-functionally integrated sup				e III				
	f		mber of supported organiza	• •	porting or	garnzano	''					
	g		• • • •	the supported organization(s)	ı							
(1)	Nam	ne of supported	(II) EIN	(III) Type of organization	(iv) Is the o	nganization	(v) Amount of monetary	(vi) Amount of				
		ganization	·	(described on lines 1–10	listed in you	ır governing	support (see	other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
/6:					Yes	No						
(A)												
(B)												
(=)												
(C)												
(D)												
					ļ							
(E)												
					-							
T												
Tota		nwork Reducti	on Act Notice see the Instri	ictions for Form 990 or 990-FZ		l	Schedule	A (Form 990 or 990-FZ) 201				

FAYETTEVILLE YOUTH CENTER, INC. 71-0254287 Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) Section A. Public Support (f) Total (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not 7,357,969 800,790 834,841 include any "unusual grants") 1,093,646 1,379,119 3,249,573 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,093,646 1,379,119 3,249,573 800,790 834,841 7,357,969 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) 7,357,969 Public support. Subtract line 5 from line 4 **Section B. Total Support** (e) 2017 Calendar year (or fiscal year beginning in) (d) 2016 (a) 2013 **(b)** 2014 (c) 2015 (f) Total 7,357,969 800,790 834,841 Amounts from line 4 1,093,646 1,379,119 3,249,573 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 95,388 88,004 75,119 63,547 57,850 379,908 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 7,737,877 11 12 Gross receipts from related activities, etc. (see instructions) 1,012,966 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage <u>95.0</u>9% 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A. Part II. line 14 94.45% 15 16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2017 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b

11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			
13	Total support. (Add lines 9, 10c, 11, and 12)			

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
	organization, check this box and stop here

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a	33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line
	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

1	33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

nstruction	s				,	•		
Schedule	A	(Form	990	or	990-EZ)	20	17	

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 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," 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) purposes
- 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?
- 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 disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		i
7		
8		
9a		
9c		
40-		
10a		
10b rm 990	or 990-	EZ) 2017
	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a

Sched	ule A (Form 990 of 990-EZ) 2017 FAYETTEVILLE YOUTH CENTER, INC. 71-025428	<u>.7 </u>		Page 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 <u>c</u>		
<u>Sect</u>	ion B. Type I Supporting Organizations			
		\longrightarrow	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		_
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
<u>Sect</u>	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	i I		
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structi	ons)	
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
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	2ь		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sched	ule A (Form 990 or 990-EZ) 2017 FAYETTEVILLE YOUTH CENTER,	IN	<u>C. 71-0254</u>	1287 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or	Nov 2	20, 1970 (explain in Part	VI) See
	instructions. All other Type III non-functionally integrated supporting organizations	must c	complete Sections A thro	ugh E
Sect	tion 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			
	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year)	ļ.,		
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c	<u></u>	
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u> </u>		
2	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,			,
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		****
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
<u>e</u> n	nergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functionally integra	ted Tvi	pe III supporting organiza	ation (see

instructions)

	le A (Form 990 or 990-EZ) 2017 FAYETTEVILLE YOUT			287 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	<u>) Supporting Organ</u>	izations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		<u></u>
2	Amounts paid to perform activity that directly furthers exempt purpose	ses of supported		
	organizations, in excess of income from activity	<u> </u>		
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions			·
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			,
С	From 2014			- <u>-</u> -
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			_
h	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7		·	
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Part VI

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)

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.

OMB No 1545-0047

Open to Public Inspection

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

Name	of the organization		Employer identification number
F	AYETTEVILLE YOUTH CENTER, INC.		71-0254287
_	art I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" of	Funds or Other Similar Funds on Form 990, Part IV, line 6	or Accounts.
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	_	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor advisors		d
	only for charitable purposes and not for the benefit of the donor or of		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the organization answered "Yes" of	on Form 990. Part IV. line 7	
1	Purpose(s) of conservation easements held by the organization (ch		
•	Preservation of land for public use (e.g., recreation or education		moortant land area
	Protection of natural habitat	Preservation of a certified histo	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified coil	nservation contribution in the form of a	conservation
_	easement on the last day of the tax year		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/	25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by the org	ganization during the
	tax year ▶		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic n		□ v □ v.
	violations, and enforcement of the conservation easements it holds'		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	ig of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of \$\rightarrow\$\$	violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfying	sfy the requirements of section 170(h)(-	4)(B)(ı)
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation eas	ements in its revenue and expense sta	atement, and
	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements	· · · · · · · · · · · · · · · · · · ·	
Pá	Organizations Maintaining Collections of A Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization answered of the organization and the organization and the organization answered of the organization and the organization and the organization answered of the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the orga	rt, Historical Treasures, or Ot on Form 990, Part IV, line 8	ther Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958		t and balance sheet
	works of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in	n furtherance of
	public service, provide, in Part XIII, the text of the footnote to its final	incial statements that describes these	items
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
	works of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in	n furtherance of
	public service, provide the following amounts relating to these items	3	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures	_	ain, provide the
	following amounts required to be reported under SFAS 116 (ASC 9	58) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

Sched	<u>ule D (Form 990) 2017 FAYETTEV</u>					<u> 254287</u>			Page 2
Par	t III Organizations Maintaini	ng Collections	of Art, Historical	Treasure	s, or O	ther Simila	r Ass	ets (cont	inued)
3 (Using the organization's acquisition, accessollection items (check all that apply)	ssion, and other reco	rds, check any of the	following th	at are a s	ignificant use o	f its		
a	Public exhibition	d 🗍 I	Loan or exchange pro	ograms					
ь	Scholarly research	-	Other	•					
c	Preservation for future generations	٠ ـــا							
	Provide a description of the organization's	collections and expl	ain how they further t	he organizat	lion's exei	mnt nurnose in	Part		
	(III	oonoonono ana onp.							
	Ouring the year, did the organization solic	it or receive donation	s of art, historical tres	seures or of	her sımıla	r			
	assets to be sold to raise funds rather that					•		Yes	X No
Par			s part or the organizat	tion 3 dolled					100
, ai	Complete if the organizati		es" on Form 990	Part IV li	ne 9 or	reported an	ı amc	unt on Fe	orm
	990, Part X, line 21	on answered Te	23 0111 01111 000,	· artiv, ii	110 0, 01	reported ar	unio	ant on t	J
12	s the organization an agent, trustee, cust	odian or other interm	ediary for contribution	s or other a	ssets not				
	ncluded on Form 990, Part X?	odian or other interm	ediary for contribution	is or other a	33613 1101			Yes	□ No
	f "Yes," explain the arrangement in Part X	'Ill and complete the	following table						
UI	res, explain the alrangement in Fart A	and complete the	lollowing table					Amount	
	Danisana kalana					145		Amount	—
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			<u> </u>
	Ending balance					1f			
	Old the organization include an amount or							☐ Yes	No
	f "Yes," explain the arrangement in Part X	III Check here if the	explanation has beei	n provided o	n Part XII	l			Ш
Par			"	Dark IV. Iv.	40				
	Complete if the organizati							=	
	-	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years		(e) Four yea	
	Beginning of year balance	2,750,220	2,891,926		9,319	2,984,	3/3	3,133	3,352
	Contributions	16,200	36,400	5	7,000		\longrightarrow		
c i	Net investment earnings, gains, and								
ŀ	osses	108,303	66,748	2	4,945	114,	426	-10) <u>,535</u>
d (Grants or scholarships						\longrightarrow		
е (Other expenditures for facilities and								
ŗ	programs	107,029	231,951		6 , 820	167,			699 <u>,</u>
f A	Administrative expenses	13,039	12,903		2,518	12,	422	12	2,745
g E	End of year balance	2,754,655	2,750,220	2,89	1,926	2,919,	319	2,984	1,373
2 F	Provide the estimated percentage of the c	urrent year end bala	nce (line 1g, column (a)) held as					
a E	Board designated or quasi-endowment ▶	%							
b F	Permanent endowment ▶ %								
c 7	Temporarily restricted endowment ▶	%							
7	The percentages on lines 2a, 2b, and 2c s	should equal 100%							
3a /	Are there endowment funds not in the pos	session of the organ	ization that are held a	and administ	ered for th	ne			
c	organization by							Ye	s No
(i) unrelated organizations							3a(i)	X
(ii) related organizations							3a(ii)	X
b i	f "Yes" on line 3a(ii), are the related organ	nizations listed as rec	quired on Schedule R	?				3b	
4 (Describe in Part XIII the intended uses of	the organization's en	dowment funds						
Par	t VI Land, Buildings, and Eq	uipment.							
	Complete if the organizati	on answered "Ye	es" on Form 990,	Part IV, III	ne 11a	See Form 9	90, F	Part X, lin	e 10
	Description of property	(a) Cost or other b				ccumulated		(d) Book valu	
		(investment)	(othe	er)	der	oreciation	L		
1a L	_and		9	97,107				97	,107
	Buildings		12,78	37,880	3.	665,715		9,122	,165
	Leasehold improvements				<u> </u>			,	
	Equipment		1.08	33,035		971,975		111	,060
	Other			7,105		187,363		129	
	Add lines 1a through 1e (Column (d) mu	st equal Form 990. F				1011505	T	9,460	
			1//						ــــــــــــــــــــــــــــــــــــــ

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Part XIII

Sche	dule D (Form 990) 2017 FAYETTEVILLE YOUTH CENTER,	INC.	71-025428	7	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F					irn.
	Complete if the organization answered "Yes" on Form 990), Part l	V, line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	1,943,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	115,032		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	115,032
3	Subtract line 2e from line 1			3	1,828,277
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,828,277
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
	Complete if the organization answered "Yes" on Form 990), Part	V, line 12a		
1	Total expenses and losses per audited financial statements			1	2,246,524
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c	·=······		
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,246,524
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,246,524

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

FUNDS WERE ESTABLISHED TO PROVIDE FOR CONTINUING MAINTENANCE AND REPAIRS OF THE BUILDING, EQUIPMENT AND OTHER FACILITIES AS AUTHORIZED IN ACCORDANCE WITH THE AGREEMENT WITH THE DONALD W. REYNOLDS FOUNDATION OVER A CERTAIN PERIOD OF TIME.

PART X - FIN 48 FOOTNOTE

Supplemental Information.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

Part XIII Supplemental Information (continued)

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. IF AN UNCERTAIN TAX POSITION MEETS THE MORE-LIKELY-THAN-NOT THRESHOLD, THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY TO BE RECOGNIZED UPON ULTIMATE SETTLEMENT WITH THE TAXING AUTHORITY IS RECORDED. THE ORGANIZATION'S PRIMARY TAX POSITIONS RELATE TO ITS STATUS AS A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF ACTIVITIES RELATED TO ITS EXEMPT PURPOSE.

THE ORGANIZATION HAS ANALYZED ITS TAX POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SERVICE. IT BELIEVES THAT ITS FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON ITS FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS. THE ORGANIZATION'S TAX YEARS FOR 2015, 2016 AND 2017 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AS OF DECEMBER 31, 2017.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VETTENTIE VOITE CENTED INC

Employer identification number

FAYETTEVILLE YOUTH CENTER, INC.

71-0254287

AMENDED RETURN EXPLANATION

ADDITIONAL DETAIL NEEDED ON DONOR SCHEDULE FOR NATIONAL REPORT PURPOSES.

FORM 990 - ORGANIZATION'S MISSION

THE CLUB WAS FORMED TO PROMOST THE ADVANCEMENT OF THE PHYSICAL, MENTAL, AND MORAL WELL-BEING OF THE PEOPLE OF THE FAYETTEVILLE AREA BY PROVIDING SUCH MEANS OF EDUCATION AND RECREATION AS THE DIRECTORS BELIEVE MOST LIKELY TO ACHIEVE THE DESIRED NEEDS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 TREASURER AND PRESIDENT REVIEW THE FORM 990

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH BOARD MEMBER AND FULL-TIME STAFF MEMBER SIGNS A CODE OF ETHICS DOCUME

NT THAT CONTAINS A CONFLICT OF INTEREST CLAUSE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD MEMEBERS ARE NON-COMPENSATED VOLUNTEERS. THEY REVIEW AND APPROVE SI GNIFICANT PAYROLL DECISIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.