

PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change YOUTH FOR CHRIST, INC. Name change 35-0992753 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 317-925-2828 P.O. BOX 68695 1,328,517. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return INDIANAPOLIS, IN 46268 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DR . DARA BERKHALTER for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions CIYFC.ORG J Website: **H(c)** Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1981 M State of legal domicile: IN Part I Summary Briefly describe the organization's mission or most significant activities: THE PURPOSE AND OBJECTIVE OF **Activities & Governance** YOUTH FOR CHRIST, INC. D/B/A CENTRAL INDIANA YOUTH FOR CHRIST if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,089,947. 1,034,502. Contributions and grants (Part VIII, line 1h) 8 0. 4,719. Program service revenue (Part VIII, line 2g) 205. 150,450. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,890. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,654. 11 ,218,606. 1,100,761. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 909,698. 934,348. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 382,365. 403,394. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,337,742. 1,292,063. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -191,302. -119,136. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,048,691. 2,119,365. Total assets (Part X, line 16) 52,530. 119,420. 21 Total liabilities (Part X, line 26) 三年 996,161. 999,945 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DR. DARA BERKHALTER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 09/26/24 P01062615 AMANDA MEKO, CPA AMANDA MEKO, CPA self-employed Paid Firm's EIN 35-1489521GREENWALT CPAS, INC Preparer Firm's name 5342 W. VERMONT STREET Use Only Firm's address Phone no. 317-241-2999 INDIANAPOLIS, IN 46224

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PURPOSE AND OBJECTIVE OF YOUTH FOR CHRIST, INC. D/B/A CENTRAL
	INDIANA YOUTH FOR CHRIST (CIYFC) IS TO COMMUNICATE THE LIFE CHANGING
	MESSAGE OF JESUS CHRIST TO YOUNG PEOPLE PRIMARILY IN CENTRAL INDIANA
	THROUGH OUTREACH PROGRAMS TO THOSE YOUTH WITHOUT A CHURCH BACKGROUND.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,016,502. including grants of \$) (Revenue \$)
	YOUTH FOR CHRIST ACCOMPLISHES ITS MISSION WITH THESE LOCAL MINISTRY
	PROGRAMS:
	- CAMPUS LIFE MIDDLE SCHOOL BUILDS MENTORING RELATIONSHIPS WITH MIDDLE
	SCHOOL STUDENTS IN AVON, CENTER GROVE, DOE CREEK, FISHERS, MOORESVILLE,
	SOUTHPORT, TRITON AND ZIONSVILLE CAMPUS LIFE HIGH SCHOOL ENGAGES HIGH SCHOOL STUDENTS AS LIFELONG
	FOLLOWERS OF JESUS CHRIST IN CENTER GROVE, FISHERS, LAWRENCE NORTH, AND
	ZIONSVILLE.
	- CITY LIFE CONNECTS WITH AT-RISK TEENS IN INDIANAPOLIS TO SHARE GOD'S
	TRUTH AND TO EQUIP THEM WITH THE TOOLS TO EXPERIENCE REAL LIFE CHANGE.
	- PARENT LIFE REACHES EXPECTANT AND PARENTING TEENS TO ENCOURAGE THEM
	TO FURTHER EDUCATION AND BECOME LIFE-LONG FOLLOWERS OF JESUS CHRIST.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
TU	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,016,502.
	Form 990 (2023)

Form 990 (2023) YOUTH FOR CHRIST, INC. Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule 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		Х
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, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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 easement, including easements to preserve 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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	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
С	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		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		Х
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 "Yes," complete Schedule D, Part X	11f		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		X
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		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		Х
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		Х
15	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		Х
16	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023) YOUTH FOR CHRIST, INC.
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	_NO_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			37
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	 "		
3 3	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2023)

YOUTH FOR CHRIST, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o i (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 20			
	, , , , , , , , , , , , , , , , , , , ,	OI:	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	SD		
44	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		Х
h	If "Yes," enter the name of the foreign country	Ta		
	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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	37 /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
a	3T / 7	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	อม		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
C	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	ıJ		23
16		16		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

YOUTH FOR CHRIST, INC. Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records DR. DARA BERKHALTER - 317-925-2828

P.O. BOX 68695, INDIANAPOLIS, IN 46268

Form **990** (2023)

14370926 765919 CIY10.0

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)			((Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	heck i ss per	more	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DR. DARA BERKHALTER	45.00	4						126 416		7 (40
EXECUTIVE DIRECTOR	F 00			Х				136,416.	0.	7,649.
(2) GREG TURNBULL PRESIDENT	5.00	х		х				0.	0.	0.
(3) REX MILLER	5.00	^		^				0.	0.	<u></u>
TREASURER	3.00	Х		х				0.	0.	0.
(4) JULIE KITCOFF	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) TODD BIEBERICH	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LISA HEINDRICKS	5.00]								
BOARD MEMBER		Х						0.	0.	0.
(7) TIM NORTON	5.00	1						_	_	
BOARD MEMBER		Х						0.	0.	0.
	1	1						ı		= 000 (acce)

Form 990 (2023)

	990 (2023) YOUTH FOR	R CHRIST	١,	IN	C.					35-099	2753	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box,	not cl , unles	ss per	ition more son is	than o s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimate nount of other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	fr org and	om the anizati d relate anizatio	e on ed
											_		
	Subtotal Total from continuation sheets to Part VI								136,416.	0	•	7,64	0.
<u>d</u> 2	Total (add lines 1b and 1c)								136,416.	000 of reportable	•	7,64	19.
	compensation from the organization	ot illilited to the	036	IISIC	u ab	ove,) WIII	<i>3</i> 16	eceived more than \$100,	000 of reportable	- 1	. .	1_
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s										3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportable	е со	mpe	ensa	tion	and	oth	er compensation from the	ne organization			Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services	5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mnensated ind	ener	nder	nt co	ntra	ector	e th	nat received more than \$	100 000 of compen	eation fro	om.	
_	the organization. Report compensation for								the organization's tax y				
	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Compe		<u> </u>
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	· ·	ot lin	nitec	d to t	thos		ed	above) who received mo	ore than			

Form **990** (2023)

YOUTH FOR CHRIST, INC. 35-0992753 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 104,061. 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 930,441. similar amounts not included above ... 1f 25,147. g Noncash contributions included in lines 1a-1f 1,034,502. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 199,485. assets other than inventory b Less: cost or other basis 49,035. Other Revenue and sales expenses 150,450. c Gain or (loss) ______7c 150,450. 150,450. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$104,061. of contributions reported on line 1c). See 20,302. Part IV, line 18 **b** Less: direct expenses -7,453. -7,453. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 39<u>,319</u> and allowances 33,121 **b** Less: cost of goods sold 6,198. 6,198. c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 34,909. 34,909. 624110

332009 12-21-23

-1,255. Form **990** (2023)

34,909.

218,606.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

d All other revenue

185,359.

Part IX | 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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. 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, 164,573. 118,213. 31,014. 15,346. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 647,652. 463,867. 122,523. 61,262. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 70,856. 53,911. 12,291. 4,654. Other employee benefits 9 51,267. 32,763. 12,336. 6,168. 10 Payroll taxes Fees for services (nonemployees): Management 4,000. 3,160. 447. 393. Legal 81,299. 64,224. 9.076. 7,999. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 23,461. 3,315. 29,698. 2,922. column (A), amount, list line 11g expenses on Sch O.) 1,093. 838. 255. Advertising and promotion 12 9,463. 7,863. 1,600 Office expenses 13 10,728. 10,266. 462. Information technology 14 15 Royalties 87. 87. 16 Occupancy 13,084. 13,084. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 3,583. 3,583. 20 Payments to affiliates 21 29,673. 29,673.Depreciation, depletion, and amortization 22 47,176. 46,443. 550. 183. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 50,539. 50,539. DUES/ASSESSMENTS MINISTRY EXPENSES 40,142. 40,142. 19,918. 19,918. TRAINING 19,868. 19,868. d REPAIRS & MAINTENENCE 14,648.43,043. 27,683. 712. e All other expenses 1,337,742. 1,016,502. 205,810. 115,430. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			153,213.	1	28,094
	2	Savings and temporary cash investments			17,114.	2	50,475
	3	Pledges and grants receivable, net	0.	3	125,000		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	nsL		5	
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			17,781.	8	9,136 40,292
۲	9	Prepaid expenses and deferred charges			38,426.	9	40,292
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D		576,977. 245,553.			
	b	Less: accumulated depreciation	10b	245,553.	410,133.	10c	331,424
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,412,024.	15	1,534,944
	16	Total assets. Add lines 1 through 15 (must e			2,048,691.	16	2,119,365
	17	Accounts payable and accrued expenses		ı	52,530.	17	35,811
	18	Grants payable		18	600		
	19	Deferred revenue		0.	19	609	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
		trustee, key employee, creator or founder, su		· ·			
Liabilities		controlled entity or family member of any of t				22	
-	23	Secured mortgages and notes payable to un				23	02 000
	24	Unsecured notes and loans payable to unrela			0.	24	83,000
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 1 <i>1-</i> 24).	Complete Part X			
		of Schedule D			52,530.	25	119,420
_	26	Total liabilities. Add lines 17 through 25		X	32,330.	26	119,420
ပ္သ		Organizations that follow FASB ASC 958, o	спеск пеге				
မှ ၂	07	and complete lines 27, 28, 32, and 33.			1,930,161.	07	1,755,365
<u>a</u>	27				66,000.	27 28	244,580
8 B	28	Net assets with donor restrictions Organizations that do not follow FASB AS		sk bara	00,000.	20	244,300
들			C 956, Cite	K liere			
ō	20	and complete lines 29 through 33.	nde			20	
ets	29 20	Capital stock or trust principal, or current fur				29	
SSI	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,996,161.	31 32	1,999,945
Ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances			2,048,691.	33	2,119,365
	JJ	TOTAL HADIILIES AND HEL ASSELS/TUND DAIANCES			2,040,001.	აა	Form 990 (202

Form **990** (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

ZUZJOpen to Public

OMB No. 1545-0047

Inspection

Employer identification number

YOUTH FOR CHRIST, INC. 35-0992753 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support	•				•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	· ·				01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
		·				Schodulo A	(Form 990) 2023

Schedule A (Form 990) 2023

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

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

Sed	etion A. Public Support	siow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(1)	()	(5) === :	(=, ====	(2) ====	(1)
	include any "unusual grants.")	1480555.	1715517.	1489522.	1089947.	1034502.	6810043.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	116,617.	109,476.	103,915.	87,163.	39,319.	456,490.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	1597172.	1824993.	1593437.	1177110.	1073821.	7266533.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						7266533.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1597172.	1824993.	1593437.	1177110.	1073821.	7266533.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)	1,768.	21,551.	13,099.	28,012.	34,909.	99,339.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1598940.	1846544.	1606536.	1205122.	1108730.	7365872.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage			T	
	Public support percentage for 2023 (li	, ,,,	•	olumn (f))		15	98.65 %
	Public support percentage from 2022					16	99.16 %
	ction D. Computation of Inves						0.0
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2			un line 4.4 and line		18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						T
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did ne	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a b	nox on line 14 19a	a, or 19b, check th	is box and see inst	ructions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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
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332024 12-21-23

Га	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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	1		
Sec	the supported organization(s). tion 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			
	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 on line 2, above, 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	3		
Sec	supported organizations played in this regard. tion 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 instructions).			
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 governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
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? If "Yes" or "No" 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		

Schedule	A (Form	990)	2023

5

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

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

<u>4</u> 5

6

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

Employer identification number

YO	UTH FOR CHRIST, INC.	35-0992753			
Organization type (check or	ne):				
Filers of:	Section:				
Form 990 or 990-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n			
	527 political organization				
Form 990-PF 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions one contributor. Complete Parts I and II. See instructions for determining a contributor.	•			
Special Rules					
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% stand 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoun line 1. Complete Parts I and II.	16b, and that received from any one			
contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete P instead of the contributor name and address), II, and III.	able, scientific,			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedu 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 g requirements of Schedule B (Form 990).	**			

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

Name of organization

Employer identification number

TOOTH TON CHINEDI, THE	YOUTH	FOR	CHRIST,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 33,962.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>17,585.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTH	FOR	CHRIST,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTH FOR CHRI	ST,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$11,871.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	- Nume, address, and En 1 7	\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>12,880.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$9,550.	Person X Payroll

Name of organization

Employer identification number

7.7.O.T.T.		CIID T CIII	T370
HTUOY	FOR	CHRIST.	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$9,600.	Person X Payroll

Name of organization

Employer identification number

YOUTH	FOR	CHRIST,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

YOUTH	FOR CHRIST, INC.	35-0992753	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
31		\$5,15	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
32		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
33		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
34		\$13,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

YOUTH FOR CHRIST, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 4

Name of organization **Employer identification number** YOUTH FOR CHRIST, INC. 35-0992753 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

YOUTH FOR CHRIST, INC.

Employer identification number 35-0992753

Pai			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts				
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts				
1 2	Total number at end of 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 advi-	sed funds				
Ū	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
_	for charitable purposes and not for the benefit of the donor of						
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Number of conservation easements on a certified historic str		2c				
d	Number of conservation easements included on line 2c acqu						
_	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas	•					
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year				
	3, 1, 3,	3	3				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	•					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,				
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tre		al gain, provide				
	the following amounts required to be reported under FASB A		•				
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023				

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

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther S	imilar A	ssets	(contir	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	b Scholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	r receive donations of	f art, historical treas	ures, or other si	milar ass	sets				
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang	gements Complete	e if the organization	answered "Yes	on For	m 990, Pa	art IV, lir	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for contribution	s or other assets	not inc	luded		_		_
	on Form 990, Part X?						🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun ⁻	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial account	liability?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds Complete if									
		(a) Current year	(b) Prior year	(c) Two years ba	<u> </u>	Three year		(e) Four		
1a	a Beginning of year balance 1,412,024. 1,340,309. 599,995. 415,765. 50,127									
b										
С	Net investment earnings, gains, and losses	122,920.	71,715.	-191,8	88.	74	,255.		-2,	725.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	1,534,944.	1,412,024.	1,340,3	09.	599	,995.		415,	765.
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered t	for the			ſ		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate							3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Pai	t VI Land, Buildings, and Equipme		Doubly line 11 - C	F 000 D-		. 10				
	Complete if the organization answered						<u> </u>			
	Description of property	(a) Cost or ot	• •		. ,	mulated		(d) Boo	k valu	е
		basis (investm	ent) basis	(outer)	uepre	ciation				
	Land		0.4	2 000		0 104	ı	100	2 0	76
	Buildings			2,000.		$\frac{9,124}{4,611}$			2,8	
С.	Leasehold improvements			1,639.		$\frac{4,611}{1,010}$			7,0	
	Equipment		10	3,338.	9	1,818	•	<u> </u>	1,5	<u>∠∪.</u>
	Other						_	20.	1,4	21
rota	I. Add lines 1a through 1e. (Column (d) must ed	aual Form 990 Part X	line 10c column	(R1)			1	ວ ວ.	工 , 生	44.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 YOUTH FOR C	HRIST INC.	35	-0992753 Page 3
Part VII Investments - Other Securities	IIII , INC.		OJJZ1JJ Page O
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN ASS	SELS HELD BY	OTHERS - ENDOWMENT	1,534,944.
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I (B))		1,534,944.
Part X Other Liabilities	<u>. (</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			1

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Par	t XI	Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amoun	its included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		eries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е		es 2a through 2d			
3		ct line 2e from line 1		3	
4		its included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		nent expenses not included on Form 990, Part VIII, line 7b			
b		Describe in Part XIII.)	4b		
С		es 4a and 4b			
5 Do:	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial St	cotomonto With Evnon	5	
Pai		The state of the s		ses per neturn	
		Complete if the organization answered "Yes" on Form 990, Part IV, I			
1		xpenses and losses per audited financial statements		1	
2		its included on line 1 but not on Form 990, Part IX, line 25:	1.1		
a		ed services and use of facilities			
b		ear adjustments			
С	Other I				
d	,	Describe in Part XIII.)			
_		es 2a through 2d			
3		ct line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	40		
a		nent expenses not included on Form 990, Part VIII, line 7b			
b		Describe in Part XIII.) es 4a and 4b		40	
5		es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	rt XIII	Supplemental Information	16.)		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4· Part IV lines 1b and 2b: P	art V line 4: Part X line 2: Part X	ı
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	·	a , ,	•,
		,	,		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 35-0992753 YOUTH FOR CHRIST, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II 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 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
					NONE	(add col. (a) through		
			INSPIRE	SGG		col. (c)		
a)			(event type)	(event type)	(total number)	001. (0)		
Revenue								
Seve	1	Gross receipts	10,611.	113,752.		124,363.		
Щ								
	2	Less: Contributions	309.	103,752.		104,061.		
	3	Gross income (line 1 minus line 2)	10,302.	10,000.		20,302.		
	4	Cash prizes						
	_							
w	5	Noncash prizes						
Direct Expenses	_	Dept/facility costs						
(bei	6	Rent/facility costs						
Ω̈́	7	Food and hoverages		21,926.		21,926.		
irec	′	Food and beverages		21,520.		21,720.		
Ω	Ω	Entertainment						
		Entertainment Other direct expenses		4,875.		5,829.		
		Direct expense summary. Add lines 4 through		= 7 0 . 0 0		27,755.		
		Net income summary. Subtract line 10 from li				-7,453.		
Pa	Part III 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.						
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(o) other garming	col. (a) through col. (c))		
Seve								
	1	Gross revenue						
es	2	Cash prizes						
Direct Expenses	_							
Ϋ́	3	Noncash prizes						
Sct I	4	Pont/facility costs						
Dir	4	Rent/facility costs						
	5	Other direct expenses						
	Ŭ		Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No	No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
	9 Enter the state(s) in which the organization conducts gaming activities:							
	a Is the organization licensed to conduct gaming activities in each of these states?							
b	If "	No," explain:						
	_							
40		and the companies that the contract of the	valuad avanced to the	maning at a standard service of the control	·0			
		ere any of the organization's gaming licenses re			/ear?	Yes No		
O	II "	Yes," explain:						
	_							
	_							

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 YOUTH FOR CHRIST, INC.	35-0992753 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other en	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events boo	
THE Effect the frame and address of the person who prepares the organization's garning/special events both	oks and records.
News	
Name	
Address	
4F- Danakha ayani ating haya a anakarat with a thind and afron who as the ayanni ating wasting massing	revenue? Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Tes No
The Market Hands and the Control of	
b If "Yes," enter the amount of gaming revenue received by the organization	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Name	
Coming manager companation	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	s to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizati	ions or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	ons (iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions	5.

Schedule G	(Form 990)	YOUTH FOR	CHRIST,	INC.	35-0992753	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued	()			
		,	,			
-						
_						
-						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	YOUTH FOR CHRIST, INC. 35-099						992	<u> 753</u>	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de cash contribu		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	Х	21	25,147.	FMV A	AT DONA	TIOI	<u>1</u>	
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82								
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, tha	ıt it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?					X			
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?		31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?		_	•			32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,				
	describe in Part II.	• •		• •	*				

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUTH FOR CHRIST, INC.

Employer identification number 35-0992753

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(CIYFC) IS TO COMMUNICATE THE LIFE CHANGING MESSAGE OF JESUS CHRIST TO

YOUNG PEOPLE PRIMARILY IN CENTRAL INDIANA THROUGH OUTREACH PROGRAMS TO

THOSE YOUTH WITHOUT A CHURCH BACKGROUND. CIYFC FURTHER ENCOURAGES

STUDENTS INVOLVED IN CHURCHES TO BECOME LEADERS AND EQUIPS LOCAL

CHURCHES WITH RESOURCES TO SUPPORT YOUTH PROGRAMS. CIYFC IS LOCATED IN

INDIANAPOLIS, INDIANA, AND IS A CHARTERED AFFILIATE OF YOUTH FOR

CHRIST/USA. CIYFC'S MAIN SOURCES OF REVENUE ARE CONTRIBUTIONS AND

GRANTS AND SPECIAL EVENTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CIYFC FURTHER ENCOURAGES STUDENTS INVOLVED IN CHURCHES TO BECOME

LEADERS AND EQUIPS LOCAL CHURCHES WITH RESOURCES TO SUPPORT YOUTH

PROGRAMS. CIYFC IS LOCATED IN INDIANAPOLIS, INDIANA, AND IS A

CHARTERED AFFILIATE OF YOUTH FOR CHRIST/USA. CIYFC'S MAIN SOURCES OF

REVENUE ARE CONTRIBUTIONS AND GRANTS AND SPECIAL EVENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS FILED.

THE FULL BOARD RECEIVES A COPY OF THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST

STATEMENT ON AN ANNUAL BASIS AND ARE REQUIRED TO DISCLOSE ANY POTENTIAL

ISSUES OF NONCOMPLIANCE.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization YOUTH FOR CHRIST, INC.	Employer identification number 35-0992753
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR TH	E EXECUTIVE
DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	CIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.	
PART XII, LINE 2C	
THE PROCESS FOR OVERSIGHT OF THE REVIEWED FINANCIAL STATEM	ENTS HAS NOT
CHANGED SINCE THE PRIOR YEAR.	