Form **990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For th	he 2017 calendar year, or tax year beginning 7/01 , 2017, an	nd endin	g 6/3	30	,	2018
В	Check i	if applicable: C				er identifi	cation number
	Пас	ddress change Northern Colorado Youth For Christ, Inc			23-7	3329	16
	\vdash	ame change 134 11TH AVENUE			E Telepho		
	-	itial return GREELEY, CO 80631			070-	-353-	1221
	\vdash	itial (etail)			910	333	1231
	\vdash	nal return/terminated			0 0	275 6	460 150
	\vdash	mended return		117-5 (- 11-1-	G Gross re a group return		1 1 1 1 1 1
		pplication pending F Name and address of principal officer:		' '			163 2 140
		Same As C Above		If 'No,'	subordinates attach a list.	(see instr	Puctions) Yes No
1		exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527				
J	Wel	bsite: ► www.ncyfc.org			exemption nu		
K		n of organization: Corporation Trust Association Other L Yea	ar of formati	ion:	Ms	tate of leg	gal domicile: CO
Pa	ırt I	Summary					
	1	Briefly describe the organization's mission or most significant activities:Prov	ride C	hristi	an cour	nseli	ng to youth.
ø							
Governance							
Ĕ							
8	_	Check this box ► ☐ if the organization discontinued its operations or dispos					ets.
		Number of voting members of the governing body (Part VI, line 1a).				3	6
S		Number of independent voting members of the governing body (Part VI, line 1				4 5	6
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a). Total number of volunteers (estimate if necessary)				6	9
ःई		Total unrelated business revenue from Part VIII, column (C), line 12.				7a	-5,430.
V		Net unrelated business taxable income from Form 990-T, line 34				7b	
_	D	The unrelated business taxable income norm of the 390-1, line 34			rior Year	76	-8,550.
		Contributions and grants (Part VIII, line 1h)				EQ.	
e		Program service revenue (Part VIII, line 2g).			445,3 7,7		439,660.
en		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-4,0		18,365.
Revenue		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			8,2		1,000.
_		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines			457,2		-5,430. 453,595.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			431,2	01.	433,333.
		Benefits paid to or for members (Part IX, column (A), line 4)					
				220 515			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5				232,515.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	BEET STORES		VII. 3-12 (10)		
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) ►47					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		208,3	69.	165,808.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			440,8	78.	398,323.
	19	Revenue less expenses. Subtract line 18 from line 12	200 - 100 avo		16,4	03.	55,272.
P 88				Beginnin	ng of Curren		End of Year
and	20	Total assets (Part X, line 16)			155,0		217,177.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	# # # # # # # # # # #		18,8		25,685.
ž Š	22	Net assets or fund balances. Subtract line 21 from line 20			136,2		191,492.
-	rt II	Signature Block			130,2	20.	101, 102.
-			ants and In	The best of n	av knowledne	and helie	of it is true correct and
comp	plete. De	ties of perjury, I declare that I have examined this return, including accompanying schedules and stateme eclaration of preparer (other than officer) is based on all information of which preparer has any knowledg	je.	the oest of h	iy kilowicage	and bene	in it is true, correct, and
		Callon Neel			10" B	9-1	8
Sig	ın	Signature of officer		Da	ate		
He	jii re	Jeffrey Neel		Evac	utive I)i rec	•
110		Type or print name and title		LACC	ucive i	71100	
<u> </u>		21	Date		Check	if F	PTIN
		Rubul W3		29.18	self-employ	J"	200291041
Pai				(110	Sen-employ	11	. 00271041
	epare				Ciami- EIN	- 10	0046027
US	e On	7201 II. 2001 Select, 21ag 21			77.77	0046037	
		Greeley, CO 80634			Phone no.		352-7500
May	the II	RS discuss this return with the preparer shown above? (see instructions)	******	22/23/20/23/2			X Yes No

Form	1 990 (2017) No	rthern Colorad	lo Youth	For Christ,	Inc	23-73	32916	Page 2
	t III Stateme	ent of Program Se	rvice Acco	mplishments				
	Check if S	Schedule O contains a	response or r	note to any line in	this Part III.			
1	Briefly describe t	he organization's miss	ion:					
	Provide Ch	ristian counse	ling to	youth.				
2	Did the organization	on undertake any signific	cant program s	ervices during the	year which were no	ot listed on the prior		Person
		-EZ?					Yes	X No
	If 'Yes,' describe	these new services or	n Schedule O					
3					n how it conducts,	any program services?	Yes	X No
		these changes on Scl						
4				lishments for eac	h of its three large	est program services, as m	easured by	expenses.
	Section 501(c)(3) and revenue, if a) and 501(c)(4) organiany, for each program	zations are re service repor	quired to report thed.	ne amount of gran	est program services, as m its and allocations to other	s, the total e	xpenses,
4 a	(Code:) (Expenses \$	289.81	2. including gra	nts of \$) (Revenue	\$)
						teenagers. Prov	ride an	
	acceptable	Christian env	ironment	through a	coffee shop	setting for appr	oximate:	lv
		th contacts pe		_ <u> </u>	COLICE SHOP			
	70,000 Xon	cii concacts pe	T Year.					
		4) (D	<u>^</u>	
41	(Code:) (Expenses \$		including gra	ants of \$) (Revenue	\$)
//	c (Code:) (Expenses \$		including gra	ants of \$) (Revenue	\$)
71					-			
4		services (Describe in S				\ (D A		30
	(Expenses \$		including of) (Revenue \$)
4	e Total program s	ervice expenses -	2	89,812.				m 990 (2017)

Page 3

			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	х	
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		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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.	11 b		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(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.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
١	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
-	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		Х
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		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		Х

Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
ŀ	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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	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		Х
	a 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		Х
١	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b	,	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA

Form 990 (2017)

Form 990 (2017) Northern Colorado Youth For Christ, Inc Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V.			4
	$\hat{r}=\hat{e}$		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		E A	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	serigi)	KAUISI
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	90.25		
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	
4	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country: ▶			14500
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		Х
	a If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		bita(ii	Tesas.
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		ill ves	
	services provided to the payor?	7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	30.10	A. A.	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	Section 18		B.157
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1,82	100	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	-	
	Section 501(c)(7) organizations. Enter:	80113		100
	a Initiation fees and capital contributions included on Part VIII, line 12	number		812
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	-		
	Section 501(c)(12) organizations. Enter:	100000		
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1014 B		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	4000	
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	REAL		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12		
i	Is the organization licensed to issue qualified health plans in more than one state?	13 a	No.	Digera
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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.			
	Enter the amount of reserves on hand	\$500 CO.		V
	Did the organization receive any payments for indoor tanning services during the tax year?	_		X
ا .	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	000	(0017)

Pa	TOTAL SET OF STATE O	ges ii	7	24
_	Check if Schedule O contains a response or note to any line in this Part VI.	1001201		. X
Sec	ction A. Governing Body and Management	- 1	Yes	No
1 :	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent.	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	a 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?	7 a		X
-	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	to have never	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?		X	**
9	b Each committee with authority to act on behalf of the governing body?			X
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	- 0	X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu		721517-2
4.0	Ditti and the bound of the boun	10 a	Yes	No X
	a Did the organization have local chapters, branches, or affiliates?	10 a		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		15030	9505
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	8111119110	Х
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
	a The organization's CEO, Executive Director, or top management official See . Schedule . O		X	
	b Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		5232	0.8%1124
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
	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?	16 b		
Sec	ction C. Disclosure		V	
	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	the public during the tax year. See Schedule O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 134 11TH AVENUE Greeley CO 80631 (970) 353-1231			

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	sate	d any	y cui	rrent officer, directo	or, or trustee.	
	(C)									
(A) Name and Title	(B) Average hours	Pos than is	ition n one both dir	(do n box, an o ector	/truste	eck mo s pers and a ee)	- 1	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Jildi Gentry	0									
At-Large	0	X						0.	0.	0.
(2) AARON HAVENS	_ 1									
Vice Chair	0	X						0.	0.	0.
(3) Jannieth Lewis	0									
Treasurer	0	X						0	0.	0.
(4) JOSH PACKARD	1									
Chair	0	Х						0.	0.	0.
(5) MEGAN HOPPER	1									, com l
Secretary	0	X						0.	0.	0.
(6) PHILLIP R. DOUGHERTY	40									
Executive Direc	0	X						52,515.	0,,	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	777									

	(B)			(0							
(A) Name and title	Average hours per week (list any	box	, unle	heck ss pe nd a d	erson directi	than of the state	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estim amount comper from	ated of olher isation
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 211033 IIII00)	(1, 2, 1035 11130)	organiz and re organiz	zation lated
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total		2243	2000	Tev			-	52,515.	0.		0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)								52,515.	0.		0
2 Total number of individuals (including but not lim from the organization ► 0						recei	ved				
			_					-:	tod ampleuss	East 6	es No
3 Did the organization list any former officer, d on line 1a? If 'Yes,' complete Schedule J for	such individu	ustee ual.	, kej	y er	npio	yee,	***	ilghest compensa	· sesses · · · · · · · · · · · · · · · ·	3	X
4 For any individual listed on line 1a, is the sur the organization and related organizations gr such individual										4	X
5 Did any person listed on line 1a receive or action for services rendered to the organization? If	ccrue compei	nsatio	on fr	om	anv	unre	elate	ed organization or	individual	AMOST IS	X
Section B. Independent Contractors	<u></u>										
1 Complete this table for your five highest com- compensation from the organization. Report com-	pensated incorpensation for	the c	aler	it co idar	ntra yea	endi	ing v	with or within the o	rganization's tax yea	ar.	
(A) Name and business	address							Description	of services	(C) Compens	ation
2 Total number of independent contractors (include		nited t	to th	ose	liste	d abo	ove)	who received more	e than		
\$100,000 of compensation from the organiza	tion ► 0	TEEA	.01081	O.R.	/08/17	,				Form 9	90 (201)

	Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b				
S, C	c Fundraising events				
Gift	d Related organizations				
ST.	e Government grants (contributions) 1 e				
ibution	f All other contributions, gifts, grants, and similar amounts not included above 1f 439, 660.				
d C	g Noncash contributions included in lines 1a-1f: \$ 33,145.			53/3	
<u>දු</u>		439,660.		XXA EMENDERA	2000 000 000 000 000 000 000 000 000 00
Je	Business Code			is a summer to	
ever	2a Fundraising Activities	42,172.	42,172.		
ě	b RELATED EXPENSES	-23,807.	-23,807.		
Program Service Revenue	d d				
Ē	e				
g	f All other program service revenue				
ď	g Total. Add lines 2a-2f	18,365.			
	3 Investment income (including dividends, interest and				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties	the second second second		07/ Tol/ NOTA	With the second
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				And was built and file to a
	d Net rental income or (loss).		AND THE RESERVE OF THE PARTY OF	THE RESERVE OF THE PARTY OF THE	restorate to to the con-
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	assets other than inventory 1,000.			210	
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	1,000.	1,000.		MARKADOSTANIÇÃO - 60 LOVADO (O
	8a Gross income from fundraising events	1,000.	1,000.		ing. S. Carlo Version
Other Revenue	(not including . \$				
Ver	of contributions reported on line 1c).				
Be	See Part IV, line 18 a	went of the Asset			
9	b Less: direct expenses b				
海	c Net income or (loss) from fundraising events.				
	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	MARKET CASTELLAR HARVES	CONTRACTOR SERVICES	Constitution of the Consti	Section of the sectio
	10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b 9,577.				
	c Net income or (loss) from sales of inventory.	-5,430.	A COLUMN THE PROPERTY OF THE	-5,430.	A HAMES AND THE COURSE OF THE CO.
	Miscellaneous Revenue Business Code	37430.	allen Settles Ventage		
	11 a				
	b				
	c				
	d All other revenue.				
	e Total. Add lines 11a-11d		A COMPANIE OF		
	12 Total revenue. See instructions	453,595.	19,365.	-5,430.	0.

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. (A) (B) (D) Do not include amounts reported on lines Management and Total expenses Program service Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 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, 52,515. 43,063. 4,726 4,726. 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) 0 0. 0 0 14,143. 14,043. 156,129. 127,943 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... 952 952. 10,574 8,670 Payroll taxes 13,297. 10,903. 1,197. 1,197. Fees for services (non-employees): a Management **b** Legal...... d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees...... g Other. (If line 11g amount exceeds 10% of line 25, column 2,292. 2,696. 404. (A) amount, list line 11g expenses on Schedule O.) 9,171. 9,171. 5,776 4,332 289. 1,155. Office expenses 14 Information technology 15 3,046. 3,046. 60,920 54,828. Occupancy..... 16 607 2,278. 152. 3,037. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings..... Interest and annual and an annual an annual and an annual an 7,854. 8,727 873. 22 Depreciation, depletion, and amortization.... 17,454. 23 Insurance..... 7,427 3,277 218. 10,922. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). 28,348 17,009 11,339. a Ministry Supplies and Resource ___ 12,250 b YFC Participation 12,250 5,273 5,273. c Bank Charges 185 185. 3,697 3,327 d Training____ 6,264. 2,377. 2,986 901. e All other expenses 61,267 47,244. 25 Total functional expenses. Add lines 1 through 24e..... 398,323 289,812. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720)

1 Cash - non-interest-bearing Sequence End of year 2 Savings and temporary cash investments Sequence		ICA	Check if Schedule O contains a response or note to any line in this Part X			E E C C E E E E E E E E E E E E E E E E
2 Savings and temporary cash investments 2 3			Chican in concern of containing a respondence of most to any mice with the			The state of the s
3 Plegges and grants receivable, net. 3 4		1	Cash non-interest-bearing	59,621.	1	133,937.
1		2	Savings and temporary cash investments		2	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(17)). Persons described in section 4958(17), persons described in section 5016(16)) section 4978 (17), persons described in section 5016(16)) section 4978 (17), persons described in section 5016(16)) section 5016(17), persons described in section 5016(17), persons		3	Pledges and grants receivable, net		3	
Part II of Schedule L Schedule Schedul		4	Accounts receivable, net		4	
Section 2007 Complete Part Complete Part		5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
8 Inventories for sale or use 20,142 8 17,795 9 Prepaid expenses and deferred charges 9		6	Loans and other receivables from other disqualified persons (as defined under	le de la companya de	6	
10a Land, buildings, and equipment: cost or other basis.	2	7	Notes and loans receivable, net		7	
10a Land, buildings, and equipment: cost or other basis.	Se	8	Inventories for sale or use	20,142.	8	17,795.
B Less: accumulated depreciation 10b 98,400 75,333 10c 65,445 11	As	9	Prepaid expenses and deferred charges		9	
B Less: accumulated depreciation 10b 98,400 75,333 10c 65,445 11		10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
11 Investments – publicly traded securities. 11 12 Investments – other securities. See Part IV, line 11. 12 17 18 18 19 19 19 19 19 19				75.333.	10 c	65.445
12 Investments - other securities. See Part IV, line 11.				1070001	_	00,110.
13 Investments - program-related. See Part IV, line 11					12	
14 Intangible assets 14 15 15 15 15 15 16 15 16 16					13	
15 Other assets. See Part IV, line 11			1		14	
16 Total assets. Add lines 1 through 15 (must equal line 34) 155,096. 16 217,177. 17 Accounts payable and accrued expenses 17 18 18 18 19 19 19 19 19			- 1		15	
17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 19 19 19 19 19				155 096		217 177
18 Grants payable. 18 19 Deferred revenue. 19 19 20 Tax-exempt bond liabilities. 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 18,876. 25 25,685. 25 685. 25 685. 25 685. 25 685. 25 685. 26 27 685. 27 685. 28 28 28 28 28 28 28 2	\dashv			133,030.		BIT ITT
Tax-exempt bond liabilities. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities, add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 20 Tax-exempt bond liabilities. 20 Jane Screen or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Usocared or capital surplus and complete lines 30 through 34. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Usocared notes and disqualified persons. 22 Loans and disqualified persons. 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			inverse and inverse and in Section of the Section o		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19			19	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	Tax-exempt bond liabilities .		20	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here Innes 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here Innes 27 through 29. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here Innes 27 through 29. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here Innes 27 through 29. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here Innes 27 through 29. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here Innes 27 through 29. Retained earnings, endowment, accumulated income, or other funds. Retained earnings, endowment, accumulated income, or other funds. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.	တ္	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ► Dand complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 24 25 25, 28 25, 685. 27 28 29 29 20 21 20 21 23 24 25 25 25 25 25 26 25 26 27 27 28 24 27 27 28 29 29 29 29 20 21 21 22 23 24 25 25 25 25 26 26 27 27 28 29 29 29 20 20 21 21 22 23 24 25 25 25 25 26 26 27 27 28 29 29 29 29 20 20 21 21 22 23 24 25 25 26 27 27 28 29 29 29 20 20 21 21 22 23 24 27 27 28 29 29 29 20 20 21 21 22 23 23 24 27 27 28 29 29 29 20 20 21 21 22 23 24 24 25 25 25 25 26 26 27 27 28 29 29 29 20 20 20 21 21 22 23 24 24 25 25 25 25 26 26 27 27 28 29 29 29 20 20 20 20 20 20 20	abilitie	22	key employees, highest compensated employees, and disqualified persons.		22	
24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here 110,995. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here 129 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 24 25 25, 685. 27 18, 876. 28 25, 685. 29 21, 770. 20 21, 770. 21 22, 770. 22 23 24, 770. 23 24 24 25 25, 685. 26 25, 685. 27 166, 722. 28 24, 770. 29 Permanently restricted net assets. 29 20 21, 770. 20 21, 770. 21 21, 770. 22 22, 770. 23 24 24 25 25, 685. 26 25, 685. 27 27 166, 722. 28 24, 770. 29 Permanently restricted net assets. 29 20 21, 770. 20 21, 770. 21 21, 770. 22 22 23, 770. 23 24 24 25, 685. 25 25, 685. 26 25, 685. 27 27 166, 722. 28 24, 770. 29 Permanently restricted net assets. 29 20 21, 770. 20 21, 770. 21 21, 770. 22 22 23, 770. 23 24 24 25, 685. 25 25, 685. 26 25, 685. 27 27 166, 722. 28 24, 770. 29 20 21, 770. 20 21, 770. 20 21, 770. 21 21, 770. 22 22 23, 770. 23 24 24 24 27 27 28 27 29 27 20 27	7	23			23	
Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here ►					24	· · · · · · · · · · · · · · · · · · ·
Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ► 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ► 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► 30 Total net assets or fund balances. 18,876. 26 25,685. 110,995. 27 166,722. 28 24,770. 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 136,220. 33 191,492.			· · ·	18,876.	25	25,685.
Organizations that follow SFAS 117 (ASC 958), check here		26	AND ALL MARKET MARKET AND	18,876.	26	
Temporarily restricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 110, 995. 27 166, 722. 25, 225. 28 24, 770.	s S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Permanently restricted net assets. 29 Permanently restricted net assets. 21 Permanently restricted net assets. 29 Permanently restricted net assets. 21 Permanently restricted net assets. 29 Permanently restricted net assets. 21 Permanently restricted net assets. 29 Permanently restricted net assets. 21 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 21 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 21 Permanently restricted net assets. 22 Permanently restricted net assets. 21 Permanently restricted net assets. 22 Permanently restricted net assets. 22 Permanently restricted net assets. 23 Permanently restricted net assets. 24 Permanently restricted net assets. 25 Permanently restr	띭	27	Unrestricted net assets	110,995.	27	166,722.
Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 29 30 31 32 33 34 35 37 38 39 39 31 31 32 32 33 31 31 32 32 33 34 35 37 38 39 39 30 31 31 32 32 33 34 35 36 37 37 38 39 39 30 31 31 32 32 33 30 31 31 32 32 33 34 35 36 37 37 38 39 39 30 30 31 31 32 32 33 30 31 31 32 32 33 34 35 36 37 37 38 39 39 30 30 31 31 32 32 33 34 35 36 37 37 38 39 39 30 30 31 31 32 32 33 34 37 37 38 39 39 30 30 31 31 32 32 33 31 31 31 32 32	<u>a</u>	28	Temporarily restricted net assets.	25,225.	28	24,770.
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Total liabilities and net assets/fund balances. 136,220. 33 191,492. 155,096. 34 217.177.	뭐	29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds	r Fun					
Paid-in or capital surplus, or land, building, or equipment fund	° s	30	Capital stock or trust principal, or current funds		30	1.310
32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 136,220. 33 191,492. 34 Total liabilities and net assets/fund balances 155,096. 34 217.177.	l g	31			31	
33 Total net assets or fund balances 136,220. 33 191,492. 34 Total liabilities and net assets/fund balances 155,096. 34 217.177.	Asi				32	
Z 34 Total liabilities and net assets/fund balances 155,096. 34 217.177.	et			136,220.	33	191,492.
	z			155,096.	-	217,177.

Forn	1990 (2017) Northern Colorado Youth For Christ, Inc 23-7	332916	Pa	age 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	453,	595.
2	Total expenses (must equal Part IX, column (A), line 25)	2	398,	323.
3	Revenue less expenses. Subtract line 2 from line 1	3	55,	272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	136,	220.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	191,	492.
Pai	t XII Financial Statements and Reporting			
-	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?	.(*)(*)(*)(*)(*)(*)(*)(*)(*)	2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a		
ŀ	Were the organization's financial statements audited by an independent accountant?	******	2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	te		
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 10 4 34 4 4 4 4 4 4 4 4 4	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	reconstrain	3 a	Х
I	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No.: 1545-0047

Open to Public Inspection

Name	of the organization					Employer identifica	tion number			
	thern Colorado Youth					23-733291				
Par	t I Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruc	tions.			
The o	organization is not a private found	ation because it is: (I	For lines 1 through 12,	check or	nly one l	oox.)				
1	A church, convention of churche).				
2										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	4 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:									
5	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	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X An organization that normally rein section 170(b)(1)(A)(vi). ((eceives a substantial p Complete Part II.)	art of its support from a	governme	ental uni	t or from the general put	olic described			
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9	An agricultural research organize or university or a non-land-granuniversity:	nt college of agriculture		the nam	e, city, a					
10	An organization that normally in from activities related to its e investment income and unrel June 30, 1975. See section 5	eceives: (1) more than exempt functions—sub ated business taxable	33-1/3% of its support froject to certain exception income (less section)	om contr	ibutions,	nore than 33-1/3% of i	ts support from gross			
11	An organization organized an	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).				
12										
а	Type I. A supporting organization organization(s) the power to rec	on operated, supervise	d, or controlled by its sur	ported o	rganizati	on(s), typically by givino	the supported on. You must			
b	complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or									
U	management of the supporting must complete Part IV, Secti	ation supervised or c organization vested in ons A and C.	the same persons that c	ontrol or	manage	the supported organizat	ion(s). You			
С	organization(s) (see instruction	A supporting organizat	ion operated in connection olete Part IV, Sections	n with, ar A, D, an d	nd functio d E.	onally integrated with, its	supported			
d	Type III non-functionally integr functionally integrated. The o instructions). You must comp	rated. A supporting orgorganization generally blete Part IV. Section	anization operated in cor must satisfy a distribute A and D. and Part V.	nection tion requ	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see			
е		ation received a writte	en determination from	the IRS						
	Enter the number of supported of						Marine			
g	Provide the following information	n about the supported	d organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
• • •										
(B)										
(C)										
(D)										
(E)										
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	207,267.	316,234.	392,593.	445,359.	439,660.	1,801,113.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	207,267.	316,234.	392,593.	445,359.	439,660.	1,801,113.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4						1,801,113.	
Sec	tion B. Total Support		-					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	207,267.	316,234.	392,593.	445,359.	439,660.	1,801,113.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.	
11	Total support. Add lines 7 through 10						1,801,113.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)	000000 DED00000		12	0.	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)		
	tion C. Computation of Pu							
	Public support percentage for 20						100.00%	
	Public support percentage from						100.00%	
	16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as	box and stop he a publicly suppor	re. Explain in Par ted organization	t VI how the	
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a				
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2017	

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.)

_	tails to quality article the te	Sta liated Delow, p	ricase complete i	urt m.y			
	tion A. Public Support						
Calend 1	dar year (or fiscal year beginning in) Sifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)					o i se gradicas	
Sec	tion B. Total Support					·	
	dar year (or fiscal year beginning in) 🟲	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pul						
	Public support percentage for 20						
	Public support percentage from 2				***************************************	1	6 8
	tion D. Computation of Inv						
	Investment income percentage for	·					1977
	Investment income percentage fi						
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check	this box and stop	here. The orgar	nization qualifies :	as a publicly supp	orted organiza	tion
	33-1/3% support tests—2016. If t line 18 is not more than 33-1/3%	, check this box a	ind stop here. Th	ie organization qu	ialifies as a public	cly supported or	rganization
20	Private foundation. If the organization	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	d see instruction	ns ▶

Page 4

Part IV Supporting Organizations

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

Section	A.	ΑII	Supporting	Organizations
---------	----	-----	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes answer 10b 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
15.	Jue S	
1	a security of	
2		- Services
	Televi	3072
3a		empera
3b		
Merti.		
3c	1000000	200000
4a	S INTEREST	delenye
44	i në m	SHEW!
		77.75
4b	W-140-000	00009250
4c		
		200
5a	S. A. Street	Marin.
100	Maria)	Mark S
5b		ASSAULT
50		
6		
7	E HITELS	on the second
NEX.	1 29/2	THE PARTY
8	NAME OF TAXABLE PARTY.	A THE SECOND
		A Property
9a	3	
8	21,(55%	0,018275
91:		
90	2000	CHILES.
	100	3.5
10a		134
100		13746
101	2	

23-7332916

Par	t IV	Supporting Organizations (continued)			
	11 4	les averages to a second of a second of the following persons?	- COURSEA	Yes	No
	A pers	he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	11a		
	-	ning body of a supported organization?			
		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	110		
Sec	tion E	3. Type I Supporting Organizations		Yes	No
1	or elect Part \ If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in If how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. Organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) supported, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	organ vear	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification, are discounted to the date of notification of previously provided?	1		
2	Were organ the o	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion E	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).			
	Π.	he organization satisfied the Activities Test. Complete line 2 below.			
	٠ ــــا .	he organization is the parent of each of its supported organizations. Complete line 3 below.			
	=	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	
	· 🗀 '	the organization supported a governmental entity. Describe in value of how you supported a governmental entity.			
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
•	suppo orgar respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
I	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.		Tue	
i	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		Mark Control
ı	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2017 Northern Colorado Youth For Chr	ist,	Inc 23-73:	32916 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain in complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		4
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		A)
5	Income tax imposed in prior year	5		8

6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting organization

BAA

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Northern Colorado Yo Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	, Inc 23-733 tions (continued)	
Section D — Distributions	•		Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	s,	
3 Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a de la companya de			
b From 2013			
c From 2014			sita usu di della su
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			STATE OF STREET
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount		a Newbyly ale by	
c Remainder. Subtract lines 4a and 4b from 4.		FORESCEN THE SECTION	
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			

b Excess from 2014.... c Excess from 2015

instructions.

8 Breakdown of line 7: a Excess from 2013....

d Excess from 2016..... e Excess from 2017

6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See

7 Excess distributions carryover to 2018. Add lines 3j and 4c.

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, lines 1 and 2; Part IV, Section B, lines 1 and 2; Part IV, Section B, line 1c; Part V, Section B, lines 1c (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Northern Colorado Youth For Christ, Inc.

23-7332916

-150	t Organizations Maintaining Donor		or Similar Funds	or Accounts
Par	Complete if the organization answ	vered 'Yes' on Form 99	0, Part IV, line 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year).			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the organization's exclusive lega	e assets held in donor I control?	advised funds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in wri of the donor or donor adviso	ting that grant funds ca or, or for any other purp	n be used only cose conferring Yes No
Par	Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 99	0, Part IV, line 7.	
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., reprotection of natural habitat Preservation of open space	ecreation or education)		nistorically important land area certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation co	ntribution in the form of	a conservation easement on the
	last day of the tax year.		Ti .	
			1	Held at the End of the Tax Year
	Total number of conservation easements $\frac{1}{2} \dots$			2a
	Total acreage restricted by conservation easer			2 b
	: Number of conservation easements on a certif			2 c
C	Number of conservation easements included in structure listed in the National Register			2 d
3	Number of conservation easements modified, trantax year ▶		d, or terminated by the or	rganization during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy real and enforcement of the conservation easement	nts it holds?	8	
6	Staff and volunteer hours devoted to monitoring, i			
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, a	nd enforcing conservatio	n easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?			Tes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote tonservation easements.			
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historica wered 'Yes' on Form 99	Il Treasures, or Ot 90, Part IV, line 8.	her Similar Assets.
	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, educat notal statements that describ	ion, or research in furthe es these items.	erance of public service, provide,
ŧ	olf the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education,	or research in furtherani	ce of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Contraction of the Contraction o
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, hamounts required to be reported under SFAS	TTO (ASC 936) relating to the	ese items.	
ā	Revenue included on Form 990, Part VIII, line	liana and an analysis and an area	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	**************************************
	Assets included in Form 990, Part X		******	Schodula D (Form 990) 2017

Schedule D (Form 990) 2017 North Part III Organizations Maintai	ern Colorad	do Youth For	Christ,	Inc	23-7332		ntinu	Page 2
1 control of the cont								/
3 Using the organization's acquisition items (check all that apply): a Public exhibition	, accession, and of	(9==0)	y of the follow		a significant use of its c	ollection		
·		Hau	r exchange p	orograms				
H- 1	ations	e Other						
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rece	eive donations of art,	, historical tr	easures, or o	other similar assets	Yes	Г	No
to be sold to raise funds rather the	nan to be maintai	ned as part of the or	ganization's	ation answ	vared 'Vas' on For		Par	_
Part IV Escrow and Custodia line 9, or reported an	amount on Fo	rm 990, Part X, I	ine 21.	ation answ	vered res on roi	111 990	, rai	LIV,
1 a Is the organization an agent, trus	stee, custodian or	other intermediary f	or contributi	ons or other	assets not included	Yes	Γ	No
on Form 990, Part X? b If 'Yes,' explain the arrangement	in Part XIII and o	complete the following	no table		, , , , , , , , , , , , , , , , , , , ,		Ļ	
pir res, explain the arrangement	III all Alli alla C	complete the londwir	ig tubic.			Amount		
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a						Yes	T	No
b If 'Yes,' explain the arrangement	in Part XIII Che	ck here if the evolan	ation has be	en provided	on Part XIII			-
bil les, explain the analigement	III I art XIII. One	ck field if the explain	ation has be	on provided			_	_
Part V Endowment Funds. C	omplete if the	organization an	swered 'Y	es' on Forr	m 990. Part IV. lin	ne 10.		
rait v Elidowillent Fullus. C	(a) Current year			wo years back	(d) Three years back	(e) F	our year	s back
1 a Beginning of year balance	(a) Current year	(b) The year	(0) (1	No yours saon	(,,			
b Contributions								
b Contributions			_					
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs						-		
f Administrative expenses						1		-
g End of year balance								
2 Provide the estimated percentag	e of the current y	ear end balance (lin	e 1g, columi	n (a)) held as	S:			
a Board designated or quasi-endown		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
b Permanent endowment	%							
c Temporarily restricted endowme	nt 🟲	%						
The percentages on lines 2a, 2b, a	nd 2c should equa	100%.						
3 a Are there endowment funds not in	the possession of t	he organization that a	re held and a	dministered f	or the	r		T
organization by:							Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' on line 3a(ii), are the rela				R?≞		3b		
4 Describe in Part XIII the intende	d uses of the orga	anization's endowme	ent funds.					
Part VI Land, Buildings, and	Equipment.							
Complete if the organ	ization answe	red 'Yes' on Fort	n 990, Pa	rt IV, line	11a. See Form 99	0, Par	t X, li	ne 10.
Description of property	(a)	Cost or other basis (investment)	(b) Cost (basis (or other other)	(c) Accumulated depreciation	(d) E	Book v	alue
1 a Land				8				
b Buildings								
c Leasehold improvements			Ę	3,068.	19,017.		34	,051.
d Equipment				38,351.	60,903.			,448.
e Other				22,426.	18,480.			, 946.
Total. Add lines 1a through 1e. (Colur		Form 990, Part X.						, 445.
BAA		·				ule D (F		0) 2017

(a) Description of security or category (including name of security)	(b) Book value), Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(4)	(4)
(2) Closely-held equity interests		
(3) Other		
(A)		
(A) (B)		
(C) (C)		
(D)		
(E)		
(E) (F)		
(G)		
(d) (H)		
(I)		
		THE STATE OF THE S
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N/A
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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
		
(7)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		
Part IX Other Assets	N/A	
Part IX Other Assets. Complete if the organization answered	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) De	N/A d 'Yes' on Form 990 scription	0, Part IV, line 11d. See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) De	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) De (1) (2)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	d 'Yes' on Form 990 scription	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.	d 'Yes' on Form 990 scription (B) line 15.)	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.	d 'Yes' on Form 990 scription (B) line 15.)	O, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value 1e or 11f. See Form 990, Part X, line 25
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Incomplete if the organization of liability	d 'Yes' on Form 990 scription (B) line 15.)	O, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value 1e or 11f. See Form 990, Part X, line 25
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) Accrued compensation	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Complete if the organization answered 'Yes' on It (a) Description of liability (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Incomplete if the organization (complete if the organization of liability) (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding (5)	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on a complete if the organization of liability (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding (5) (6)	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on a long to the complete if the organization of liability (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding (5) (6) (7)	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on land (complete if the organization of liability) (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding (5) (6) (7) (8)	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on least of the organization of liability (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding (5) (6) (7) (8) (9)	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (expense) Complete if the organization answered 'Yes' on least organization of liability (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding (5) (6) (7) (8) (9) (10)	B) line 15.)	1e or 11f. See Form 990, Part X, line 25
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column) (a) Description of liability (1) Federal income taxes (2) Accrued compensation (3) Credit Card Payable (4) Rounding (5) (6) (7) (8) (9)	B) line 15.)	1e or 11f. See Form 990, Part X, line 25

Schedule D (Form 990) 2017 Northern Colorado Youth For Christ,		3-7332916 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement		eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Page 1		
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	1927
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	145
d Other (Describe in Part XIII.).	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		(72)
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b Other (Describe in Part XIII.).	4 b	7
c Add lines 4a and 4b.		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	279
b Prior year adjustments	2 b	
c Other losses.	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		用品

Part XIII Supplemental Information.

a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).....

c Add lines 4a and 4b.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part X - FIN 48 Footnote

Income taxes

YFC is a non-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). YFC has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) of the IRC. YFC files annually as part of a group return under the auspices of Youth for

Christ International, Inc., a parent organization also exempt under IRC 501(c)(3) BAA

Schedule D (Form 990) 2017

4 c

5

Part X - FIN 48 Footnote (continued)

However, YFC is subject to income tax on unrelated business taxable income.

Management believes that such taxes, if any, will not have a material effect on the financial position or results of operations of the YFC. Accordingly, no provision for income taxes has been included in these financial statements.

FASB ASC 740-10 (formerly FASB Interpretation No. 48, "Accounting for Uncertainty in Income Taxes"

(FIN 48) was issued in July 2006 and requires organization management to evaluate tax positions taken by the Organization and recognize a tax liability if the Organization has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. Management has analyzed tax positions taken by the Organization and has concluded that, as of June 30, 2018, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Organization has not recognized any interest or penalties related to income taxes in the statements of activities or the balance sheets. The Organization is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. Generally, three tax years remain subject to examination by tax jurisdictions.

Tax penalties and interest, if any, would be classified with income tax expense in the financial statements. No tax penalties or interest have been incurred or are recognized in the financial statements.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Northern Colorado Youth For Christ, Inc

23-7332916

Pai	t 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	Metho noncash d	(d) d of de contribu	etermin ution ar	ing nounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art – Fractional interests							
4	Books and publications.		Alexander Salar Maria					
5	Clothing and household goods							
6	Cars and other vehicles							
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.			25,800.	Market	Val	116	
18	Collectibles			20,000.			40	
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Bikes/Supplies)			7.345.	Market	val	116	
26	Other • (DIRES/Supplies			1,010.				
27	Other • (
28	Other ()							===:
29	Number of Forms 8283 received by the organization of	during the tay	year for contributions for	or which the				
25	organization completed Form 8283, Part IV, Done	ee Acknowle	daement		29			
			3				Yes	No
				1 Harris 00 Harl	Ì	State .		XIII.
30a	 During the year, did the organization receive by contr it must hold for at least three years from the date 	ibution any p	roperty reported in Part Leoptribution, and whi	r, iines i through 28, that ich isn't required to be i	ised			
	for exempt purposes for the entire holding period					30 a		Х
ı	If 'Yes,' describe the arrangement in Part II.					1897		
31	ns?	31		Х				
	Does the organization have a gift acceptance poli					1		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								Х
	of If 'Yes,' describe in Part II.	1.5.6		which column (a) is -4	skod	100		
33	If the organization didn't report an amount in coludescribe in Part II.	umn (c) for a	type of property for w	vnich column (a) is chec	ckea,			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No.: 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 23-7332916

Northern Colorado Youth For Christ, Inc

Form 990, Part VI, Line 11b - Form 990 Review Process

Board reviews the Form 990 with the reviewed financial statements before the Form 990 is filed.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Board approves budget and compensation of executive director.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available on request during regular business hours at the organization's office.

Exempt Organization Business Income Tax Return OMB No. 1545-0687 Form **990-T** (and proxy tax under section 6033(e)) 2017 For calendar year 2017 or other tax year beginning 7/01 , 2017, and ending 6/30 2018 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed Check box if name changed and see instructions, Employer identification number (Employees' trust, see instructions.) Northern Colorado Youth For Christ, Inc Print Exempt under section 134 11TH AVENUE 23-7332916 or X = 501(c)(3)GREELEY, CO 80631 Unrelated business activity codes (See instructions.) Type 408(e) 220(e) 408A 530(a) 529(a) 451110 Book value of all assets at end of year Group exemption number (See instructions.) G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust 217,177. Describe the organization's primary unrelated business activity. Bike Shop During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group.... X No If 'Yes,' enter the name and identifying number of the parent corporation. Telephone number ► (970) The books are in care of ► THE ORGANIZATION 353-1231 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales **b** Less returns and allowances. 4,147. c Balance ► 1 c 2 Cost of goods sold (Schedule A, line 7)...... 2 12,697. 3 Gross profit. Subtract line 2 from line 1c..... 3 -8,550.4 a Capital gain net income (attach Schedule D)..... 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)........ 4b c Capital loss deduction for trusts..... 4c Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E)... 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule)..... 12 13 13 Total. Combine lines 3 through 12. -8,550.-8,550.Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for Part II contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K). Salaries and wages 16 Repairs and maintenance. 17 17 18 Interest (attach schedule) Taxes and licenses. 19 20 Charitable contributions (See instructions for limitation rules) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion

26 27

28

29

30

31

24 Contributions to deferred compensation plans..... 25 Employee benefit programs....

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.......

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

-8,550

-8,550

-8,550.

24

25

26

27

28 29

30

31

32

33

Day	4 111		rado roach for chilibe,	inc		332323
301766660	NO27012/41/EU	Tax Computation	0 : 1 !: (1	TP-S		
35			ons. See instructions for tax comput		18	16)
_			1561 and 1563) check here ► ☐ \$,000, and \$9,925,000 taxable incom			160
а	(1)			le brackets (in that order).	G	415
h	い [P	r organization's share of (1) Add	ditional 5% tax (not more than \$11,	750)		254
, i			\$100,000)			
_			\$100,000)		3	5c 0.
			nstructions for tax computation. Inc		He	0.
50		ne 34 from: Tax rate sche	dule or Schedule D (Form	1041) (1878) (1878) (1878)	▶ 3	6
37			2010			37
38						88
			ne. See instructions			39
		-	e 35c or 36, whichever applies		_	0.
			s obe of co, whichever applied		223/0000	
		Tax and Payments	h Form 1118; trusts attach Form 11	16) 41 a		0835
			3800 (see instructions)	2000/255		
			tach Form 8801 or 8827)			
			41d		4	11 e 0.
		_	410		_	12 0.
			4255 Form 8611 Form 8697			- 0.
73			1205 OINI 00 1 OINI 0037			13
44						14 0.
			ited to 2017		61-	800
	-			-0.000	- 6	55.57
			10		8	
		·	ithheld at source (see instructions)			
			1998-000-00		8	New York
			rance premiums (Attach Form 894)		- 8	8.7
		credits and payments:	Form 2439		2.	816
		orm 4136	Other To	tal ► 45 g	11/1/	
46			gh 45g			16 0.
47			ns). Check if Form 2220 is attached			47
48			tal of lines 44 and 47, enter amoun			48
			n the total of lines 44 and 47, enter			49
			t: Credited to 2018 estimated tax ►		_	50
Pari			ertain Activities and Other I			50
The second second			ear, did the organization have an inter-			a Yes No
51	At any	y time during the 2017 calendar ye	ear, and the organization have an inter- er) in a foreign country? If YES, the	organization may have to fi	La FinCEN F	orm 114
		•	I Accounts. If YES, enter the name			X
52			tion receive a distribution from, or v		steror to, a	foreign trust? X
			ns the organization may have to file			
53	Enter		received or accrued during the tax ye		0.	
٥.		Under penalties of perjury, I declare that belief, it is true, cornect, and complete. D	I have examined this return, including accompa eclaration of preparer (other than taxpayer) is	anying schedules and statements, and based on all information of which prep	arer has any kr	ny knowledge and nowledge.
Sign	1	Clellous 1/20	1 10-29-18	Executive Dir	IN.	ay the IRS discuss this return with
Here	3	Signature of officer	Date	Title	in	e preparer shown below (see structions)? X Yes No
		D. L. C.	12	I Date		PTIN PTIN
Paid		Print/Type preparer's name	Preparer's aignature	10 2 G 1X	heck if	10-71711
Pre-		Richard J. Bartels	Richard J. Bartel	.5 1	elf-employed	P00291041
pare	er		Company, LLC	F	irm's EIN	32-0046037
Use		Firm's address 7251 W. 20	Oth Street, Bldg D1			
Only	/	Greeley, C	CO 80634	F	hone no.	(970) 352-7500
BAA			TEEA0202L 03/26	5/18		Form 990-T (2017)

Total dividends-received deductions included in column 8.

TEEA0203L 10/04/17

%

%

%

કૃ

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

Form 990-T (2017)

property (attach schedule)

(1)

(2)

(3)

(4)

BAA

Schedule F — Interest, A	muru	es, Royalli			trolled Org		TO THE OWNER OF THE PARTY OF TH	riyai	lizations	see ms	structions,)
1 Name of controlled organization	ider	mployer ntification number	ir	Net unr ncome e instru		4	Total of specit payments mad	fied de	5 Part of that is income the conorganized gross in	cluded i trolling ation's	in co	ductions directly onnected with ome in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	ations											
7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specified its made	t l	10 Part of or included in organization	the o	controlling		connected	tions directly I with income Iumn 10
(1)												
(2)												
(3)												
(4)												
Totals							Add columns here and on p 8, col	5 an age 1 lumn	, Part I, line		e and on p	6 and 11. Enter age 1, Part I, line umn (B).
Schedule G - Investmer	nt Inco	me of a Se	ction	501(c)(7), (9)), 0	r (17) Organ	nizat	ion (see ins	struction	ns)	
1 Description of income			mount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		S	5 Total deductions and set-asides (column 3 plus column 4)		
(1)												
(2)											<u> </u>	
(3)												
(4)												
Totals Schedule I — Exploited E		Enter here ar Part I, line 9,	colur	nn (A).	av Tha	- A	dvorticing	ncol	30 (see ins	truction	Part I, li	re and on page ne 9, column (B
1 Description of exploited a	•	2 Gross unrelate busines income fr trade o busines	s ed s om r	3 Expension connection of u	uses directly ected with duction nrelated ess income	4 N froi or I 2 m	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gros	es income from ity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column minus column 5, b not more than column 4).
(1)												
(2)			_									-
(3)												
(4)												
Totals	,	Enter here on page Part I, line column	1, e 10,	on p Part	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26
Schedule J – Advertisin		ma (Soo ins	tructio	ne)		0870			33539118118611	37///	WHO SERVICED	
					ncolida	tor	1 Pacie					
Part I Income From Pe	nouic	2 Gross			Direct	_		E C	Sirgulation	6 Day	ndorchin	7 Eugano randarah
1 Name of periodical		advertisi income	ng	adve	ertising osts	(10	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		circulation income		adership costs	7 Excess readersh costs (col. 6 minu col. 5, but not mor than col. 4).
(1)								-				
(2)						118		-				-
(3)		-				100						
(4)						953	TIS JOURNAL					2 1111 12 21 22 22
Totals (carry to Part II, line (5))	-										

% % o ▶

Form 990-T (2017) Northern Colorado Youth For Christ, Inc 23-7332916 Page
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

/ on a line-by-line basis.)						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27,
Totals, Part II (lines 1- 5) ▶						
Schedule K - Compensation of	Officers, Dire	ctors, and Tr	u stees (see instr	uctions)		
1 Name			2 Title 3 Percent of time devoted to business 4 Compensati to unrelate			ation attributable ated business
					2	

Total. Enter here and on page 1, Part II, line 14. BAA

TEEA0204 L 10/04/17

Form 990-T (2017)

2017

General Elections

Page 1

Client YTH4CRST

Northern Colorado Youth For Christ, Inc

23-7332916

10/25/18

02:39PM

Election to Waive Net Operating Loss Carryback

Pursuant to IRC Section 172(b)(3), the Organization hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended 6/30/18.