2020 TAX RETURN

CLIENT COPY

Client: 31560-01

Prepared for:
CENTRAL OHIO YOUTH FOR CHRIST
5000 ARLINGTON CENTRE BLVD.
COLUMBUS, OH 43220
(614) 848-4870

Prepared by:
TRACEY A. PRICE, CPA CVA
TOUKAN & COMPANY
575 CHARRING CROSS DRIVE
WESTERVILLE, OH 43081
614-901-7100

Date: NOVEMBER 15, 2021

Comments:

Route to: _____ _____ _____ _____

2020 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

CENTRAL OHIO YOUTH FOR CHRIST **31-1011430**

	2020	2019	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS	5,173,415	2,249,742	2,923,673
PROGRAM SERVICE REVENUE	927,150	972,662	-45,512
INVESTMENT INCOME	148,338	296,277	-147,939
OTHER REVENUE	270,135	108,195	161,940
TOTAL REVENUE	6,519,038	3,626,876	2,892,162
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID	2,317	0	2,317
SALARIES, OTHER COMPEN., EMP. BENEFITS	1,329,531	1,570,398	-240,867
PROFESSIONAL FUNDRAISING EXPENSES	51,105	87,328	-36,223
OTHER EXPENSES	1,810,436	1,791,838	18,598
TOTAL EXPENSES	3,193,389	3,449,564	-256,175
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES	3,325,649	177,312	3,148,337
TOTAL ASSETS AT END OF YEAR	11,050,772	8,675,936	2,374,836
TOTAL LIABILITIES AT END OF YEAR	4,012,468	4,940,926	-928,458
NET ASSETS/FUND BALANCES AT END OF YEAR	7,038,304	3,735,010	3,303,294

2020 FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY PAGE 1

CENTRAL OHIO YOUTH FOR CHRIST **31-1011430**

	2020	2019	DIFF
REVENUE			
GROSS RECEIPTS OR SALES	382,720	453,070	-70,350
NET SALES	382,720	453,070	-70,350
COST OF GOODS SOLD	309,511	385,428	-75,917
GROSS PROFIT	73,209	67,642	5,567
OTHER INCOME	1,905	1,247	658
TOTAL REVENUE	75,114	68,889	6,225
DEDUCTIONS			
SALARIES AND WAGES	37,405	45,231	-7,826
REPAIRS AND MAINTENANCE	17	330	-313
BAD DEBTS	12,003	14,054	-2,051
TAXES AND LICENSES	3,579	6,079	-2,500
DEPRECIATION	1,573	1,607	-34
DEPRECIATION CLAIMED ON PAGE ONE	1,573	1,607	-34
EMPLOYEE BENEFIT PROGRAMS	149	23	126
OTHER DEDUCTIONS	105,799	123,671	-17,872
TOTAL DEDUCTIONS	160,525	190,995	-30,470
UNRELATED BUSINESS TAXABLE INCOME BEFORE	-85,411	-122,106	36,695
UNRELATED BUSINESS TAXABLE INCOME	-85,411	-122,106	36,695
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
TOTAL UNRELATED BUSINESS TAXABLE INCOME	-85,411	-122,106	36,695
UNRELATED BUSINESS TAXABLE INCOME BEFORE	-85,411	-122,106	36,695
UNRELATED BUSINESS TAXABLE INCOME BEFORE	-85,411	-122,106	36,695
SPECIFIC DEDUCTION	1,000	0	1,000
UNRELATED BUSINESS TAXABLE INCOME	0	-122,106	122,106
TAX COMPUTATION			
INCOME TAX	0	0	0
TAX AND PAYMENTS			
TOTAL TAX	0	0	0
TOTAL PAYMENTS AND CREDITS	0	0	0
REFUND OR AMOUNT DUE			
TAX DUE	0	0	0
OVERPAYMENT	0	0	0

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH C, SCH D, SCH G, SCH L, SCH M, SCH O, SCH R
990-T, 4562

TAX RATES

UNRELATED BUSINESS	MARGINAL	EFFECTIVE
FEDERAL	0. %	0. %

CARRYOVERS TO 2021

FEDERAL CARRYOVERS

PRE-2018 NET OPERATING LOSS	154,723.
POST-2017 NET OPERATING LOSS	340,762.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 7/01 , 2020, and ending 6/30 , 20 2021

► **Do not send to the IRS. Keep for your records.**
► **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

CENTRAL OHIO YOUTH FOR CHRIST

Taxpayer identification number

31-1011430

Name and title of officer or person subject to tax

SCOTT ARNOLD EXECUTIVE DIR.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ►	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 6,519,038.
2a Form 990-EZ check here ►	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a Form 1120-POL check here ►	[ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**
4a Form 990-PF check here ►	[ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a Form 8868 check here ►	[ ]	**b Balance due** (Form 8868, line 3c)	**5b**
6a Form 990-T check here ►	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	**6b**
7a Form 4720 check here ►	[ ]	**b Total tax** (Form 4720, Part III, line 1)	**7b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize TOUKAN & COMPANY to enter my PIN 31560 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► Scott Arnold Date ► 11/15/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 31396543081

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► TRACEY A. PRICE, CPA CVA Date ►

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 7/01 , 2020, and ending 6/30 , 20 2021

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OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

CENTRAL OHIO YOUTH FOR CHRIST

Taxpayer identification number

31-1011430

Name and title of officer or person subject to tax

SCOTT ARNOLD EXECUTIVE DIR.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ►	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**
2a Form 990-EZ check here ►	☐	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a Form 1120-POL check here ►	☐	**b Total tax** (Form 1120-POL, line 22)	**3b**
4a Form 990-PF check here ►	☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a Form 8868 check here ►	☐	**b Balance due** (Form 8868, line 3c)	**5b**
6a Form 990-T check here ►	☒	**b Total tax** (Form 990-T, Part III, line 4)	**6b** 0.
7a Form 4720 check here ►	☐	**b Total tax** (Form 4720, Part III, line 1)	**7b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize TOUKAN & COMPANY to enter my PIN 31560 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► Scott Arnold Date ► 11/15/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 31396543081

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► TRACEY A. PRICE, CPA CVA Date ► _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

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.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 7/01 , 2020, and ending 6/30 , 20 2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
CENTRAL OHIO YOUTH FOR CHRIST
5000 ARLINGTON CENTRE BLVD.
COLUMBUS, OH 43220

D Employer identification number
31-1011430

E Telephone number
(614) 848-4870

G Gross receipts $ 7,624,358.

F Name and address of principal officer: SCOTT ARNOLD
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.COYFC.ORG

H(c) Group exemption number ► 1277

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of formation: 1981 **M** State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO REACH YOUTH IN THE CENTRAL OHIO AREA, WORKING WITH THE LOCAL CHURCH AND OTHER LIKE MINDED PARTNERS TO DEVELOP LIFELONG FOLLOWERS OF JESUS, WHO LEAD BY THEIR GODLINESS IN LIFESTYLE, DEVOTION TO PRAYER, PASSION FOR SHARING CHRIST'S LOVE AND COMMITMENT TO SOCIAL INVOLVEMENT.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	59
6	Total number of volunteers (estimate if necessary)	6	336
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	75,114.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,249,742.	5,173,415.
9	Program service revenue (Part VIII, line 2g)	972,662.	927,150.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	296,277.	148,338.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,195.	270,135.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,626,876.	6,519,038.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,317.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,570,398.	1,329,531.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	87,328.	51,105.
b	Total fundraising expenses (Part IX, column (D), line 25) ► 363,923.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,791,838.	1,810,436.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,449,564.	3,193,389.
19	Revenue less expenses. Subtract line 18 from line 12	177,312.	3,325,649.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,675,936.	11,050,772.
21	Total liabilities (Part X, line 26)	4,940,926.	4,012,468.
22	Net assets or fund balances. Subtract line 21 from line 20	3,735,010.	7,038,304.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ SCOTT ARNOLD — EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TRACEY A. PRICE, CPA CVA	TRACEY A. PRICE, CPA CVA			P00238340

Firm's name ► TOUKAN & COMPANY
Firm's address ► 575 CHARRING CROSS DRIVE
WESTERVILLE, OH 43081
Firm's EIN ► 31-1081751
Phone no. 614-901-7100

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O . . . . . X Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . Yes X No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 686,143. including grants of $ 317.) (Revenue $ 163,861.)

CITY LIFE MINISTRY

PROVIDES PROGRAMMING FOR URBAN STUDENTS CONSISTENT WITH OUR HOLISTIC MINISTRY MODEL. FAITH BASED PROGRAMS (BIBLE STUDIES, DISCIPLESHIP PROGRAMS, RETREATS, ETC.) AND FAITH NEUTRAL PROGRAMS (TUTORING, JOB SKILLS, MENTORING, ALTERNATIVE ACTIVITIES, ETC.) ARE PROVIDED THROUGH A VARIETY OF LOCATIONS AND PARTNERSHIPS. LAST YEAR OVER 315 URBAN STUDENTS WERE SERVED.

4b (Code:) (Expenses $ 565,601. including grants of $) (Revenue $ 849,082.)

WELLSPRING COUNSELING

WELLSPRING COUNSELING IS A PROFESSIONAL COUNSELING MINISTRY ASSISTING CHILDREN, TEENS, ADULTS, COUPLES, AND FAMILIES TO FACE AND OVERCOME DIFFICULT LIFE ISSUES. WELLSPRING COUNSELORS PROVIDE COUNSELING CONSISTENT WITH BIBLICAL CORE VALUES INTO REAL LIFE SOLUTIONS. PART OF THE WELLSPRING VISION IS TO PROVIDE THIS SERVICE IN STRATEGICALLY ACCESSIBLE AREAS OF OUR COMMUNITY WHERE CHRISTIAN COUNSELING IS OFTEN INACCESSIBLE. LAST YEAR 4,270 SESSIONS OF COUNSELING WERE PROVIDED TO TEENS, 5,723 SESSSIONS WERE PROVIDED TO ADULTS FOR A TOTAL OF 9,993 SESSIONS OF COUNSELING.

4c (Code:) (Expenses $ 258,870. including grants of $) (Revenue $ 61,822.)

JUVENILE JUSTICE MINISTRY

PROVIDES CHAPLAIN SERVICES FOR THREE CENTRAL OHIO DETENTION FACILITIES. PROVIDES AFTER-CARE PROGRAMS TO CHANNEL YOUTH FROM DETENTION FACILITIES INTO PARTNER GROUPS IN THE COMMUNITY WHO HELP CREATE NEW AND POSITIVE PEER GROUPS FOR TEENS. LAST YEAR WE SERVED OVER 175 TEENS.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses $ 736,090. including grants of $ 2,000.) (Revenue $ 673,108.)

4e Total program service expenses ► 2,246,704.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11 b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11 c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11 d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11 f	X	
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* See instructions	17	X	
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	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If 'Yes,' complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If Yes,' complete Schedule L, Part IV*	28c	X	
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? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b	X	
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		X
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		X
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	X	

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 ☐

				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	44		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If 'Yes,' enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**	X	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	**16**		X

Part VI **Governance, Management, and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3			X
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a			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? 7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body? 8a		X	
b	Each committee with authority to act on behalf of the governing body? 8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses on Schedule O* 9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? 10a		X	
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13* 12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* . . . SEE SCHEDULE O 12c		X	
13	Did the organization have a written whistleblower policy? 13		X	
14	Did the organization have a written document retention and destruction policy? 14		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 15a		X	
b	Other officers or key employees of the organization . . . SEE SCHEDULE O 15b		X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a			X
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? 16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OH

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

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► SCOTT ARNOLD 5000 ARLINGTON CENTRE BLVD. COLUMBUS OH 43220 (614) 848-4870

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ARNOLD EXECUTIVE DIR.	50 17			X				95,736.	0.	21,139.
(2) SAJEEL SHAHID FINANCEDIRECTOR	50 15			X				52,704.	0.	9,800.
(3) KARL FOX DIRECTOR	1 0.5	X						0.	0.	0.
(4) JOHN "SQUIRE" GALBREATH DIRECTOR	1 0.5	X						0.	0.	0.
(5) GEOFF ARTHUR DIRECTOR	1 0.5	X						0.	0.	0.
(6) GREG OVERMYER DIRECTOR	1 0.5	X						0.	0.	0.
(7) SHANDELL JAMAL DIRECTOR	1 0.5	X						0.	0.	0.
(8) CHIP WEIANT DIRECTOR	2 1	X						0.	0.	0.
(9) CINDY KRATZER CHAIRPERSON	3.5 1.75	X		X				0.	0.	0.
(10) THOMAS MALLORY, JR. SECRETARY	1 0.5	X		X				0.	0.	0.
(11) HARRY ANDERSON TREASURER	1 0.5	X		X				0.	0.	0.
(12) EVAN WILLIAMS VICECHAIRPERSON	1 0.5	X		X				0.	0.	0.
(13)										
(14)										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal ►								148,440.	0.	30,939.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								148,440.	0.	30,939.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	**3**		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes,' complete Schedule J for such individual*	**4**		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	**5**		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,495.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,050,370.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,121,550.				
	g Noncash contributions included in lines 1a-1f	1g	184,160.				
	h **Total.** Add lines 1a-1f			5,173,415.			
Program Service Revenue		Business Code					
	2a WELLSPRING COUNSELING FEE	624100		848,505.	848,505.		
	b MANAGEMENT FEE	541610		52,500.	52,500.		
	c OTHER PROGRAM SERVICES	900099		26,145.	24,240.	1,905.	
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			927,150.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			146,849.			146,849.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	252,900.					
	b Less: rental expenses 6b	182,915.					
	c Rental income or (loss) 6c	69,985.					
	d Net rental income or (loss)			69,985.			69,985.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	78,607.					
	b Less: cost or other basis and sales expenses 7b	77,118.					
	c Gain or (loss) 7c	1,489.					
	d Net gain or (loss)			1,489.			1,489.
	8a Gross income from fundraising events (not including $ 1,495. of contributions reported on line 1c). See Part IV, line 18 8a	639,006.					
	b Less: direct expenses 8b	161,231.					
	c Net income or (loss) from fundraising events			477,775.			477,775.
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a	691,368.					
	b Less: cost of goods sold 10b	684,056.					
	c Net income or (loss) from sales of inventory			7,312.	-65,897.	73,209.	
Miscellaneous Revenue		Business Code					
	11a PASSTHROUGH LOSS	531120		-284,937.	-284,937.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			-284,937.			
	12 **Total revenue.** See instructions			6,519,038.	574,411.	75,114.	696,098.

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. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,000.	2,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	317.	317.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	190,215.	145,895.	25,774.	18,546.
6 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.
7 Other salaries and wages	902,116.	602,399.	145,755.	153,962.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	131,457.	87,108.	21,417.	22,932.
10 Payroll taxes	105,743.	72,184.	16,672.	16,887.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	51,105.			51,105.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) SCH O	823,780.	527,338.	215,881.	80,561.
12 Advertising and promotion	2,535.	1,990.		545.
13 Office expenses	153,395.	69,063.	72,710.	11,622.
14 Information technology				
15 Royalties				
16 Occupancy	464,569.	430,826.	33,719.	24.
17 Travel	6,978.	1,471.	4,777.	730.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	187,718.	187,718.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,425.	59,425.		
23 Insurance	54,800.	16,204.	38,596.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	23,232.	20,010.	23.	3,199.
b TRAINING AND DEVELOPMENT	17,194.	9,549.	6,307.	1,338.
c PROGRAM ACTIVITIES EXPENSE	9,691.	8,347.	9.	1,335.
d RECRUITMENT	7,119.	4,860.	1,122.	1,137.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,193,389.	2,246,704.	582,762.	363,923.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		879,930.	1	778,682.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,782,760.	3	1,170,830.
	4	Accounts receivable, net		337,574.	4	586,594.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		4,226,000.	7	50,000.
	8	Inventories for sale or use		52,203.	8	56,802.
	9	Prepaid expenses and deferred charges		42,441.	9	37,043.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,477,410.			
	b	Less: accumulated depreciation	10b 2,137,145.	990,481.	10c	7,340,265.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11		361,848.	12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,699.	15	1,030,556.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		8,675,936.	16	11,050,772.
Liabilities	17	Accounts payable and accrued expenses		424,624.	17	487,518.
	18	Grants payable			18	
	19	Deferred revenue		63,576.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,403,068.	23	3,507,041.
	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		1,049,658.	25	17,909.
	26	**Total liabilities.** Add lines 17 through 25		4,940,926.	26	4,012,468.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,294,040.	27	5,154,439.
	28	Net assets with donor restrictions		1,440,970.	28	1,883,865.
		Organizations that do not follow FASB ASC 958, check here ► ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		3,735,010.	32	7,038,304.
	33	Total liabilities and net assets/fund balances		8,675,936.	33	11,050,772.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,519,038.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,193,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,325,649.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,735,010.
5	Net unrealized gains (losses) on investments	5	1,305.
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 on Schedule O) SEE SCHEDULE O	9	-23,660.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,038,304.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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 ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2020

Open to Public Inspection

Name of the organization	Employer identification number
CENTRAL OHIO YOUTH FOR CHRIST	31-1011430

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [X] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [ ] An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test—2020.** 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 ► ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If 'Yes,' provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in* ***Part VI.***	9b		
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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer line 10b below.*	10a		
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.).*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**	
b	A family member of a person described in line 11a above?	**11b**	
c	A 35% controlled entity of a person described in line 11a or 11b above? *If 'Yes' to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	**1**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If 'No,' describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**	

Section 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).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in* ***Part VI.***	**3a**	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
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		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D — Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required — *provide details in* ***Part VI***)	**5**	
6	Other distributions (describe in **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	**8**	
9	Distributable amount for 2020 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E — Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
CENTRAL OHIO YOUTH FOR CHRIST	31-1011430

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of 'political campaign activities')

2 Political campaign activity expenditures (See instructions) ► $

3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4 **a** Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter-0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
SEE PART IV 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			0.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

THE ORGANIZATION HIRED AN OUTSIDE CONSULTANT TO HELP THE ORGANIZATION SECURE STATE FUNDING LANGUAGE BY CONDUCTING MEETINGS OR CONVERSATIONS WITH PERTINENT MEMBERS OF THE OHIO LEGISLATURE AND STATE ADMINISTRATION.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CENTRAL OHIO YOUTH FOR CHRIST

Employer identification number

31-1011430

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ►$

(ii) Assets included in Form 990, Part X ►$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ►$

b Assets included in Form 990, Part X ►$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,198.	14,922.	0.	0.	0.
b Contributions					
c Net investment earnings, gains, and losses	3,241.	1,357.			
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	88.	81.			
g End of year balance	19,351.	16,198.	0.	0.	0.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► 100.00 %
- b Permanent endowment ► %
- c Term endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)	X	
(ii) Related organizations	3a(ii)		X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		291,753.		291,753.
b Buildings		8,498,936.	1,611,695.	6,887,241.
c Leasehold improvements				
d Equipment		564,748.	469,456.	95,292.
e Other		121,973.	55,994.	65,979.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				7,340,265.

Part VII Investments – Other Securities. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD	1,022,270.
(2) DEPOSITS	8,286.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	1,030,556.

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	17,909.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	17,909.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part 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	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*		5	

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS WERE SET UP WITH THE INTENT OF ORGANIZATIONAL EXPANSION.

PART X - FASB ASC 740 FOOTNOTE

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED FASB ASC 740-10 (FORMERLY INTERPRETATION NO. 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FASB ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB ASC 740-10-125 (FORMERLY FASB STATEMENT NO. 109) ACCOUNTING FOR INCOME TAXES. FASB ASC 740-10 ALSO PRESCRIBES

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IN ADDITION, FASB ASC 740-10 PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION.

THE ORGANIZATION TREATS TAX POSITIONS TAKEN USING THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD. TAX POSITIONS ARE MEASURED IN THE YEAR THAT THE ORGANIZATION BELIEVES THAT THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED. ANY POSITIONS THAT ARE NOT EXPECTED TO BE SUSTAINED WILL BE RECORDED AS A LIABILITY. THE ORGANIZATION BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD BE MATERIAL TO THE FINANCIAL STATEMENTS.

INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENTS OF ACTIVITIES. AS OF JUNE 30, 2021 AND 2020, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO JUNE 30, 2017. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY JURISDICTION. BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED FOR THE FISCAL YEAR ENDED JUNE 30, 2021 AND 2020.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
CENTRAL OHIO YOUTH FOR CHRIST

Employer identification number
31-1011430

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☒ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☒ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in column **(i)**	**(vi)** Amount paid to (or retained by) organization
1	THE AAKHUS AGENCY, INC 5722 TYME CASTLE LOOP DUBLIN OH 43016	PLANNED ESTATE GIVING		X		51,105.	
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ►						51,105.	0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OH

Part II **Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 OVER THE EDGE (event type)	(b) Event #2 YGGM (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts	382,071.	145,093.	113,337.	640,501.
	2 Less: Contributions		1,495.		1,495.
	3 Gross income (line 1 minus line 2)	382,071.	143,598.	113,337.	639,006.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	-413.	7,500.		7,087.
	7 Food and beverages	194.	40.		234.
	8 Entertainment				
	9 Other direct expenses	128,788.	15,521.	9,601.	153,910.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				161,231.
	11 Net income summary. Subtract line 10 from line 3, column (d)				477,775.

Part III **Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain:

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

b If 'Yes,' explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
► **Attach to Form 990 or Form 990-EZ.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization
CENTRAL OHIO YOUTH FOR CHRIST

Employer identification number
31-1011430

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ► $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	**(e)** Sharing of organization's revenues? No
(1)	ARNOLD, SAMANTHA	FAMILY MBR	12,377.	COMPENSATION		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

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Open to Public Inspection

Name of the organization

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Employer identification number

31-1011430

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	166	146,378.	RESALE & SCRAP
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	4	37,782.	FMV
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (_____)				
26	Other ► (_____)				
27	Other ► (_____)				
28	Other ► ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If 'Yes,' describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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 M - ADDITIONAL INFORMATION

CENTRAL OHIO YOUTH FOR CHRIST IS REPORTING THE TOTAL NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**
► **Go to *www.irs.gov/Form990* for the latest information.**

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Open to Public Inspection

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CENTRAL OHIO YOUTH FOR CHRIST

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO REACH YOUTH IN THE CENTRAL OHIO AREA, WORKING WITH THE LOCAL CHURCH AND OTHER LIKE MINDED PARTNERS TO DEVELOP LIFELONG FOLLOWERS OF JESUS, WHO LEAD BY THEIR GODLINESS IN LIFESTYLE, DEVOTION TO PRAYER, PASSION FOR SHARING CHRIST'S LOVE AND COMMITMENT TO SOCIAL INVOLVEMENT.

FORM 990, PART III, LINE 2 - NEW SERVICES

YFC STAFF AND VOLUNTEERS STEPPED OUTSIDE OF MANY NORMAL ORGANIZATIONAL STRATEGIES AND PROGRAMS TO SERVE BROADLY IN THE COMMUNITY AS A RESULT OF COVID. THESE ACTIVITIES ARE HARD TO QUANTIFY OR QUALIFY SINCE THEY WERE DIVERSE IN NATURE AND OFTEN UNIQUE SERVICE EVENTS. THIS INCLUDED HELPING YOUTH AND FAMILIES GET FOOD, SERVING IN LEARNING AND EDUCATION CENTERS (LEC'S) THAT WERE SET UP AS AN ALTERNATIVE TO SCHOOL FOR YOUTH, HELPING FAMILIES ACCESS VARIOUS FORMS OF HELP, SUPPORTING OTHER ORGANIZATIONS WITH THE NEEDS OF THEIR YOUTH, ETC. DUE TO COVID, MANY OF OUR TRADITIONAL PROGRAM NUMBERS WERE DOWN AND YET REPLACED BY THESE KIND OF SERVICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CAMPUS LIFE MINISTRY

PROVIDES AFTER SCHOOL PROGRAMS FOR SUBURBAN AND RURAL TEENS. THE PRIMARY FOCUS OF CAMPUS LIFE IS FAITH BASED PROGRAMMING INCLUDING BIBLE STUDIES, SERVICE PROJECTS, CLUBS, RETREATS AND CAMPS. LAST YEAR OVER 65 STUDENTS PARTICIPATED IN CAMPUS LIFE PROGRAMMING.

HIRELEVEL PROMOTIONS

HLE PROMOTIONS IS A JOB SKILLS TRAINING PROGRAM THAT ALSO OFFERS ENTRY LEVEL EMPLOYMENT FOR URBAN YOUTH. PROMOTIONAL ITEMS ARE PRODUCED AND SOLD. STUDENTS WILL

Name of the organization: CENTRAL OHIO YOUTH FOR CHRIST

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ALSO LEARN AND PRACTICE LIFE SKILLS OF CUSTOMER RELATIONS, WORK PLACE ETHICS, MONEY MANAGEMENT AND CONFLICT RESOLUTION.

HIRELEVEL AUTO

HLE AUTO, AND ITS TRAINING PROGRAM CALLED YFC WHEELS IS A JOB SKILLS PROGRAM DESIGNED TO TEACH AUTOMOTIVE SKILLS IN GENERAL AND JOB RELATED SOFT SKILLS. STUDENTS WILL ALSO LEARN AND PRACTICE LIFE SKILLS OF CUSTOMER RELATIONS, WORK PLACE ETHICS, MONEY MANAGEMENT AND CONFLICT RESOLUTION. LAST YEAR 40 YOUTH WERE SERVED IN HIRELEVEL AUTO.

OTHER PROGRAMS

DEAF TEEN QUEST

DEAF TEEN QUEST IS A MINISTRY OF COYFC THAT PROVIDES HOLISTIC MINISTRY SUPPORT TO THE NEEDS OF DEAF AND HARD OF HEARING YOUTH IN THE 11-19 YEAR OLD AGES. THIS PROGRAM HELPS STUDENTS BUILD SOLUTIONS TO COMMUNICATION GAPS THEY EXPERIENCE IN MANY AREAS OF THEIR LIVES. IT CREATES OPPORTUNITIES FOR SOCIAL INTERACTIONS WITH OTHER DEAF AND HARD OF HEARING STUDENTS AND PROVIDES MENTORS AND ADULT LEADERS WHO ARE CAPABLE OF COMMUNICATION WITH THEM THROUGH SIGN LANGUAGE. DTQ ALSO PROVIDES BIBLE STUDIES, CAMPS, RETREATS AND OTHER SPIRITUAL PROGRAMMING TO HELP YOUTH TO EXPLORE WHAT THE BIBLE SAYS ABOUT A LOVING GOD THAT CARES FOR THEM.

PROVIDES PROGRAMMING FOR TEENS WHO ARE DEAF OR HARD OF HEARING INCLUDING SMALL

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CENTRAL OHIO YOUTH FOR CHRIST	31-1011430

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

GROUPS, LARGE GROUPS, MENTORS, CAMP RETREATS, HOMEWORK HELP, ETC. LAST YEAR 32 TEENS WERE SERVED BY DTQ.

PARENT LIFE MINISTRY

PROVIDES PROGRAMMING FOR TEENS WHO HAVE BECOME PARENTS. SUPPORT FOR TEEN MOTHERS TO HELP COMPLETE THEIR HIGH SCHOOL EDUCATION IS AUGMENTED WITH LIFE SKILLS PROGRAMS, NUTRITION TRAINING, PARENTING TRAINING AS WELL AS FAITH BASED PROGRAMS. OVER 31 TEEN PARENTS WERE SERVED LAST YEAR.

COLUMBUS TUTORING INITIATIVE

MOBILIZES THE COMMUNITY TO SERVE YOUTH WITH READING DEFICITS THROUGH A COMMITTED WEEKLY TUTORING COMMITMENT. LAST YEAR DUE TO THE COVID-19 PANDEMIC OUTBREAK NO TUTORS WERE ABLE TO SERVE ANY STUDENTS.

POINT BREAK ANTI-BULLYING PROGRAM

TEACHES YOUTH THE VALUE OF EMPATHY FOR FELLOW STUDENTS BY HELPING THEM DISCOVER THE COMMONALITY OF THEIR LIFE CHALLENGES. LAST YEAR DUE TO THE COVID-19 PANDEMIC OUTBREAK, 0 MIDDLE SCHOOL STUDENTS WERE SERVED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE COO E-MAILS A COPY OF THE FINAL VERSION OF THE FORM 990 TO EACH BOARD MEMBER BEFORE IT IS FILED. HOWEVER, NO BOARD MEMBER UNDERTAKES ANY FORMAL REVIEW OF THE FORM EITHER BEFORE OR AFTER FILING. THE EXECUTIVE DIRECTOR AND COO REVIEWS THE FORM

Name of the organization: CENTRAL OHIO YOUTH FOR CHRIST

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOTH EXECUTIVE DIRECTOR AND COO REVIEW ALL TRANSACTIONS AND FLAG ANY CONFLICT OF INTEREST ISSUES. THESE ARE BROUGHT TO THE ATTENTION OF THE CHAIRMAN OF THE BOARD OF DIRECTORS. IN ADDITION, AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM IS FILLED OUT BY EACH BOARD MEMBER TO SELF IDENTIFY CONFLICTS OF INTEREST. THESE ARE REVIEWED BY THE BOARD CHAIR, AND ANY ITEMS REQUIRING BOARD APPROVAL ARE PLACED ON THE AGENDA FOR THE BOARD MEETING. ALL POLICIES ON CONFLICT OF INTEREST ARE FOLLOWED WHEN EVALUATING A CONTRACT WITH A FIRM THAT IS OWNED BY A BOARD MEMBER OR OTHER RELATIONSHIP THAT QUALIFIES. THE BOARD PROCESSES THESE ISSUES ACCORDING TO OUR CONFLICT OF INTEREST POLICY. SINCE WE HAVE AN ANNUAL AUDIT, THIS QUESTION IS REVIEWED EACH YEAR DURING OUR AUDIT, WHICH IN TURN IS REVIEWED ANNUALLY BY OUR AUDIT COMMITTEE.

BOARD MEMBERS ABSTAIN FROM VOTING IF A CONFLICT IS IDENTIFIED THAT THE BOARD MEMBER IS INVOLVED WITH DURING THE FISCAL YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

OUR WRITTEN POLICY REQUIRES A MINIMUM OF A REVIEW FOR THE EXECUTIVE DIRECTOR EVERY TWO YEARS. THE PRACTICE HAS NOW BECOME ANNUAL. THE SALARY REVIEW FOR THE EXECUTIVE DIRECTOR INCLUDES LEADERSHIP DATA OF COMPARABLE ORGANIZATIONS. THE BOARD PROVIDES THE EXECUTIVE DIRECTOR WITH A WRITTEN REVIEW AND SETS COMPENSATION. COMPENSATION DECISIONS FOR THE EXECUTIVE DIRECTOR ARE DOCUMENTED IN THE BOARD MEETING MINUTES. THE PROCESS WAS LAST UNDERTAKEN DURING 2021.

OTHER TOP MANAGEMENT REVIEWS AND COMPENSATION DECISIONS ARE MADE BY THE EXECUTIVE DIRECTOR. VISIBILITY TO TOP MANAGEMENT COMPENSATION IS MADE AVAILABLE TO THE BOARD

Name of the organization: CENTRAL OHIO YOUTH FOR CHRIST

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FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON

UPON REQUEST.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

OUR WRITTEN POLICY REQUIRES A MINIMUM OF A REVIEW EVERY TWO YEARS. THE PRACTICE HAS NOW BECOME ANNUAL. THE REVIEW INCLUDES LEADERSHIP DATA OF COMPARABLE ORGANIZATIONS. THE BOARD PROVIDES THE OFFICERS WITH A WRITTEN REVIEW. THE BOARD APPROVES BUDGETS WITH VISIBILITY TO OTHER OFFICER AND KEY EMPLOYEE COMPENSATION. THE CEO SETS THE COMPENSATION FOR THE OTHER OFFICERS. THE PROCESS WAS LAST UNDERTAKEN DURING 2021.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND-RAISING
PAYROLL PROCESSING	63,375.	43,262.	9,992.	10,121.
PROFESSIONAL SERVICES	144,275.	28,597.	100,691.	14,987.
SUBCONTRACTORS	616,130.	455,479.	105,198.	55,453.
TOTAL	$ 823,780.	$ 527,338.	$ 215,881.	$ 80,561.

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN ASSETS	$ 13,270.
CITY LIFE CONTRIBUTION OF EQUITY	-36,930.
TOTAL	$ -23,660.

FORM 990 - FEDERAL GENERAL FOOTNOTE

AFFILIATED ORGANIZATIONS

GRACEHAVEN, INC. (AFFILIATE) IS A 501(C)(3) TAX EXEMPT ORGANIZATION INCORPORATED ON APRIL 1, 2008. EFFECTIVE SEPTEMBER 24, 2014, THE BOARD OF DIRECTORS OF GRACEHAVEN, INC. ADOPTED A RESOLUTION TO BECOME AN AFFILIATE OF CENTRAL OHIO YOUTH FOR CHRIST, INC. AS OF THIS DATE, CENTRAL OHIO YOUTH FOR CHRIST, INC. BECAME THE SOLE VOTING

Name of the organization	Employer identification number
CENTRAL OHIO YOUTH FOR CHRIST	31-1011430

MEMBER OF GRACEHAVEN, INC. AND GRACEHAVEN, INC. BECAME GOVERNED BY THE BOARD OF DIRECTORS OF CENTRAL OHIO YOUTH FOR CHRIST. THE MISSION OF GRACEHAVEN, INC. IS TO CARE FOR SEXUALLY EXPLOITED CHILDREN BY PROVIDING COMPREHENSIVE CLIENT CENTERED SERVICES TO A WIDE VARIETY OF MINORS IN CENTRAL OHIO. THE ACCOUNTS OF GRACEHAVEN, INC. ARE CONSOLIDATED WITH CENTRAL OHIO YOUTH FOR CHRIST, INC. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

YOUTH AND FAMILY IMPACT, INC. (AFFILIATE) IS A 501(C)(3) TAX EXEMPT ORGANIZATION INCORPORATED ON JUNE 30, 2002. THE AFFILIATE'S PURPOSE IS TO HELP URBAN TEENS EARN THEIR HIGH SCHOOL DIPLOMA/GED, PREPARE FOR COLLEGE AND LEARN EMPLOYMENT SKILLS THROUGH AUTOMOTIVE REPAIR TRAINING. THESE STUDENTS WILL ALSO LEARN AND PRACTICE LIFE SKILLS OF CUSTOMER RELATIONS, WORK PLACE ETHICS, MONEY MANAGEMENT AND CONFLICT RESOLUTION. IN ADDITION, HAVING YOUTH AND FAMILY IMPACT, INC. AS AN AFFILIATE OF CENTRAL OHIO YOUTH FOR CHRIST, INC. WILL ALLOW SEGREGATION OF SUPPORT FOR RELIGIOUS PURPOSES FROM THAT OF CORPORATE AND GOVERNMENT FUNDED PROGRAMS. CENTRAL OHIO YOUTH FOR CHRIST, INC. HAS CONTROLLING INTEREST IN YOUTH AND FAMILY IMPACT, INC., SINCE THE BY-LAWS OF THE AFFILIATE REQUIRE THAT A MAJORITY OF THE BOARD OF DIRECTORS OF THE AFFILIATE MUST ALSO BE ACTIVE MEMBERS OF THE BOARD OF DIRECTORS OF CENTRAL OHIO YOUTH FOR CHRIST, INC. THE AFFILIATE HAS BEEN INACTIVE SINCE JULY 2017 AND HAS NO FINANCIAL ACTIVITY INCLUDING NO ASSETS AND LIABILITIES. THE BOARD HAS NOT DETERMINED WHEN THE AFFILIATE MAY RESUME OPERATIONS.

RELATED PARTY TRANSACTIONS

THE ORGANIZATION IS AFFILIATED WITH YOUTH FOR CHRIST, USA. AS SUCH, IT RECEIVES SUPPORT AND ADVICE FROM YOUTH FOR CHRIST, USA AND AVAILS ITSELF OF SOME OF ITS PROGRAMS. IN ADDITION, LIABILITY INSURANCE IS PURCHASED THROUGH YOUTH FOR CHRIST,

Name of the organization	Employer identification number
CENTRAL OHIO YOUTH FOR CHRIST	31-1011430

USA. IN RETURN THE ORGANIZATION MUST REMIT A PREDETERMINED FEE TO YOUTH FOR CHRIST, USA. EXPENSES FOR THE YEARS ENDING JUNE 30, 2021 WERE $41,881 FOR INSURANCE AND $49,462 FOR DUES.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
► **Attach to Form 990.**
► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

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Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHICAGO AVENUE FINANCIAL LITERACY P.O. BOX 14804 COLUMBUS, OH 43214 36-4641074	SOFTWARE	OH	0.	0.	CENTRAL OHIO YOUTH FOR CHRIST, INC.
(2) COYFC HOLDINGS, LLC 5000 ARLINGTON CENTRE BLVD. COLUMBUS, OH 43220 47-4277926	REAL ESTATE HOLDING	OH	17,300.	910,098.	CENTRAL OHIO YOUTH FOR CHRIST, INC.
(3) WELLSPRING, LLC 1335 DUBLIN ROAD, SUITE 208-D COLUMBUS, OH 43215 47-4220847	COUNSELING	OH	955,692.	353,918.	CENTRAL OHIO YOUTH FOR CHRIST, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) Sec 512(b)(13) controlled entity? No
(1) YOUTH AND FAMILY IMPACT 5000 ARLINGTON CENTRE BLVD. COLUMBUS, OH 43220 41-2050412	TRAINING	OH	501(C)(3)	PF	COYFC, INC.		X
(2) GRACEHAVEN PO BOX 14804 COLUMBUS, OH 43214 26-2471442	SEX TRAFFICKING AWARENESS-VICTIM SUPPORT	OH	501(C)(3)	7	COYFC, INC.	X	
(3)							
(4)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SEE PART VII												
(1) CITY LIFE ENTERP 5000 ARLINGTON C COLUMBUS, OH 432 46-4028417	RENTAL	OH	COYFC, INC.	RELATED	-406,418.	0.		X	N/A	X		95.00
(2)												
(3)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									

Part V **Transactions With Related Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

			Yes	No
	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1 a**		X
b	Gift, grant, or capital contribution to related organization(s)	**1 b**		X
c	Gift, grant, or capital contribution from related organization(s)	**1 c**		X
d	Loans or loan guarantees to or for related organization(s)	**1 d**	X	
e	Loans or loan guarantees by related organization(s)	**1 e**		X
f	Dividends from related organization(s)	**1 f**		X
g	Sale of assets to related organization(s)	**1 g**		X
h	Purchase of assets from related organization(s)	**1 h**		X
i	Exchange of assets with related organization(s)	**1 i**		X
j	Lease of facilities, equipment, or other assets to related organization(s)	**1 j**		X
k	Lease of facilities, equipment, or other assets from related organization(s)	**1 k**	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1 l**	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1 m**		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1 n**	X	
o	Sharing of paid employees with related organization(s)	**1 o**		X
p	Reimbursement paid to related organization(s) for expenses	**1 p**	X	
q	Reimbursement paid by related organization(s) for expenses	**1 q**	X	
r	Other transfer of cash or property to related organization(s)	**1 r**		X
s	Other transfer of cash or property from related organization(s)	**1 s**		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GRACEHAVEN	L	162,809.	MGMT AGREEMENT
(2)	GRACEHAVEN	N	18,661.	RENT PAID
(3)	CITY LIFE ENTERPRISES, LLC	K	268,741.	RENT PAID
(4)	CITY LIFE ENTERPRISES, LLC	P	269,230.	SEE PART VII
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

CITY LIFE ENTERPRISES, LLC 46-4028417 5000 ARLINGTON CENTRE BLVD.

COLUMBUS, OH 43220

PART VII - SUPPLEMENTAL INFORMATION

PART I & PART III, LINE 1

CITY LIFE ENTERPRISES, LLC HISTORICALLY HAS BEEN REPORTED AS A RELATED ORGANIZATION TAXABLE AS A PARTNERSHIP. THE ENTITY FILED ITS PARTNERSHIP TAX RETURN ON A CALENDAR YEAR BASIS. THE 2020 TAX YEAR WAS THE FINAL YEAR FOR THE ENTITY. THEREFORE, THE FIRST HALF OF THE ORGANIZATION'S FISCAL YEAR CAPTURES THE ACTIVITY FROM THE ISSUED K-1 WHILE IT WAS STILL A PARTNERSHIP ENTITY AND THE SECOND HALF OF THE ORGANIZATION'S FISCAL YEAR CAPTURES THE ACTIVITY FROM THE ENTITY AS A DISREGARDED ENTITY.

PART V, LINE 1P

CITY LIFE ENTERPRISES, LLC - METHOD OF DETERMINING AMOUNT INVOLVED:

UTILITIES AND REPAIRS PAID

Continuation Sheet for Schedule R

2020

Name of filing organization
CENTRAL OHIO YOUTH FOR CHRIST

Employer identification number
31-1011430

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HIRELEVEL ENTERPRISES, LLC 1256 W. BROAD STREET COLUMBUS, OH 43222 81-3167002	PROMOTIONAL PRODUCT AND AUTO SALES	OH	949,928.	200,046.	CENTRAL OHIO YOUTH FOR CHRIST, INC.
CITY LIFE ENTERPRISES, LLC 5000 ARLINGTON CENTRE BLVD. COLUMBUS, OH 43220 46-4028417	RENTAL	OH	251,107.	6,923,908.	CENTRAL OHIO YOUTH FOR CHRIST, INC.

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning 7/01, 2020, and ending 6/30, 2021

► **Go to *www.irs.gov/Form990T* for instructions and the latest information.**

► **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0047

2020

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

☐ Check box if name changed and see instructions.)

CENTRAL OHIO YOUTH FOR CHRIST
5000 ARLINGTON CENTRE BLVD.
COLUMBUS, OH 43220

C Book value of all assets at end of year ► 11,050,772.

D Employer identification number: 31-1011430

E Group exemption number (see instructions.): 1277

F ☐ Check box if an amended return.

G Check organization type ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity

H Check if filing only to ► ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ► ☐

J Enter the number of attached Schedules A (Form 990-T) ► 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation ►

L The books are in care of ► SCOTT ARNOLD 5000 ARLINGTON CENTRE BLVD. COLUMBUS OH Telephone number ► (614) 848-4870

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-85,411.
2	Reserved	2	
3	Add lines 1 and 2	3	-85,411.
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-85,411.
6	Deduction for net operating loss. See instructions SEE ST 1	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-85,411.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ►	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ►	2	
3	**Proxy tax.** See instructions ►	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

BAA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	**Total credits.** Add lines 1a through 1d		1e	0.
2	Subtract line 1e from Part II, line 7		2	0.
3	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)		3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ►		4	0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies ► ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►	6g		
7	**Total payments.** Add lines 6a through 6g		7	0.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ►		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ►		10	
11	Enter the amount of line 10 you want: **Credited to 2021 estimated tax** ► **Refunded** ►		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ►		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ► $ 0.		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | EXECUTIVE DIR. Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: TRACEY A. PRICE, CPA CVA	Preparer's signature: TRACEY A. PRICE, CPA CVA	Date	Check ☐ if self-employed; PTIN: P00238340
Firm's name ► TOUKAN & COMPANY			Firm's EIN ► 31-1081751
Firm's address ► 575 CHARRING CROSS DRIVE WESTERVILLE, OH 43081			Phone no. 614-901-7100

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to *www.irs.gov/Form990T* for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2020

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: CENTRAL OHIO YOUTH FOR CHRIST

B Employer identification number: 31-1011430

C Unrelated business activity code (see instructions) ► 453220

D Sequence: 1 of 1

E Describe the unrelated trade or business ► PROMOTIONAL SALES

Part I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 382,720. b Less returns and allowances c Balance ►	1c	382,720.		
2	Cost of goods sold (Part III, line 8)	2	309,511.		
3	Gross profit. Subtract line 2 from line 1c	3	73,209.		73,209.
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 2	12	1,905.		1,905.
13	**Total.** Combine lines 3 through 12	13	75,114.		75,114.

Part II	**Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income				
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	37,405.
3	Repairs and maintenance			3	17.
4	Bad debts			4	12,003.
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	3,579.
7	Depreciation (attach Form 4562) (see instructions)	7	1,573.		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	1,573.
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	149.
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE STATEMENT 3			14	105,799.
15	**Total deductions.** Add lines 1 through 14			15	160,525.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-85,411.
17	Deduction for net operating loss (see instructions) SEE STATEMENT 4			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-85,411.

Part III Cost of Goods Sold

Enter method of inventory valuation ► FMV

1	Inventory at beginning of year	1	
2	Purchases	2	309,511.
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	309,511.
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	309,511.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes	☒ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ►

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ►

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ►

9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►

11 **Total dividends-received deductions** included in line 10 ►

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	**2** Employer identification number	Exempt Controlled Organizations: **3** Net unrelated income (loss) (see instructions)	**4** Total of specified payments made	**5** Part of column 4 that is included in the controlling organization's gross income	**6** Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	**8** Net unrelated income (loss) (see instructions)	**9** Total of specified payments made	**10** Part of column 9 that is included in the controlling organization's gross income	**11** Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ►			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	**2** Amount of income	**3** Deductions directly connected (attach statement)	**4** Set-asides (attach statement)	**5 Total deductions and set-asides** (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals ►	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	**2**	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	**3**	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	**4**	
5	Gross income from activity that is not unrelated business income	**5**	
6	Expenses attributable to income entered on line 5	**6**	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	**7**	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A) ►				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B) ►				
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ►				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	**2** Title	**3** Percent of time devoted to business	**4** Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1 ►			

Part XI Supplemental Information (see instructions)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► Attach to your tax return.

► Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return

CENTRAL OHIO YOUTH FOR CHRIST

Identifying number

31-1011430

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ►	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	30-year			30 yrs	MM	S/L	
d	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT 1
FORM 990-T, PART I, LINE 6
NET OPERATING LOSS DEDUCTION

PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR		154,723.
PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 6	0.	
TOTAL PRE-2018 NOLS APPLIED	0.	0.
PRE-2018 NOLS EXPIRING THIS TAX YEAR		0.
PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS		154,723.

STATEMENT 2
SCHEDULE A, PART I, LINE 12
OTHER INCOME

PROGRAM SERVICE REVENUE	$ 1,905.
TOTAL	$ 1,905.

STATEMENT 3
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

BANK FEES	$ 730.
COMPUTER	526.
DUES & LICENSES	2,628.
INSURANCE	4,692.
MANAGEMENT FEE	7,831.
MEALS	71.
OFFICE SUPPLIES	606.
PAYROLL EXPENSES	3,106.
PROFESSIONAL SERVICES	215.
RENT ALLOCATION	16,800.
RENT EXPENSE	3,594.
STAFF DEVELOPMENT EXPENSE	771.
SUBCONTRACTER SERVICES	59,252.
SUPPLIES	170.
TELEPHONE	910.
UTILITIES	3,897.
TOTAL	$ 105,799.

STATEMENT 4
SCHEDULE A, PART II, LINE 17
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/19	$ 133,245.	$ 0.	$ 133,245.
6/30/20	122,106.	0.	122,106.
NET OPERATING LOSS AVAILABLE			$ 255,351.
TAXABLE INCOME			$ -85,411.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)			$ 0.

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

RENTAL INCOME WORKSHEET
FORM 990

GROSS RENTAL INCOME	$	252,900.
EXPENSES		
DEPRECIATION		82,983.
INTEREST		17,840.
LEGAL AND PROFESSIONAL FEES		-15,219.
MANAGEMENT FEES		26,250.
SUPPLIES		1,027.
UTILITIES		66,832.
DUES AND LICENSES		3,000.
BANK FEES		202.
TOTAL EXPENSES	$	182,915.
NET RENTAL INCOME OR LOSS	$	69,985.

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR	52,203.
2. PURCHASES	688,655.
3. COST OF LABOR	0.
4. ADDITIONAL 263A COSTS	0.
5. OTHER COSTS	0.
6. TOTAL (ADD LINES 1 THROUGH 5)	740,858.
7. INVENTORY AT END OF YEAR	56,802.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	684,056.

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	2,246,704.	2,246,704.	PART IX, LINE 25, COL. B
GRANTS	2,317.	2,317.	PART IX, LINES 1-3, COL. B
REVENUE	1,747,873.	927,150.	PART VIII, LINE 2, COL. A

COMPUTATION OF COST OF GOODS SOLD (FORM 990-T)

1. INVENTORY AT START OF YEAR	0.
2. PURCHASES	309,511.
3. COST OF LABOR	0.
4. ADDITIONAL 263A COSTS	0.
5. OTHER COSTS	0.
6. TOTAL (ADD LINES 1 THROUGH 5)	309,511.
7. INVENTORY AT END OF YEAR	0.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	309,511.

COMPUTATION OF 2020 NET OPERATING LOSS

1. TOTAL INCOME	75,114.
2. TOTAL DEDUCTIONS	160,525.
3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2)	-85,411.
2020 NET OPERATING LOSS	85,411.

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
1650 JOHNSTOWN PROPERTY																
32	LAND	4/26/11		54,015							54,015					0
33	BUILDING	4/26/11		195,985							195,985	59,491	S/L	30		6,533
	TOTAL 1650 JOHNSTOWN PROPER			250,000		0	0	0	0	0	250,000	59,491				6,533
166 CHICAGO AVE																
31	166 CHICAGO AVE BLDG	2/15/13		411							411	98	S/L	30		14
38	166 CHICAGO AVE LAND	2/15/13		3,589							3,589					0
42	166 CHICAGO IMPROVMENTS	3/15/15		58,698							58,698	10,437	S/L	30		1,957
	TOTAL 166 CHICAGO AVE			62,698		0	0	0	0	0	62,698	10,535				1,971
33 CHICAGO AVE																
49	33 CHICAGO AVE LAND	12/21/17		9,200							9,200					0
50	33 CHICAGO AVE CHURCH	12/21/17		588,200							588,200	9,803	S/L	30		19,607
54	33 CHICAGO - ROOF REPLACEMEN	3/23/21		50,700							50,700		S/L	30		423
	TOTAL 33 CHICAGO AVE			648,100		0	0	0	0	0	648,100	9,803				20,030
FURNITURE AND FIXTURES																
4	CLC APPLIANCES	8/25/05		10,617							10,617	10,617	S/L	10		0
15	CONFERENCE ROOM CHAIRS	12/08/05		1,693							1,693	1,693	S/L	3		0
16	CHAIRS	12/31/05		12,922							12,922	12,922	S/L	10		0
17	TV	2/24/06		597							597	597	S/L	5		0

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
23	FURNITURE FOR 3630 B. STE	12/21/07		1,600							1,600	1,600	S/L	10		0
24	WELLSPRING COMM. MAGI	1/12/10		3,016							3,016	3,016	S/L	10		0
84	POOL TABLE	10/26/20		2,800							2,800		S/L	10		187
	TOTAL FURNITURE AND FIXTURE			33,245		0	0	0	0	0	33,245	30,445				187
	HIRE LEVEL - AUTO															
47	HIRELEVEL WEBSITE	12/16/16		15,000							15,000	10,500	S/L	5		3,000
52	HIRELEVEL SHREDDER	1/21/20		2,554							2,554	213	S/L	5		511
56	HIRELEVEL TOW TRUCK	7/06/20		26,185							26,185		S/L	5		5,237
	TOTAL HIRE LEVEL - AUTO			43,739		0	0	0	0	0	43,739	10,713				8,748
	M & E - PROMOTIONS															
21	LLUMINA DIGITAL COLOR PRE	7/01/06		12,369							12,369	12,369	S/L	5		0
22	EMBROIDERY MACHINE	2/06/07		18,489							18,489	18,489	S/L	10		0
28	EMBROIDERY MACHINE	6/09/11		38,579							38,579	36,218	S/L	10		2,361
34	GARMENT PRINTER	11/27/13		25,649							25,649	16,886	S/L	10		2,565
35	PRETREATMENT MACHINE KIT	11/27/13		7,895							7,895	5,201	S/L	10		790
36	PLATEN KIT FOR GARMENT PR	11/27/13		900							900	593	S/L	10		90
37	HOTRONIX AIR SWINGER GMT	11/27/13		4,205							4,205	2,771	S/L	10		421
41	EMBROIDERY BUYOUT	7/01/14		4,021							4,021	3,444	S/L	7		577
	TOTAL M & E - PROMOTIONS			112,107		0	0	0	0	0	112,107	95,971				6,804
	MACHINERY AND EQUIPMENT															

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
1	POWER WASHERS	8/02/04		1,635							1,635	1,635	S/L	3		0
2	CANON CAMERA	5/27/05		1,000							1,000	1,000	S/L	5		0
3	VIDEO PROJECTOR	7/28/05		6,752							6,752	6,752	S/L	5		0
5	AUDIO EQUIP - TRUTH SEEKE	9/15/05		11,381							11,381	11,381	S/L	10		0
6	COMP USA COMPUTER	9/21/05		1,925							1,925	1,925	S/L	3		0
7	COMPUTERS	9/27/05		8,847							8,847	8,847	S/L	3		0
8	ACER LAPTOPS FOR CLC	9/27/05		8,379							8,379	8,379	S/L	3		0
9	DONATED EQUIPMENT	10/01/05		105,222							105,222	105,222	S/L	10		0
10	LITHIK SYSTEMS INC. MNSS	10/12/05		16,965							16,965	16,965	S/L	5		0
11	CD/DVD DUPLICATOR	10/20/05		2,144							2,144	2,144	S/L	5		0
13	IBOOK	10/26/05		1,299							1,299	1,299	S/L	3		0
19	PRINTER	5/31/06		2,995							2,995	2,995	S/L	5		0
20	ABS PRINTER	6/27/06		2,888							2,888	2,888	S/L	5		0
25	VIDEO EQUIP - PROVIDEO	2/03/10		8,564							8,564	8,564	S/L	5		0
26	VIDEO EQUIPMENT - BCI	4/15/10		2,500							2,500	2,500	S/L	5		0
27	BARUDAN SINGLE HEAD	5/20/11		5,500							5,500	5,317	S/L	10		183
29	MARLIN PHONES	10/08/10		44,157							44,157	44,157	S/L	10		0
43	SCREEN PRINTER	6/30/16		11,307							11,307	9,044	S/L	5		2,263
44	VIDEO PRODUCTION EQUIP	2/02/16		4,303							4,303	3,803	S/L	5		500
45	ZXP ID CARD PRINTER	2/11/16		2,846							2,846	2,513	S/L	5		333
48	2 NEW COPIERS AND 1 OLD	4/24/17		44,384							44,384	14,054	S/L	10		4,438
	TOTAL MACHINERY AND EQUIPME			294,993		0	0	0	0	0	294,993	261,384				7,717
	MISCELLANEOUS															
12	ADOBE CREATIVE SUITE	10/26/05		1,200							1,200	1,200	S/L	3		0
14	SOFTWARE FOR CLC COMPUTER	11/04/05		1,342							1,342	1,342	S/L	3		0

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
18	SOFTWARE FOR CLC COMPUTER	4/24/06		2,097							2,097	2,097	S/L	3		0
46	WEBCHECK LAPTOP SYSTEM	4/05/16		6,192							6,192	5,262	S/L	5		930
	TOTAL MISCELLANEOUS			10,831		0	0	0	0	0	10,831	9,901				930
	VEHICLES - HIRE LEVEL															
30	CHEVY MONTE CARLO SHOW CA	7/01/11		15,000							15,000	9,000	S/L	15		1,000
	TOTAL VEHICLES - HIRE LEVEL			15,000		0	0	0	0	0	15,000	9,000				1,000
	WELLSPRING															
53	FURNITURE	7/26/19		2,417							2,417	443	S/L	5		483
	TOTAL WELLSPRING			2,417		0	0	0	0	0	2,417	443				483
	WHEELS TRADE CENTER															
55	WHEELS TRADE CENTER IMPROVE	10/15/20		180,876							180,876		S/L	30		4,522
85	WHEEL ALIGNMENT RACK	5/07/21		3,000							3,000		S/L	10		50
86	CHIEF EZ LINER FRAME RACK	5/07/21		3,000							3,000		S/L	10		50
87	2 CEMB ALIGNMENT MACHINES	12/31/20		8,000							8,000		S/L	10		400
	TOTAL WHEELS TRADE CENTER			194,876		0	0	0	0	0	194,876	0				5,022
	TOTAL DEPRECIATION			1,668,006		0	0	0	0	0	1,668,006	497,686				59,425

RENTAL ACTIVITY

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	BRYSON BLDG															
58	BRYSON BLDG 1256 W BROAD	8/14/14		203,057							203,057	26,058	S/L	50		2,031
59	BRYSON BUILDING IMPROVEMENT	8/16/14		438,036							438,036	56,215	S/L	50		4,380
61	SIGNAGE BRYSON	8/01/15		5,155							5,155	1,861	S/L	15		172
62	IMPROVEMENTS-BRYSON	1/31/16		44,919							44,919	7,362	S/L	30		748
	TOTAL BRYSON BLDG			691,167		0	0	0	0	0	691,167	91,496				7,331
	CITY LIFE CENTER															
63	40 CHICAGO AVE - CONSTRUCTION	10/01/06		663,325							663,325	465,648	S/L	50		6,633
64	40 CHICAGO AVE	12/27/13		808,785							808,785	113,229	S/L	50		8,088
65	40 CHICAGO AVE - CO BLDG	6/30/01		123,163							123,163	82,974	S/L	50		1,232
66	40 CHICAGO - CAPITALIZED INTER	10/01/14		221,434							221,434	46,132	S/L	30		3,690
67	CHICAGO IMPROVEMENTS	10/01/14		4,099,396							4,099,396	512,424	S/L	50		40,994
68	FPA - QUALIFIED LEASEHOLD	10/01/14		740,000							740,000	92,500	S/L	50		7,400
71	SIGNAGE - 40 CHICAGO	8/01/15		15,106							15,106	5,454	S/L	15		504
72	IMPROVEMENTS - CL CENTER	1/31/16		32,970							32,970	5,404	S/L	30		549
73	PARKING LOT FOR FRANKLINT	1/01/17		14,720							14,720	5,888	S/L	10		736
	TOTAL CITY LIFE CENTER			6,718,899		0	0	0	0	0	6,718,899	1,329,653				69,826
	FURNITURE AND FIXTURES															
74	DISHWASHER	10/01/14		770							770	520	S/L	10		39
75	FURNITURE	10/01/14		16,653							16,653	6,938	S/L	15		555
76	COOLER/FREEZER	10/01/14		3,000							3,000	1,875	S/L	10		150
77	OFFICE FURNITURE	10/01/14		29,068							29,068	12,112	S/L	15		968
78	CARPET/RUNNERS	10/01/14		1,950							1,950	1,218	S/L	10		98

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL FURNITURE AND FIXTURE			51,441		0	0	0	0	0	51,441	22,663				1,810
	LAND															
60	BRYSON LAND	12/27/13		73,073							73,073					0
69	40 CHICAGO AVE LAND	12/27/13		91,215							91,215					0
70	40 CHICAGO AVE - LAND	6/30/01		60,661							60,661					0
	TOTAL LAND			224,949		0	0	0	0	0	224,949	0				0
	MACHINERY AND EQUIPMENT															
79	COMPUTER	10/01/14		5,100							5,100	5,100	S/L	5		0
80	COMPUTER/EQUIPMENT	10/01/14		4,374							4,374	1,821	S/L	15		146
81	MEDIA CENTER EQUIPMENT	10/01/14		71,597							71,597	44,747	S/L	10		3,580
82	COMPUTER WIRING	10/01/14		3,713							3,713	1,546	S/L	15		124
83	CRACK SEAL MACHINERY	10/31/20		3,294							3,294	110	S/L	10		166
	TOTAL MACHINERY AND EQUIPME			88,078		0	0	0	0	0	88,078	53,324				4,016
	TOTAL DEPRECIATION			7,774,534		0	0	0	0	0	7,774,534	1,497,136				82,983
	DEPR. SCHEDULE ONLY															
	AMORTIZATION															
39	LOAN FEES HNB CONSTR	8/30/13	8/21/20	65,619							65,619	63,274	S/L	7		1,562
40	LOAN FEES HNB PERM	12/27/13	8/21/20	24,600							24,600	22,841	S/L	7		586
57	LOAN FEES - CLE	8/21/20		33,633							33,633		S/L	15		1,869
	TOTAL AMORTIZATION			123,852		0	0	0	0	0	123,852	86,115				4,017

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			0		0	0	0	0	0	0	0				0
	GRAND TOTAL AMORTIZATION			123,852		0	0	0	0	0	123,852	86,115				4,017
	AMORTIZATION ASSETS SOLD			90,219		0	0	0	0	0	90,219	86,115				2,148
	AMORT REMAINING ASSETS			33,633		0	0	0	0	0	33,633	0				1,869
	GRAND TOTAL DEPRECIATION			9,442,540		0	0	0	0	0	9,442,540	1,994,822				142,408

CENTRAL OHIO YOUTH FOR CHRIST 31-1011430

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990-T																
	MACHINERY AND EQUIPMENT															
48	2 NEW COPIERS AND 1 OLD	4/24/17		44,094							44,094		S/L			0
	TOTAL MACHINERY AND EQUIPME			44,094		0	0	0	0	0	44,094	0				0
	TOTAL DEPRECIATION			44,094		0	0	0	0	0	44,094	0				0
	GRAND TOTAL DEPRECIATION			44,094		0	0	0	0	0	44,094	0				0

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 2021

► **Do not send to the IRS. Keep for your records.**
► **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

CENTRAL OHIO YOUTH FOR CHRIST

Taxpayer identification number

31-1011430

Name and title of officer or person subject to tax

SCOTT ARNOLD EXECUTIVE DIR.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ►	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 6,519,038.
2a Form 990-EZ check here ►	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a Form 1120-POL check here ►	[ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**
4a Form 990-PF check here ►	[ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a Form 8868 check here ►	[ ]	**b Balance due** (Form 8868, line 3c)	**5b**
6a Form 990-T check here ►	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	**6b**
7a Form 4720 check here ►	[ ]	**b Total tax** (Form 4720, Part III, line 1)	**7b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize TOUKAN & COMPANY to enter my PIN 31560 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 31396543081

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► TRACEY A. PRICE, CPA CVA Date ► _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 7/01 , 2020, and ending 6/30 , 20 2021

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► **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

CENTRAL OHIO YOUTH FOR CHRIST

Taxpayer identification number

31-1011430

Name and title of officer or person subject to tax

SCOTT ARNOLD EXECUTIVE DIR.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ► ☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a Form 990-EZ check here ► ☐	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ► ☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ► ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ► ☐	**b Balance due** (Form 8868, line 3c)	**5b**	
6a Form 990-T check here ► ☒	**b Total tax** (Form 990-T, Part III, line 4)	**6b**	0.
7a Form 4720 check here ► ☐	**b Total tax** (Form 4720, Part III, line 1)	**7b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize TOUKAN & COMPANY to enter my PIN 31560 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 31396543081

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► TRACEY A. PRICE, CPA CVA Date ► _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So