(Rev Januaty 2020)

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection		
Inspection	Open to	Public
	Inspec	tion

A	For t	he 2019	calendar year, or tax year beginning ULY 1 , 2019, ar	nd ending J[	JNE 30	<b>, 20</b> 20
_			C Name of organization		D Employer identifi	cation number
R	Check I	applicable	BADGERLAND YOUTH FOR CHRIST, INC.		_	
		dress inge	Doing business as		23-73916	03
	Na	ne change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone numbe	er .
Γ	Inst	at return	303 E 9TH STREET		(920) 92	3-1416
Γ		alreturn/ πinated	City or town, state or province, country, and ZIP or foreign postal code			
		ended	FOND DU LAC, WI 54935		G Gross receipts \$	733,613
Г		dication	F Name and address of principal officer		H(a) Is this a group re subordinates?	turn for Yes X No
		ŭ	CHARLIE WEILAND - SAME AS ABOVE		H(b) Are all subordinates	s included? Yes No
ī	Tax-e	exempt st	atus X 501(c)(3) 501(c)( ) ◀ (Insert no ) 4947(a)(1) or	52703	If "No," attach	a list (see instructions)
J	Web	site <sup>.</sup>	BADGERLANDYFC.ORG		H(c) Group exemption	number -
K	Form	of organ		L Year of forma	ation 2000 M Stat	e of legal domicile WI
P	art l	Su	mmary			
	1	Briefly	describe the organization's mission or most significant activities TO SERV	E YOUTH W	ITH MULTIPL	E CHRISTIAN
ě			VICES.			
anc						
Governance	2	Check	this box Fig. 1 if the organization discontinued its operations or disposed o	of more than 25%	6 of its net assets	
စ်	3	Numb	er of voting members of the governing body (Part VI, line 1a)		3	9
	4	Numb	er of independent voting members of the governing body (Part Williams)	enue Service	4	9
Activities &	5	Total r	number of individuals employed in calendar year 2019 (Part V, line 2a)	Bank - USE	5	12
.≥	6	Total r	number of volunteers (estimate if necessary)	17	6	50
Ac	7 a	Total	unrelated business revenue from Part VIII, column (C), line 12 NOV 1	.a. 9020		
	l t	Net ur	nrelated business taxable income from Form 990-T, line 39	O ZUZU	7b	0
					Prior Year	Current Year
4	8	Contri	butions and grants (Part VIII, line 1h) Ogde	n ! ET.	544,774	692,943
nue	9	Progra	am service revenue (Part VIII, line 2g)	11, OI	<u> </u>	332,320
Revenue	10	_	ment income (Part VIII, column (A), lines 3, 4, and 7d)		67	67
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,653	· · · · · · · · · · · · · · · · · · ·
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		552,494	696,258
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		332, 131	0307230
	14		ts paid to or for members (Part IX, column (A), line 4)			
"	4-		es, other compensation, employee benefits (Part IX, column (A), lines 5–10).	373,611	370,501	
Expenses	16 a		sional fundraising fees (Part IX, column (A), line 11e)	· · · · · <del></del>	3,3,011	370,301
per			undraising expenses (Part IX, column (D), line 25) ▶			
ŭ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			197,050
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		373,611	567,551
	19		ue less expenses Subtract line 18 from line 12		178,883	
es		1107011	de loss experises educides no nom mo 12		ning of Current Year	End of Year
ets	20	Total a	ssets (Part X, line 16)		485,849	602,153
Ass Bal	21		abilities (Part X, line 26)		55,448	43,045
Net Assets or Fund Balances	22		sets or fund balances Subtract line 21 from line 20.		430,401	559,108
	rt II		nature Block		130,7101	333/100
Und	der pe	nalties of	perjury. I declare that I have examined this return, including accompanying schedules	and statements, a	and to the best of my	knowledge and belief, it is
true	corre	ect, and o	complete Declaration of preparer (other than officer) is based on all information of which p	reparer has any ki	nowledge	
			r CL ( relaced		- "//	0/20
Sig	n	Si	gnature of officer	·-·-·	Date	
He	re		CHARLES WELLAND BOARD CA	HAIRMA.	~	
		Ty	pe or print name and title			
				Date	Check X If	PTIN
Paid	l			10/26/202	1 — 1	P00055651
Prep	oarer			10/20/202	Firm's EIN ► 39-	
Use	Only	Firm's				
M =-	the		address ► 111 E MAIN ST., WAUPUN, WI 53963 scuss this return with the preparer shown above? (see instructions)			-324-9711 . X Yes No
			Reduction Act Notice, see the separate instructions.		· · · · · · · · · · · · · · · · · · ·	. X Yes No
U						

For	m 990 (2019)			Page <b>2</b>
P	art III • Statement of Program Service Accomplishments			
_	Check if Schedule O contains a response or note to	o any line in this Par	t III	
1	Briefly describe the organization's mission	OPPUT OP O		
	TO SERVE YOUTH WITH MULTIPLE CHRISTIAN	SERVICES.		
				· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program serving Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make signific services?			Yes X No
	If "Yes," describe these changes on Schedule O		A- Ab I	
4	Describe the organization's program service accomplishments section 501(c)(3) and 501(c)(4) organizations at the total expenses, and revenue, if any, for each program service accomplishments are the total expenses, and revenue, if any, for each program service accomplishments are the total expenses.	ire required to rep		
<u> </u>	(Code ) (Expenses \$ 402,690 including 6	grants of \$	\/Revenue \$	<u> </u>
<b>4</b> a	PROVIDE MULTIPLE CHRISTIAN SERVICES FOR			
	PROVIDE MOLITPLE CHRISTIAN SERVICES FOR	AREA IOUIH.		
			·	
	<del> </del>			
	(Code ) (Expenses \$ including g	grants of \$	\/Peyonue \$	)
41)	(Code)(Expenses \$micluding §	grants 01 ψ	/(I/evenue \$	
	<del></del>			
	<del></del>			
4.0	(Code ) (Expenses \$ including g	grapts of \$	) (Revenue \$	
+0	(Code) (Expenses \$including g		) (Revenue \$	
			· · · · · · · · · · · · · · · · · · ·	
			,	
	011			
₽ď	Other program services (Describe on Schedule O.)	\	. •	
	(Expenses \$ including grants of \$ Total program service expenses ▶ 402,690	) (Revenue	. φ	
SA	Total program service expenses ► 402,690			Fr. 990 (2010)

ABDGO

Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	_X_	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	.	X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		- 1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.		
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		.,
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	-	X
D	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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	"	1	
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	"		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		<u> </u>	-11
. •	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		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ì	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Par	t 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			l
04-	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	24-		,,
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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		<del>                                     </del>
	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		Х
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		х
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			
20	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? 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		<u>X</u>
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		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			V
25.0	or IV, and Part V, line 1	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		[	
SA	reportable gaming (gambling) winnings to prize winners?	1c	X J	(2019)
F1030	2.000	FORT	33U	(∠∪19)

Form	990 (2019)		F	age <b>5</b>
`Par	t 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 12	1 ~ :	-	. ;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note</b> : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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)			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
<b>h</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	- Ou		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	i		ĺ
<b>"</b>	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		_	1
	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		
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.	-	-	
	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			ĺ
	Initiation fees and capital contributions included on Part VIII, line 12			į
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			i i
11	Section 501(c)(12) organizations. Enter			i
	Gross income from members or shareholders			ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources			į
40 -	against amounts due or received from them )	12a		i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		l I
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>.</u>
а	Note: See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which			1
D	the organization is licensed to issue qualified health plans			į
c	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b	_ 1	
	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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			!
			~~~	

Par				
	<ul> <li>response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI</li> </ul>			X
Sect	ion A. Governing Body and Management	<u> </u>	• • •	1.4.1
000.	101171 Oo to ming Dody and management	_	Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year			
Ia	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			
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4_		<u>X</u>
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		<u>X</u>
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		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
_	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		İ	
_	the year by the following The governing body?	8a	x	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	$_{\rm x}$	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	İ	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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	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		<u>X</u>
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?	466	1	
Secti	on C. Disclosure	16b	L	
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ► WISCONSIN			<del></del>
1 <i>7</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(060		0 1 (0)
	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	ınter	est p	olicy,
20	and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>&gt;</b>		

Daga	•
гаче	

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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											
Section A. Unicers, Directors, Trustees, Nev Employees, and Figurest Compensated Employe	C = =4! = A	065	D:	T	V E	1	and Himboo	4 Came	Labeare.	Employ	
	Section A.	Utilicers.	Directors.	Trustees.	rev En	ipiovees	, and nignes	ւ Ննուբ	ensaleu		yees

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

Check this box if neither the organization nor	any related	orga	nıza	ition	ı coı	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos heck ss pe	erson	n both Highest compensated e to or employee	an	(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
(1) CHARLIE WEILAND	3									
BOARD CHAIRPERSON/TREASURER		х		х				0	0	0
(2) JEFF SMET	3									
BOARD VICE-CHAIRPERSON		х		х				0	0	0
(3) GREG FUHRMAN	3									
BOARD SECRETARY		х		Х				0	0	0
(4) JEREMY THOMPSON	3									
BOARD TREASURER		х		Х				0	0	0
(5) VICKI JOHNSON	1							•		
BOARD MEMBER		х			l .			0	0	0
(6) KURT NEEVEL	1									
BOARD MEMBER		X						0	0	0
(7) STEVE DE YOUNG	1									
BOARD MEMBER		X						0	0	0
(8) JEREMY HOSTETTLER	1									
BOARD MEMBER		X			L			0	0	0
(9) TRICIA RATHERMEL	1	]								
BOARD MEMBER		Х					ļ	0	0	0
(10) RON RIEMERSMA	48	j								
EXECUTIVE DIRECTOR				X				71,000	0	2,840
(11)		ļ								
(12)										
(14)										

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	and F	ligh	est Compensate	d Employe	es (co	ntınued)	
(A) Name and title	(B) Average hours per week	box,	unle	Pos heck	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportab compensal from relat	tion	Estimate of e	(F) ed amount other ensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons (ISC)	fror organiz	n the action and reganizations
(15)												· · · · · · · · · · · · · · · · · · ·
(16)										-		<del></del>
(17)												<u></u>
(18)												
(19)	-											
(20)												
(21)												
(22)												
(23)					-							
(24)						-			<del></del> -			
(25)									<del></del>		•	
1b Subtotal					• •		<b>&gt;</b>	71,000				2,840
d Total (add lines 1b and 1c)							•	71,000				2,840
Total number of individuals (including but no reportable compensation from the organization)		thos		sted 0	d ab	ove)	who	received more th	an \$100,00	00 of		
3 Did the organization list any former of												res No
employee on line 1a? If "Yes," complete Sched  4 For any individual listed on line 1a, is the											3	X
organization and related organizations gr	eater than	\$15	50,0	0007	!	"Ye	s, "	complete Schedu	ile J for s	uch	4	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	ısatı	ion	fror	n any	un /	irelated organizati	on or individ	dual	5	X
Section B. Independent Contractors												
Complete this table for your five higher compensation from the organization Report	st compe compensa	nsated	d ir	nde he	pen cale	dent endar	yea	ntractors that re ar ending with or	ceived mor	e than	\$100 ation's t	,000 of ax year
(A) Name and business addre	ess							(B) Description of serv	nces	Co	(C) empensati	on
NONE							-					
												_
2 Total number of independent contractors	(up oludino	- but		nt	limit	od t		hasa listed show	(a) who			
received more than \$100,000 of compensation						.eu (	· ·	0	wno		Ec. ()	90 (2045)
JSA 9E1050 2 000											rom 9	<b>90</b> (2019)

Pa	rt VI					
	•	Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	57			sections 512-514
Program Service Revenue		Business Code  All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	67			67
en	6a b c d 7a	Gross rents 6a 416  Less rental expenses Rental income or (loss) 6c 416  Net rental income or (loss)	416			416
Other Revenue	c d 8a	and sales expenses 7b  Gain or (loss) 7c  Net gain or (loss)	7 5			2,832
	9a b c	Gross income from gaming activities See Part IV, line 19 9a  Less direct expenses 9b  Net income or (loss) from gaming activities				2,032
	b	returns and allowances				
Miscellaneous Revenue	11a b c d	All other revenue				
2	е 12	Total. Add lines 11a-11d	696,258		-	3,315

# 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)

36	Check if Schedule O contains a response or note to any line in this Part IX						
_	-			(C)			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				1		
2	Grants and other assistance to domestic individuals See Part IV, line 22				i I		
3	Grants and other assistance to foreign				,		
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				1		
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	73,100	32,895	18,275	21,930		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	260,312	201,508	43,022	15,782		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,243	6,705	2,996	1,542		
9	Other employee benefits	05.015	10.555				
10	Payroll taxes	25,846	18,170	4,755	2,921		
11	, , , , , , , , , , , , , , , , , , , ,		į				
	Management						
	Legal	16,188	0	16,188	0		
	Lobbying			10,100			
	Professional fundraising services See Part IV, line 17.						
	Investment management fees						
	Other (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O)	,					
12	Advertising and promotion						
13		28,627	14,047	14,252	328		
14	Information technology						
15	Royalties	22 002	21 441	2.462			
16	Occupancy	23,903 19,433	21,441 12,373	2,462 4,196	2,864		
17 18		19,433	12,3/3	4,150	2,004		
19	Conferences, conventions, and meetings						
20	Interest	1,850	1,480	370	0		
21	_				<del>_</del> _		
22	_	18,485	16,583	1,427	475		
23		19,730	18,486	871	373		
24					ŧ		
	above (List miscellaneous expenses on line 24e If				· }		
	line 24e amount exceeds 10% of line 25, column				ļ		
	(A) amount, list line 24e expenses on Schedule O)	16 150	10 110	2 220	000		
	DUES & FEES MINICERLY EXPENSES	16,159	12,119	3,232	808		
	MINISTRY EXPENSES	33,056	33,056		0		
	BUILDING MAINTENANCE STAFF DEVELOPMENT	11,461 3,633	9,143 1,273	2,318 2,360	0		
	All other expenses TELEPHONE	4,525	3,411	557	557		
	Total functional expenses. Add lines 1 through 24e	567,551	402,690	117,281	47,580		
	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)			,	2.,000		
	TOHOWING SOF 30-2 (MSC 330-720)				Form <b>990</b> (2019)		
ICA					roan <b>330</b> (2019)		

## Part X / Balance Sheet

-		Check if Schedule O contains a response or note to any line in this Pa	art X		
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	30,049	1	132,664
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	-
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	20,859	9	16,366
	10 a	Land, buildings, and equipment cost or other	***		
		basis Complete Part VI of Schedule D 10a 625, 902			
	b	Less accumulated depreciation	434,941	10c	453,123
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11,		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	485,849	16	602,153
	17	Accounts payable and accrued expenses	18,335	17	11,509
	18	Grants payable		18	
	19	Deferred revenue	2,461	19	0
	20	Tax-exempt bond liabilities,		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D [		21	
S	22	Loans and other payables to any current or former officer, director,			,
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			_
abi		controlled entity or family member of any of these persons	:	22	
⊐	23	Secured mortgages and notes payable to unrelated third parties	34,652	23	31,536
	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		25	
	26	Total liabilities. Add lines 17 through 25	55,448	26	43,045
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	403,565	27	538,003
ĕ	28	Net assets with donor restrictions	26,836		21,105
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	•	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
it As	32	Total net assets or fund balances	430,401	32	559,108
ž	33	Total liabilities and net assets/fund balances	485,849		602,153
			200,019		332,133

Page 12

OIIII 93	(2019)				1 0	<del>90 • =</del>
Part	XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			696 <b>,</b>	258
2	Total expenses (must equal Part IX, column (A), line 25)	2			567,	<u>551</u>
3	Revenue less expenses Subtract line 2 from line 1	3			128,	707
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			430,	401
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			<u>559,</u>	108
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					للسل
					Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
	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 con	piled	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 audit	ted or	n a			
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		_		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplaın	on			
	Schedule O					-
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		ا ۾ ا		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	000	

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

# **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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ВΑ	DGE	RLAND YOUTH FOR CH	IRIST, INC.				23-739	1603
Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must o	complet	e this pa	art.) See instructions	S.
		anization is not a private fou	indation because if	t is (For lines 1 through	gh 12, ch	neck only	one box )	
1		A church, convention of ch						
2		A school described in secti						
3		A hospital or a cooperative						M
4		A medical research organia	•	•				(iii). Enter the
•	ш	hospital's name, city, and s			- p			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5		An organization operated		a college or universit	tv owne	d or one	erated by a governme	ental unit described in
•	ш	section 170(b)(1)(A)(iv). (0		a conege of aniversi	., 00	о от орс	rated by a governme	inal and accombod in
6		A federal, state, or local go		rnmental unit describe	d in sect	tion 170/	'h\/1\/Δ\/ν\	
7		An organization that norm						om the general nublic
•		described in section 170(b)	•	•	pport ii	om a go	verninental diffe of the	om the general public
8		A community trust describe			Part II \	i		
9	$\vdash$	An agricultural research or	•				t in conjunction with a	land grant college
9		or university or a non-land-	_				-	-
		<del>-</del>	grant conege or at	griculture (see ilistruci	lions) E	iitei tiie	name, city, and state o	Title college of
^		university An organization that norma	-U (1)	and then 224129/ of its		from 00	merchantana manaharal	hin food, and aroos
0	X	receipts from activities rela	ated to its exempt f	functions - subject to	certain e	exception	is, and (2) no more tha	in 331/3% of its
		support from gross investm	nent income and u	nrelated businéss tax	able inco	ome (les	s section 511 tax) from	businesses
	$\overline{}$	acquired by the organization						
1	Н	An organization organized						
2		An organization organized						
		of one or more publicly su	• •					
	_	Check the box in lines 12a t					· ·	<del>-</del>
а	L	Type I. A supporting orga	· ·	•			= : :	
		the supported organization	,	= :::		ajority of	the directors or truste	es of the
		$_{\lnot}$ supporting organization $`$	·					
b	L	<b>  Type II.</b> A supporting org	·					
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or mar	age the supported
	_	_ organization(s) You must	t complete Part IV	, Sections A and C.				
С	L	Type III functionally integral	-					lly integrated with,
	_	_ its supported organization						
d		Type III non-functionally	-					
		that is not functionally into						d an attentiveness
		_ requirement (see instruct	ions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga						II, Type III
		functionally integrated, or						
f	Ent	ter the number of supported	l organizations					
g	Pro	ovide the following information						ı
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
۹)								
<u>"</u>								
3)								
<b>:</b> )								
)								
=\								
E) ——								
ota	ı							
			l i		I	l		1

Pa	Complete only if you checked Part III. If the organization fair	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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	<u> </u>					
4	Total. Add lines 1 through 3	\		/	<u> </u>		
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)						
600	Public support. Subtract line 5 from line 4			<u>/</u>	<u> </u>	.l	
	tion B. Total Support Indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2013	(6) 2019	(6) 2017	(0) 2010	(e) 2019	(i) iotai
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	_/		\	Į		
12	Gross receipts from related activities, etc. (s	/			`	12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup					F T	
14	Public support percentage for 2019 (III	•			•	14	<u> </u>
15	Public support percentage from 2018 331/3% support test - 2019. If the org					15	<u>%</u>
тоа	box and <b>stop here</b> . The organization qu	-				1	neck this
h	331/3% support test - 2018. If the org	-		-		`	ro chack
U	this box and stop here. The organization					1	
17a	10%-facts-and-circumstances test - 2			_		<b>\</b>	
	10% or more, and/if the organization	-				•	
	Part VI how the organization meets the						
	organization			-	•		<b>.</b> ▶ □
b	10%-facts-and-circumstances test - 2	2018. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10%/or more, and if the organization in Part VI how the organization						
	supported organization				-		🔪 🔲
18	Private foundation. If the organization instructions				•		· • \
							990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						-
	received (Do not include any "unusual grants ")	543,952	526,375	554,133	544,774	692,943	2,862,177
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	11,856	8 <b>,</b> 675	0	0	0	20,531
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	555,808	535,050	554,133	544,774	692,943	2,882,708
7 a	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	İ					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6 )						2,882,708
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	555,808	535,050	554,133	544,774	692,943	2,882,708
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,996	935	236	1,094	483	5,744
b	Unrelated business taxable income (less						_
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	2,996	935	236	1,094	483	5,744
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	558,804	535,985	554,369	545,868	693,426	2,888,452
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.						
Sect	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,	column (f), divide	ed by line 13, colum	nn (f))		15	99.8011 %
16	Public support percentage from 2018 Sche				ŀ		99.7139 %
Sect	ion D. Computation of Investment				I		33,123,13
17	Investment income percentage for 2019 (lin			3, column (f))		17	0.1989%
18	Investment income percentage from 2018 S				r	18	0.2861 %
	331/3% support tests - 2019. If the org				•		
	17 is not more than 331/3%, check thi	=					
b	331/3% support tests - 2018. If the orga						
~	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization d		-	· ·		• •	
JSA	Titate Touridation. If the Organization of	ia not onech a	DOX OIL IIIIE 14,	196, UI 19U,	· · · · · · · · · · · · · · · · · · ·	chedule A (Form 9	

### Part IV Supporting Organizations

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

Section	A. All	Supporting	Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	_	1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 <b>Part VI</b> when and how the organization made the determination	3b		1
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	- 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	 4b		- 1
С	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 <b>Part VI</b> 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 (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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		:
С	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			j
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	i		
	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		<del></del> ,
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	- •	<u>.</u>
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 <b>Part VI</b> .	- 9а		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c		_ ;
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	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)			]

Part	N Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	٠		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			'
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	- 1	۱ -
	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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization		-	
Secti	on C. Type II Supporting Organizations	2		
J-5-011	on or type it outprotting organizations		Yes	No
4	Were a majority of the organization's directors or trustees divises the tay year also a majority of the directors		. 63	1,10
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			4
	the supported organization(s)	1		
Secti	on 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			1
	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard		-	!
Socti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	4		
a	The organization satisfied the Activities Test Complete line 2 below	ucue	JIIS)	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruc	tions)	
•		ſ	Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_	_	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			l I
	reasons for the organization's position that its supported organization(s) would have engaged in these		_	ا
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			!
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V · Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	าร	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	ns 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>b</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 1-1/2% of line 3 (for greater amount,		,	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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	y integra	ated Type III supporting	organization (see
instructions)		21 P1 - 1 mmg	

	Part V · Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e							
2	Amounts paid to perform activity that directly furthers exer							
	organizations, in excess of income from activity			<u> </u>				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>				
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019			3				
	(reasonable cause required - explain in Part VI) See			•				
	instructions			ļ				
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016	1						
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount	•						
j	Carryover from 2014 not applied (see instructions)			1				
j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2019 from							
	Section D, line 7 \$			<u> </u>				
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI. See instructions							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c							
8	Breakdown of line 7							
а	Excess from 2015							
b	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019	-						

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

BAI	GERLAND YOUTH FOR CHRIST, INC.			23-7391603		
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or Other	Similar Funds of	or Accounts.		
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 6.			
		(a) Donor advi	sed funds	(b) Funds and othe	r account	ts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)			<del></del>		
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor	advicars in writing th	at the casets hald	l .n. donos odd		
3	funds are the organization's property, subject to the	_			Yes	No
•					j res [	140
6	Did the organization inform all grantees, donors, an					
	only for charitable purposes and not for the benefit				lу Г	¬
	conferring impermissible private benefit?				Yes _	No
Pe	rt II Conservation Easements.  Complete if the organization answered '	'Vos" on Form 000	Part IV June 7			
1	Purpose(s) of conservation easements held by the					
ı		• '				
	Preservation of land for public use (for example,	recreation or education)	1 6	of a historically importa		area
	Protection of natural habitat		Preservation	of a certified historic st	ructure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	ld a qualified conserva	ation contribution i			
	easement on the last day of the tax year			Held at the End	of the 1a	x Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			_ 2b		
С	Number of conservation easements on a certified h		• •	_2c		
d	Number of conservation easements included in (c)					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, tran	sferred, released, ext	inguished, or term	ninated by the organiza	ation du	ring the
	tax year 🕨					
4	Number of states where property subject to conserve	vation easement is loca	ated ▶	<del></del>		
5	Does the organization have a written policy rega				1 r	
	violations, and enforcement of the conservation eas	ements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violat	tions, and enforcing	conservation easements	during t	he year
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violatio	ns, and enforcing o	conservation easements	during t	he year
	<b>▶</b> \$					
8	Does each conservation easement reported on line 20	(d) above satisfy the re	quirements of sect	ion 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?			L	Yes	No
9	In Part XIII, describe how the organization reports c	onservation easemen	ts in its revenue an	id expense statement and	d	
	balance sheet, and include, if applicable, the text of		ganızatıon's fınanc	cial statements that desc	ribes the	•
	organization's accounting for conservation easemen					
Pa	rt III Organizations Maintaining Collections			er Similar Assets.		
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 8.			
1a	If the organization elected, as permitted under FAS	SB ASC 958, not to re	eport in its revenu	ue statement and balan	ce shee	t works
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exh	ibition, education,	or research in further	ance of	f public
h					shoot u	ام ماده م
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held					
	provide the following amounts relating to these item	S:	oddoddion, or rec	caron in fartherance of	public	SCI VICE,
	(i) Revenue included on Form 990, Part VIII, line 1.			▶ s		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art,					
_	following amounts required to be reported under FA			association interioral ga	, prov	ide the
а	Revenue included on Form 990, Part VIII, line 1			▶ €		
b	Assets included in Form 990, Part X					

Pa	rt 🖐 Organizations Maintain	ing Coll	lections of A	Art, Histo	orical Tre	easures	s, or	Other	Similar A	ssets (	continue	ed)	
3	Using the organization's acquisiti	on, acce	ssion, and of	ther reco	rds, chec	k any o	f the	follow	ing that m	ake sigi	nificant i	ıse c	of its
•	collection items (check all that app	oly)											
а	Public exhibition			d [	Loan	or excha	ange	progra	m				
b	Scholarly research			e	Other		J						
c	Preservation for future gene	erations		٠ ـ					<del>-</del>				<del></del>
4	Provide a description of the orga		e collections	and eval	ain how	they fur	rther	the or	nanization's	evemn	t nurnos	a in	Part
-	XIII	Inzalions	3 CONECTIONS	and expi	alli HOW	tricy rui	tilei	the or	garnzations	exemp	t puipos	C 111	ı arı
-	During the year, did the organization	an anlınıt	or rossues de	onations (	of art biot	oriool tr			other eimile				
5										_			٦
	assets to be sold to raise funds rat			ined as pa	art of the	organiza	ation	s collec	ction,	• • • •	Yes		No
Pa	Complete if the organize 990, Part X, line 21.			s" on For	m 990, I	Part IV,	line	9, or r	eported ar	n amoui	nt on Fo	rm	
1 a	Is the organization an agent, trusti	ee custo	odian or other	rintermed	diary for o	contribut	tions	or othe	r assets not				
	included on Form 990, Part X?										Yes		No
h	If "Yes," explain the arrangement									٠٠٠ ١	163	<u> </u>	] 110
b	in res, explain the arrangement	III Fait A	ili and compi	iete trie io	mowing ta	DIC				Amount			
_	Decision balance						4 -			Alliouni	•		
C	Beginning balance						-						
d	Additions during the year												
e	Distributions during the year												
f	Ending balance										1	1	Τ
2a	Did the organization include an an									_	Yes		No
	If "Yes," explain the arrangement	in Part X	III Check he	re if the e	xplanation	has be	en pr	ovided	on Part XIII	· · · ·		<u></u>	<u></u>
Pa	rt V Endowment Funds.												
	Complete if the organize	ation and	swered "Yes										
		(a) Cı	urrent year	(b) Prid	or year	(c) Two	o year	s back	(d) Three ye	ars back	(e) Four	years	back
1 a	Beginning of year balance												
b	Contributions												
-	Net investment earnings, gains,												
Ū	and losses												
ч	Grants or scholarships	1											
•	Other expenditures for facilities												
-	and programs												
	. •				*								
T	Administrative expenses					<del> </del>							
g	End of year balance				() 4	J	<i>(</i> ))						
2	Provide the estimated percentage Board designated or quasi-endown			na baland %	e (line 1g	, column	(a))	neid as					
a	Permanent endowment >			, 70									
-	Term endowment ▶												
C		- ' -	hauld agual 10	200/									
	The percentages on lines 2a, 2b, a		-		_4 464					· -			
за	Are there endowment funds not in	tne poss	session of the	e organiza	ation that	are nei	u and	aumir	iisterea ior t	ine	Ī,	/es	No
	organization by												110
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relat	_					?				3b		
4	Describe in Part XIII the intended			on's endo	wment fu	nds							
Pa	rt VI Land, Buildings, and Equation Complete if the organization	uipment	t. Iswarad "Ya	s" on Fo	rm 000	Dart IV	lına	110	Soo Form	000 Pa	rt Y line	<u>، ۱</u> ۸	
	Description of property	alion an	(a) Cost or o		(b) Cost				cumulated		Book val		<u> </u>
			(investr			ther)	1313		eciation	,,	i) Dook var	<u></u>	
1a	Land												
b	Buildings					599,7	67	1	70,757	· · · · · · · · · · · · · · · · · · ·	4:	29,	010
С	Leasehold improvements					-	$\neg$						
d	Equipment					26,1	35		2,022			24.	113
•	Other												<del></del>
	I. Add lines 1a through 1e (Column			990. Part	X. colum	n (B). lın	e 100	<del></del>			Δ	53.	123

Schedule D (Form 990) 2019

JSA 9E1270 1 000

Part VII Investments - Other Securities.

Complete if the organization answere	d "Yes" on Form 99	00, 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 valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			<del></del> -
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	<del></del>		
(G)	1		
(H)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		-	
Part VIII Investments - Program Related.			
Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)			
(2)			<del></del> -
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col (B) line 13) .			
Part IX Other Assets.			
Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15
(a) De	escription		(b) Book value
(1)			
(2)	·· <u>·</u>		
(3)			
(4)			
(5)			
(6)		-	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15 )	<b>•</b>	
Part X Other Liabilities.			
Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Forr	m 990, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes	,		(5) 5001. 14.00
(2)			
		· -· · · · · · · · · · · · · · · · · ·	1, 1550, 1550
(3)			<u> </u>
(4)	·		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at 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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
<u> i</u>	Total revenue, gains, and other support per audited financial statements	1	733,613
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	]	
	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	]	
	Add lines 2a through 2d	2e	37,355
3	Subtract line 2e from line 1	3	696,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	]	
	Add lines 4a and 4b	4c	110
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		696,258
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	604,906
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
	Prior year adjustments		
С	Other losses	]	
	Other (Describe in Part XIII )	7 1	
	Add lines 2a through 2d		37,355
	Subtract line 2e from line 1	3	567,551
	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII )		
	Add lines 4a and 4b		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	567,551
Provide	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F	Part V, I	ine 4, Part X, line
z, Pan	XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	nation	
PART	X, LINE 2: THE ORGANIZATION SI A NON-PROFIT CORPORATION THAT IS TO	AX EX	EMPT UNDER
SECTI	ON 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF	UNRE	LATED
BUSIN	ESS INCOME, IF ANY. THE ORGANIZATION HAD NO UNRELATED BUSINESS INC	COME	FOR THE
YEAR	ENDED JUNE 30, 2020 OR 2019. ACCORDINGLY, NO PROVIDION FOR INCOME	TAXE	S HAS BEEN
MADE	IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES THAT IT HAS	SSUF	PORT FOR
ANY T	AX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX P	ROVIS	IONS THAT
ARE M	MATERIAL TO THE FINANCIAL STATEMENTS.		
ኮልዩጥ	XI, LINE 4B AND PART XII, LINE 2D: DIRECT FUNDRAISING EXPENSES RE	⊃∩oπe	'D ON FORM
LAKI	AI, BING 45 AND TAKE AIT, BING 25. DIRECT CONDUCTIONS EXCENSES RE	OKIL	D ON FORFI
990,	PART VIII, LINE 8B.		
	•		
		<del>-</del>	<del> </del>
	,		

Schedule D (Fo	orm 990) 2019	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
•		
•		
		PP-RAP-P-PP-PP-PP-PP-PP-PP-PP-PP-PP-PP-PP-PP
••••		
***************************************		······································
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#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

Open to Public Inspection

Employer identification number

BADGERLAND YOUTH FOR CHRIST					23-7391603		
Part I Fundraising Activities. Com				Yes" on Form 9	90, Part IV, line 1	7.	
Form 990-EZ filers are not r	_ <del></del>				-D 46 - 4 b -	<del></del>	
1 Indicate whether the organization ra							
a Mail solicitations	e	ſ		non-government (			
b Internet and email solicitations	f			government grant	S		
c Phone solicitations	Phone solicitations g Special fundraising events						
d In-person solicitations							
2a Did the organization have a written	or oral agreement	with any in	dıvıdual (ın	cluding officers, o	lirectors, trustees,		
or key employees listed in Form 99						Yes No	
<b>b</b> If "Yes," list the 10 highest paid inc		(fundraise	ers) pursua	int to agreements	under which the	fundraiser is to be	
compensated at least \$5,000 by the	organization						
	<b></b>				<del>,</del>		
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody	ndraiser have or control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (tendraliser)			butions?		fundraiser listed in col (i)	organization	
1		Yes	No				
•			1				
2		<del></del>					
3							
4							
5							
6	<del></del>						
7							
8	<del>- </del>						
9							
10		-		·			
'otal	<u></u>	<del></del>	<u></u> ▶		<u>.</u>	<u> </u>	
3 List all states in which the organiza	ation is registered (	or licensed	to solicit	contributions or	has been notified	it is exempt from	
registration or licensing							
						<del></del>	
				<del></del> .			
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		······································	<u>-</u>	<del></del>			
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			<del>-</del>				

Pa	ert l	more than \$15,000 of fundra	nts. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reporte 000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List receipts greater than \$5,000.					
-	ĺ		(a) Event #1  COMEDY CAFE  (event type)	(b) Event #2 BOWL-A-THON (event type)	(c) Other events PEACH SALE (total number)	(d) Total events (add col (a) through col (c))		
Revenue	1	Gross receipts	42,382	10,585	40,187	93,154		
œ	2	Less: Contributions		10,585	0	52,967		
	<u> </u>	line 2)			40,187	40,187		
	4	Cash prizes						
	5	Noncash prizes						
<b>Direct Expenses</b>	6	Rent/facility costs	750	568		1,318		
ЖĎ	7	Food and beverages	3,667		21,064	24,731		
Direct	8	Entertainment	8,000			8,000		
	9	Other direct expenses	150		3,156	3,306		
		Direct expense summary Add line Net income summary Subtract lin  Gaming. Complete if the organisms	ne 10 from line 3, colu	mn (d)	<u> </u>	2,832		
_		\$15,000 on Form 990-EZ, lin				reperted mere than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1	Gross revenue						
xbeuses	2	Cash prizes						
	3	Noncash prizes						
Direct E	4	Rent/facility costs				<del> </del>		
<u> </u>	5	Other direct expenses			I - I-			
	6	Volunteer labor	Yes % No	Yes% No	Yes% No			
	7	Direct expense summary. Add line	es 2 through 5 in colur	mn (d)				
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>.</b>			
9 a	1	Enter the state(s) in which the orgals the organization licensed to conditional transfer in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	anization conducts gar duct gamıng activities	in each of these state	es?	. Yes No		
4.0								
10 a b		Were any of the organization's gaming If "Yes," explain	licenses revoked, susp	ended, or terminated du	iring the tax year?	Yes No		

Sched	dule G (Form 990 or 990-EZ) 2019 Page <b>3</b>
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?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ▶
16	Gaming manager information
	Name ▶
	Gaming manager compensation ▶ \$  Description of services provided ▶
	Decomption of confices provided P
	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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	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.
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Schedule G (Form 990 or 990-EZ) 2019

JSA

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

BADGERLAND YOUTH FOR CHRIST, INC. 23-7391603 FORM 990, PART VI, LINE 11B - THE TREASURER AND FINANCE COMMITTEE REVIEW WITH EXTERNAL CPA THE 990 AND SUPPORTING DOCUMENTS FORM 990, PART VI, LINE 12C - THE ORGANIZATION HAS AND MAINTAINS A CLEAR CONFLICT OF INTEREST POLICY. FORM 990, PART VI, LINE 15A - UPON A VACANCY, THE BOARD OBTAINS INFORMATION OF COMPENSATION PACKAGES FROM MULTIPLE OTHER NON-PROFIT AGENCIES. FORM 990 , PART VI, LINE 19 - ALL PUBLIC DOCUMENTS ARE IN A FILE IN THE OFFICE OF THE ORGANIZATION AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
BADGERLAND YOUTH FOR CHRIST, INC.	23-7391603
	<del></del>