efile	e GRAPHIC	print - DO NOT PROCESS	As Filed Data -			D	LN: 93	493319005380	
	990	Return of Org	anization Exempt Fr	om Inc	ome	Tax	C	OMB No. 1545-0047	
Form	550	Under section 501(c), 527, or 49	947(a)(1) of the Internal Revenue	Code (exce	pt priv	ate foundat	ions)	2019	
Depart	ment of the	Do not enter socia		Open to Public					
Treasu Interna	ry l Revenue Service		v/Form990 for instructions and	the latest i	nform	ation.		Inspection	
A Fe	or the 2019 o	alendar year, or tax year beginr	ning 01-01-2019 ,and ending 1	L2-31-2019					
	ck if applicable: dress change	<b>C</b> Name of organization CHRIST IN YOUTH INC						ication number	
	me change tial return	Doing business as				43-1303	328		
🗆 Fina	al return/terminated					E Telephone	e number		
	ended return plication pending	2201 NI MATNI ST	il is not delivered to street address) Roc	om/suite		2 relepiter	5 Hambol		
		City or town, state or province, count JOPLIN, MO 64801	try, and ZIP or foreign postal code						
		<b>F</b> Name and address of principal	officer:	H(a)	Ic this	<b>G</b> Gross rec		),856,684	
					subor	dinates?		🗌 Yes 🗹 No	
				Н(b)	Are al includ	l subordinate ed?	es	Yes No	
	-exempt status	▼ 501(c)(3) □ 501(c)() ◀ (i	nsert no.) 4947(a)(1) or 52			," attach a li exemption	•	instructions)	
	ebsite: P W	WW.NEW.CIY.COM			Group	exemption	number		
<b>K</b> Forr	n of organizatior	n: 🗹 Corporation 🗖 Trust 🗌 Assoc	iation 🔲 Other 🕨	L Year	of forma	ition: 1983	<b>M</b> State MO	of legal domicile:	
Pa	art I Sum	nmary							
		scribe the organization's mission or AN DEVELOPMENT OF YOUTH AND L							
Activities & Governance									
ema									
60		nis box <b>&gt;</b> if the organization disc of voting members of the governing		l of more tha	n 25%	of its net as	sets.	12	
<b>ಸರ</b> ಲ್ಲಾ		of independent voting members of	4	11					
wtie		mber of individuals employed in cale			•	•	5	202	
Acti		mber of volunteers (estimate if nece related business revenue from Part '			· ·	•	6 7a	0	
		elated business taxable income from				•	7b	0	
					Pri	or Year		Current Year	
ēnu		tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)				1,686,2 19,215,1		975,627 19,821,327	
enneven	-	ent income (Part VIII, column (A), lir			10,281			20,165	
-		venue (Part VIII, column (A), lines 5				21,8 20,933,6		39,565	
		venue—add lines 8 through 11 (mus Ind similar amounts paid (Part IX, co		2)		20,933,6	51	20,856,684	
		paid to or for members (Part IX, col						0	
ŝŝ		other compensation, employee ber		LO)		4,717,0	35	4,815,090	
Expenses		onal fundraising fees (Part IX, colum Iraising expenses (Part IX, column (D), lii						0	
Ĕ		penses (Part IX, column (A), lines 1	· _ ·	-		16,425,2	02	16,215,936	
		penses. Add lines 13–17 (must equa				21,142,2		21,031,026	
× °	19 Revenue	e less expenses. Subtract line 18 fro	m line 12		innina	-208,5 of Current Ye		-174,342 End of Year	
Net Assets or Fund Balances									
d Ba		sets (Part X, line 16)		. –		6,309,3 4,099,3		5,804,262 3,768,546	
Fun		abilities (Part X, line 26)         4,09           ets or fund balances. Subtract line 21 from line 20         2,21						2,035,716	
		nature Block							
know		perjury, I declare that I have examinef, it is true, correct, and complete.							
	****	×*			202	0-11-13			
Sign	/ -	ture of officer			Date				
Here	- MAIN	HAND VICE PRESIDENT or print name and title							
		· Print/Type preparer's name	Preparer's signature	Date 2020-11-1	3 Cho		TIN 01252504		
Paic		Firm's name 🕨 W Ben Miller CPA LLC		2020-11-1	self	employed			
rie	Preparer 🛛 🖓				1				

Use Only	Firm's address ▶ 3 South Main Street		Phone no. (417) 67	4-1213
	Webb City, MO 64870			
May the IRS discu	ss this return with the preparer shown above? (see instructions) $\ .$			☑ Yes □ No
For Paperwork R	eduction Act Notice, see the separate instructions.	Cat	. No. 11282Y	Form <b>990</b> (2019)

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	t of Program Servic	e Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to a	any line in this Part III .		🗆
1		organization's mission:				
CHRI	STIAN DEVELOPMENT	OF YOUTH AND LEADE	RS			
2	-	• •		vices during the year whi	ch were not listed on	
		or 990-EZ?				🗌 Yes 🗹 No
_		ese new services on Scl				
3	-	_	-	changes in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
		ese changes on Schedu				
4	Section 501(c)(3) ar		ons are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code:	) (Expenses \$	19,124,417	including grants of \$	177,728 ) (Revenue \$	19,821,327 )
	See Additional Data					
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	}
	(0000)	) (Expenses ¢		meraanig grance or e	) (Nevende ¢	)
4d		ices (Describe in Sched	,			
	(Expenses \$		uding grants of	•	) (Revenue \$	)
4e	Total program ser	vice expenses 🕨	19,124,4	17		

Form	990 (2019)			Page <b>3</b>
Pa	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 $3$	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		No
2	Did the organization required to complete <i>Schedule b</i> , <i>Schedule of Complete</i> (see instructions):			No
5	for public office? If "Yes," complete Schedule C, Part I	3		
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a	Yes	
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
15		15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No

Page **3** 

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\ldots$ .	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 🧐	28b	Yes	
С	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t 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	<u> </u>	Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   190		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			N -
	(gambling) winnings to prize winners?	<b>1</b> c	orm 99	No 0 (2019)

Page	5

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)								
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								
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes						
-	<b>Note.</b> 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		No					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb							
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		No					
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).								
55	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No					
		5b -							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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?	<b>6</b> a		No					
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	9b							
10	Section 501(c)(7) organizations. Enter:								
а	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								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
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								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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?	15		No					
16	If "Yes," see instructions and file Form 4720, Schedule N. 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		No					
				<b>n</b> (2019)					

orm	990	(2019)	
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Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	,	onse to i	lines 🔽						
Se	ction 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 12									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 11									
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		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No						
6	Did the organization have members or stockholders?	6		No						
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		No						
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		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes							
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 in Schedule O	9		No						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		No						
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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
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	Yes							
13	Did the organization have a written whistleblower policy?	13		No						
14	Did the organization have a written document retention and destruction policy?	14		No						
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	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	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		No						
	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								
	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
10	└ Own website └ Another's website ✓ Upon request └ Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.									

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►MARK HAND 2201 N MAIN ST JOPLIN, MO 64801 (417) 781-2273

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, or 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ss pers r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) GRANT MEDLIN DIRECTOR	1.00	x						0	0	0
(2) DAVID ROADCUP DIRECTOR	1.00 0.00	x						0	0	0
(3) TIM WHELAN VICE CHAIRMAN	1.00  0.00	х		x				0	0	0
(4) JEFF WALLING DIRECTOR	1.00	х						0	0	0
(5) MARK CHRISTIAN CHAIRMAN	1.00	х		x				0	0	0
(6) JOHN SAWYER DIRECTOR	1.00	х						0	0	0
(7) PAUL OSBORNE DIRECTOR	0.00	x						0	0	0
(8) TODD HUTCHISON DIRECTOR	0.00	x						0	0	0
(9) MICHAEL DEFAZIO DIRECTOR	1.00	х						0	0	0
(10) CHARLES ALLCOTT DIRECTOR	1.00	х						0	0	0
(11) JIM GINGRICH DIRECTOR	1.00	x						0	0	0
(12) LORI MURILLO SECRETARY	1.00	х		x				0	0	0
(13) MARK HAND VICE PRESIDENT	40.00				x			0	0	0
(14) JAYSON FRENCH PRESIDENT	40.00				x			0	0	0
										Form <b>990</b> (2019)

Form	1 990 (2019)													Page 8
Pa	rt VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	and	Higł	nest Co	mpensa	ted Employees	(cont	inued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)				not check more , unless person officer and a from /trustee) organiz (W-2/1			( <b>D)</b> ortable ensation m the nization 2/1099- ISC)	(E) Reportable compensatio from relate organization (W-2/1099 MISC)	on d is	(F Estima amount o compen from organizat relat organiz	ated of other sation the ion and red
			or or	Institutional Trustee		loyee	Highest compensated							
												_		
c	Sub-Total						► ►							
2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	g but not limited				bove	►   e) who	rece	eived mo	0 ore than :	\$100,000	0		
3	Did the organization list any <b>former</b>	officer, director	or trust	ee, k	ey e	mplo	oyee, (	or hi	ghest coi	mpensat	ed employee on		Yes	No
<ul> <li>line 1a? If "Yes," complete Schedule J for such individual</li> <li>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</li> </ul>								3	-	No				
5	individual		• •	•	•	•	•	• •	• •	• •		4		No
	services rendered to the organization	?If "Yes," comp								• •	• • • •	5		No
1	ection B. Independent Contract Complete this table for your five high from the organization. Report compe	iest compensate	d indep alendar	endei · year	nt co • end	ontra ling	actors with o	that r wit	received hin the c	more th organizat	an \$100,000 of co ion's tax year.	mpen	sation	
		(A) and business addre		-							(B) escription of services		(C Comper	

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 ►

orm	990	(2019)	

Page	9

Part	VIII									
		Check if Schec	dule	O contains	a respo	nse 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
2 2	1:	a Federated campa		5	1a					<b>-</b>
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		•	<b>1</b> b					
s, G Am		<b>c</b> Fundraising even			1c					
Gifte		<ul> <li>d Related organization</li> <li>e Government grants</li> </ul>			1d   1e					
ns, Sim	1	f All other contributio	ns, <u>c</u>	gifts, grants,						
tributio Other 3		and similar amount: above			1f	975,627				
ott Ott	!	<b>g</b> Noncash contributio lines 1a - 1f:\$	ons ir	icluded in	1g					
Cont		<b>h Total.</b> Add lines :	1a-1	.f			975,627			
						Business Code				
a,	2a	PROGRAM SERVICES				711300	19,821,327	19,821,327		
enue	b									
Program Service Revenue	U									
wice.	С									
Sei	d	l								
gran	е									
Å										
		All other program <b>Total.</b> Add lines 2				19,821,327				
		Investment income					20.465			20.465
		similar amounts). Income from invest				ond proceeds	20,165			20,165
						· · · •	}			
				(i) Re	al	(ii) Personal	_			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b				7			
	с	Rental income					1			
	c	or (loss) I Net rental income	6c			<b>.</b>				
				(i) Secur		(ii) Other	1			
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses					-			
		Gain or (loss)	7c							
		I Net gain or (loss) Gross income from fu				••• •				
anu		(not including \$ contributions reported	d on	of line 1c).						
eve		See Part IV, line 18			8a					
Other Revenue		Less: direct expen			8b	ants .				
							1			
	9a	Gross income from See <b>Part</b> IV, line 19	gam •	ing activities	9a					
	b	Less: direct expen	ses		9b					
	c	: Net income or (los	s) fi	rom gaming	activiti	es 🕨	-			
	10;	aGross sales of inve								
	h	returns and allowa			10a 10b		-			
		Less: cost of good Net income or (los)				ory 🕨				
		Miscellaneo	us R			Business Code				
	11	•OTHER REVENUE				90009	9 39,565	39,565		
	Ŀ									
	c									
		All other revenue								
		e Total. Add lines 1 2 Total revenue. S			• •		39,565			
	- 2	- rotar revenue. S	ट्ट II	าร์ต นั่นเปิดทร	• •	••••	20,856,684	19,860,892		0 20,165 Form <b>990</b> (2019)

	n 990 (2019)				Page <b>10</b>
P	art IX Statement of Functional Expenses				(1)
	Section 501(c)(3) and 501(c)(4) organizations must co		-		· · ·
<u> </u>	Check if Schedule O contains a response or note to an		(B)	(C)	<u> L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	110,260	55,130	27,565	27,565
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	3,961,765	3,383,344	391,502	186,919
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	127,675	105,691	14,469	7,515
9	Other employee benefits	615,390	509,608	83,252	22,530
10	Payroll taxes				
	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	3,814		3,814	
c	Accounting	4,830		4,830	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	433,704		58,026	375,678
13	Office expenses	57,392		26,440	30,952
14	Information technology				
15	Royalties				
16	Occupancy	56,939		53,020	3,919
17	Travel	701,600	563,199	9,870	128,531
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,470	29,051	21,419	
20	Interest	71,719		71,719	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	553,006	512,804	23,241	16,961
23	Insurance	76,133	58,282	14,233	3,618
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a DIRECT PROGRAM SERVICES	13,869,627	13,777,029		92,598
	b OTHER WITH ALLOCATIONS	208,480	77,100	95,057	36,323
	c SHIPPING & SUPPLIES	71,093	11,995	31,262	27,836
	d BAD DEBTS	9,063		9,063	
	e All other expenses	48,066	41,184	6,882	
25	Total functional expenses. Add lines 1 through 24e	21,031,026	19,124,417	945,664	960,945
26	<b>Joint costs.</b> 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).				
					Form <b>990</b> (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			693,788	1	1,056,165
	2	Savings and temporary cash investments		[	459,801	2	273,693
	3	Pledges and grants receivable, net			1,078,393	3	819,398
	4	Accounts receivable, net		[	205,687	4	225,590
	5	Loans and other payables to any current or form key employee, creator or founder, substantial co entity or family member of any of these persons	ontribu	tor, or 35% controlled		5	
	6	Loans and other receivables from other disqualit section $4958(f)(1)$ , and persons described in section				6	
s	7	Notes and loans receivable, net		[		7	
ssets	8	Inventories for sale or use		[	63,684	8	58,403
A S.	9	Prepaid expenses and deferred charges			329,355	9	265,083
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,048,499			
	b	Less: accumulated depreciation	10b	5,006,128	3,422,242	10c	3,042,371
	11	Investments—publicly traded securities .			37,178	11	32,927
	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		[	19,264	15	30,632
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	6,309,392	16	5,804,262
	17	Accounts payable and accrued expenses	324,108	17	264,696		
	18	Grants payable		Γ		18	
	19	Deferred revenue		Γ	1,769,849	19	2,045,168
	20	Tax-exempt bond liabilities		· · [		20	
s	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		22		
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	2,005,377	23	1,458,682
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,		25		
	26	Total liabilities. Add lines 17 through 25 .			4,099,334	26	3,768,546
or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			
als	27	Net assets without donor restrictions	•		1,728,822	27	1,554,480
d B	28	Net assets with donor restrictions	• •	<u> </u>	481,236	28	481,236
Fun		Organizations that do not follow FASB ASC complete lines 29 through 33.	-	heck here ► 🗌 and			
ō	29	Capital stock or trust principal, or current funds		••••		29	
Net Assets	30	Paid-in or capital surplus, or land, building or eq				30	
355	31	Retained earnings, endowment, accumulated inc		Ļ		31	
et i	32	Total net assets or fund balances	•	[	2,210,058	32	2,035,716
ž	33	Total liabilities and net assets/fund balances .	•		6,309,392	33	5,804,262

Form 990 (2019)	Form	990	(2019)
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Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,856,684
2	Total expenses (must equal Part IX, column (A), line 25)	2			,031,026
3 4	Revenue less expenses. Subtract line 2 from line 1	3			-174,342 ,210,058
4 5	Net unrealized gains (losses) on investments	4 5		2	,210,058
6	Donated services and use of facilities	6			
7		7			
, 8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,035,716
	t XII Financial Statements and Reporting				,,
	Check if Schedule O contains a response or note to any line in this Part XII				
		<u> </u>		Yes	No
	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				N
za	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	on a	2a		No
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	□ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		

# **Additional Data**

## Software ID: Software Version:

EIN: 43-1303328 Name: CHRIST IN YOUTH INC

Form 990 (2019)

#### Form 990, Part III, Line 4a:

CIY WORKS IN PARTNERSHIP WITH LOCAL CHURCHS, PROVIDING MORE THAN 100 ANNUAL PROGRAM EVENTS FOR STUDENTS AND LEADERS.

efil	e GR	APHIC pri	nt - DO NO	<b>F PROCESS</b>	As Filed Data -			DLN: 9	3493319005380
SC	HED	ULE A		Public (	Charity Statu	s and Pul	blic Supp	ort	OMB No. 1545-0047
(Form 990 or Cor 990EZ)			Com		rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) mpt charitable	organization of trust.		2019
-		f the Treasury	► G	io to <u>www.irs</u>	. <u>gov/Form990</u> for ii	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of tl	nue Service he organiza	tion					Employer identific	
		OUTH INC						43-1303328	
	rt I				<b>us</b> (All organization e it is: (For lines 1 thro			See instructions.	
<b>1</b>			•		sociation of churches	2		(A)(i)	
2				,	1)(A)(ii). (Attach Sch				
3									
3		•		•	vice organization desc			-	
4		A medical r name, city,		lization operato	ed in conjunction with	a nospital descri	ibed in section	170(D)(1)(A)(III). E	nter the hospital's
5			ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	vernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	4)(v).	
7		section 17	'O(b)(1)(A)(	vi). (Complete	,		-	init or from the gener	al public described in
8			,		n 170(b)(1)(A)(vi).		,		
9		non-land g	rant college of	agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter	the name, city, a	and state of the	college or university:	
10	V	from activit investment	ies related to income and ι	its exempt fun inrelated busin	(1) more than 331/39 actions—subject to cer ess taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported	organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or se	ction 509(a)(2	). See section 509(a	
а		organizatio	n(s) the powe		ated, supervised, or compoint or elect a majo				
b		<b>Type II.</b> A manageme	supporting or nt of the supp	ganization sup	ervised or controlled i ation vested in the sar				
с		Type III f	unctionally i	ntegrated. A s	supporting organizatio ions). <b>You must com</b>				ted with, its
d		functionally	integrated. T	he organizatio	<b>d.</b> A supporting organi n generally must satis <b>t IV, Sections A and</b>	fy a distribution	requirement and		
е					ved a written determir integrated supporting		RS that it is a Ty	ире I, Туре II, ⊤уре II	I functionally
f				2				· · · · · · · · · <u> </u>	
g			-		pported organization(	· '		(a) Amount of	
	(1) 1	Name of supp organizatior		<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	J								
					astructions for	Cat No 1128			90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
F	art II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(/	4)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	l to qualify unde	r the tests listed	l below, please	complete Part I	II.)	
	Section A. Public Support	T	1		1	T	T
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
2	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	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						<u> </u>
-	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						T
	(or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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							
	10 Gross receipts from related activities,						
							<u> </u>
13	First five years. If the Form 990 is fo	-			-		
	check this box and <b>stop here</b>					•••••	<u> </u>
	Section C. Computation of Public		-				
	Public support percentage for 2019 (lin					14	
	Public support percentage for 2018 Sc					15	<u> </u>
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶ 🗆
Ł	<b>33</b> 1/3% support test—2018. If th						
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶⊔
17a	10%-facts-and-circumstances test is 10% or more, and if the organizatio	t-2019. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b is box and <b>stop b</b>	o, and line 14	
	in Part VI how the organization meets						
	organization			-			▶□
h	10%-facts-and-circumstances tes	st—2018. If the o	rganization did not	t check a box on l	ine 13, 16a, 16b,	or 17a, and line	
	15 is 10% or more, and if the organiz	zation meets the "	facts-and-circumst	ances" test, chec	k this box and <b>sto</b>	op here.	
	Explain in Part VI how the organization			-			_
	supported organization						🕨 🗌
18	Private foundation. If the organizati						_
	instructions						►
					Schedu	le A (Form 990 (	or 990-EZ) 2019

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

1,655,783

14,599,042

16,254,825

(a) 2015

16,254,825

1,407

1,407

16,256,232

(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.)

1,740,996

17,158,806

18,899,802

(c) 2017

18,899,802

1,534

1,534

18,901,336

1,692,569

15,549,762

17,242,331

(b) 2016

17,242,331

1,303

1,303

(d) 2018

1,686,283

19,237,087

20,923,370

(d) 2018

20,923,370

10,281

10,281

20,933,651

(e) 2019

975,627

19,860,892

20,836,519

(e) 2019

20,836,519

20,165

20,165

20,856,684

#### Section A. Public Support Calendar year (a) 2015 (b) 2016 (c) 2017 (or fiscal year beginning in) ► Gifts, grants, contributions, and 1

	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 Gross receipts from activities that 3
- are not an unrelated trade or business under section 513 . . . . .
- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . .
- 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 disgualified persons
- b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.
- Add lines 7a and 7b. С
- Public support. (Subtract line 7c 8 from line 6.)

# Section B. Total Support

Ca	lend	lar	yea	ır	

- (or fiscal year beginning in) ►
- Q Amounts from line 6. . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties
  - and income from similar sources h Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.
  - Add lines 10a and 10b. С

20

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

14	First five years. If the Form 990 is t	for the organization's first,	second, third, fourth,	, or fifth tax year as a section	501(c)(3) organization,
	check this box and <b>stop here</b>	<u></u>			<u> • C</u>

17,243,634

#### Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . 15 15 99.960 % Public support percentage from 2018 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . . . 16 16 98.110 % Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) . . . . . 17 17 Investment income percentage from **2018** Schedule A, Part III, line 17 . . . . . 18 18 19a 331/3% support tests-2019. 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-2018. 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

not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organiz		
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instr	ructions	. 🕨 🗌

7,751,258

86,405,589

94,156,847

94,156,847

94,156,847

34,690

34,690

94,191,537

0 %

0 %

(f) Total

(f) Total

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.			
	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
Ŀ.	Did the eventiation confirms that each comparison to a configuration configuration $EO(-)(4)$ (E) or (C) and estimated	3a		
D	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		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	30		
	If "Yes," explain in <b>Part VI</b> 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 12a or 12b in Part I, answer (b) and (c) below.			
	checked 12a of 12b in Part 1, 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		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
Ū	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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с		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? <i>If "Yes," provide detail in <b>Part VI.</b></i>			
-		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the eventiation makes loss to a discussified neuron (as defined in particul 4050) not described in line 72 If "Vec "	7		
0	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 <b>Part VI</b> .			
	·	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 <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		
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.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		<u> </u>
U	the organization had excess business holdings. In the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

#### Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

			No
	Has the organization accepted a gift or contribution from any of the following persons?		
	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 <b>Part VI</b> .	11c	

### Section B. Type I Supporting Organizations

**Part IV** Supporting Organizations (continued)

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

## Section C. Type II Supporting Organizations

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).

### 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			
	locuments 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? <i>If "No," explain in <b>Part VI</b> how the organization</i>			
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			

## Section E. Type III Functionally-Integrated Supporting Organizations

- L 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 government entity (see instructions)

# 2 Activities Test. Answer (a) and (b) 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer (a) and (b) 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? *Provide details in Part VI.*
  - **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.*

Yes

1

2

No

No

Yes

Yes

2a

2b

3a

Зb

No

Schedule A (Form 990 or 990-EZ) 2019

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> 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-ir instructions)	ntegrate	ed Type III supporting or	rganization (see

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions		-	Current Year			
<b>1</b> Amounts paid to supported organizations to accomplish	exempt purposes					
2 Amounts paid to perform activity that directly furthers e excess of income from activity						
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval require	d)					
6 Other distributions (describe in <b>Part VI</b> ). See instructio	ns					
7 Total annual distributions. Add lines 1 through 6.						
<ul> <li>8 Distributions to attentive supported organizations to wh details in Part VI). See instructions</li> </ul>	ich the organization is respons	sive (provide				
<b>9</b> Distributable amount for 2019 from Section C, line 6						
<b>10</b> 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			
<b>1</b> Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.						
<b>3</b> Excess distributions carryover, if any, to 2019:						
<b>a</b> From 2014						
b         From 2015.         . <th< td=""><td></td><td></td><td></td></th<>						
d From 2017.						
e From 2018						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2019 distributable amount						
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>						
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4 Distributions for 2019 from Section D, line 7:						
\$						
a Applied to underdistributions of prior years						
<b>b</b> Applied to 2019 distributable amount						
c Remainder. Subtract lines 4a and 4b from 4.						
<ul> <li>5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.</li> </ul>						
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.						
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2015						
<b>b</b> Excess from 2016						
c Excess from 2017						
d Excess from 2018						

Schedule A (Form 990 or 990-EZ) (2019)

# **Additional Data**

# Software ID: Software Version: EIN: 43-1303328

Name: CHRIST IN YOUTH INC

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,<br/>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;<br/>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<br/>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<br/>instructions).

Facts And Circumstances Test

		rint - DO NOT PROCESS As Fil	ed Data -			DL		319005380		
	HEDULE D m 990)	Supplemen	Ital Financi	al Statements				. 1545-0047		
Department of the Treasury Internal Revenue Service		<ul> <li>▶ 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.</li> <li>▶ Attach to Form 990.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						2019 Open to Public Inspection		
	me of the organ						entification			
CHI	RIST IN YOUTH INC				43-	1303328				
Pa	art I Organi	zations Maintaining Donor Advi	sed Funds or O	ther Similar Funds						
	Comple	te if the organization answered "Ye				(1) = 1				
1	Total number at	end of year	(a) Dono	or advised funds		(b) Fund	s and other a	accounts		
1 2		of contributions to (during year)			+					
3		of grants from (during year)								
4		at end of year								
5	Did the organiza	ation inform all donors and donor adviso roperty, subject to the organization's ex				funds are		Yes 🗌 No		
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor,	or for any other purpose			r missible	Yes 🗌 No		
Ра		vation Easements. te if the organization answered "Ye		Part IV, line 7.						
1		onservation easements held by the organ								
	Preservatio	on of land for public use (e.g., recreation	n or education)	Preservation of a	n histor	ically impo	ortant land a	rea		
	Protection	of natural habitat		Preservation of a	certifie	d historic	structure			
	Preservatio	on of open space								
2	Complete lines 2	2a through 2d if the organization held a e last day of the tax year.	qualified conservat	tion contribution in the f	orm of a		ntion It the End o	f the Year		
а		conservation easements			2a	neid d				
b	Total acreage re	stricted by conservation easements			2b					
с	Number of conse	ervation easements on a certified histori	c structure include	d in (a)	2c					
d		ervation easements included in (c) acqui n the National Register	red after 7/25/06,	and not on a historic	2d					
3	Number of cons tax year ►	ervation easements modified, transferre	d, released, exting	juished, or terminated by	y the or	ganization	during the			
4	Number of state	es where property subject to conservatio	on easement is loca	ited Þ						
5		zation have a written policy regarding th tof the conservation easements it holds			g of viol	— ations,	🗌 Yes			
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of v	iolations, and enforcing	conserv	ation ease				
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violation	ons, and enforcing conse	ervation	easement	ts during the	year		
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			170(h)(	4)(B)(i)	🗌 Yes			
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the r's accounting for conservation easemen	footnote to the or				and			
Pa		zations Maintaining Collections te if the organization answered "Ye			her Si	milar As	sets.			
1a	If the organizati art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	6 (ASC 958), not t public exhibition, e	o report in its revenue s education, or research in	further			orks of		
b	historical treasu	on elected, as permitted under SFAS 11 ires, or other similar assets held for pub its relating to these items:								
	-	led on Form 990, Part VIII, line 1				▶ \$				
		in Form 990, Part X								
2	If the organizati	ion received or held works of art, histori Ints required to be reported under SFAS	cal treasures, or ot	her similar assets for fin						
а	Revenue include	ed on Form 990, Part VIII, line 1								
b		in Form 990, Part X								

Sche	dule D	(Form 990) 2019												Page <b>2</b>
Par	t III	Organizations Ma	aintaining Col	lections o	of Art, Hi	istori	cal Tı	reası	ires, o	r Other	Similar A	<b>ssets</b> (con	tinued)	
3		g the organization's acq s (check all that apply):		n, and other	records, o		any of	the fo	llowing f	that are a	significant (	use of its co	llection	
а		Public exhibition				d		Loan	or exch	ange pro	grams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII.	organization's col	llections and	explain h	ow the	y furtł	her the	e organi:	zation's e	xempt purpo	ose in		
5		ng the year, did the orga ts to be sold to raise fur										🗌 Yes		o
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			" on Forn	n 990,	, Part	IV, li	ne 9, o	r reporte	ed an amou		m 990,	Part
1a		e organization an agent ded on Form 990, Part X										🗌 Yes	□ n	o
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owing	table:				Α	mount		_
с	Begir	nning balance								1c				-
d	Addit	tions during the year .								1d				_
е	Distr	ibutions during the year	r							1e				_
f	Endir	ng balance								1f				_
2a	Did t	he organization include:	an amount on Fo	orm 990, Par	t X, line 2	1, for (	escrow	/ or cu	istodial a	account li	ability?	🗌 Yes		0
b		es," explain the arrange												-
	rt V	Endowment Fund			,				F					
		Complete if the or	ganization answ											
	<b>_</b> .			(a) Curren	nt year	<b>(b)</b> Pi	rior yea	ır	(c) Two y	years back	(d) Three ye	ars back (e)	) Four year	rs back
	-	ning of year balance	• • •											
		butions												
		vestment earnings, gair												
		s or scholarships												
е		expenditures for facilitie	es											
f		istrative expenses .												
		f year balance												
2		ide the estimated perce		ent vear end	l balance (	line 1c		mn (a	)) held a	as.	I			
а		d designated or quasi-e	ndowment 🕨				,,		,,					
b		nanent endowment ►												
c	Tem	 porarily restricted endov	vment 🕨											
č		percentages on lines 2a		 Ild equal 100	0%.									
3a	Are t	here endowment funds nization by:				on that	are h	eld an	d admin	istered fo	r the		Yes	No
	<b>(i)</b> u	nrelated organizations				• •	•		• •			3a(i)		
b		related organizations . es" on 3a(ii), are the rel				n Sche	 dule R	· ?.	• •			3a(ii 3b	)	
4		ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds.							
Ра	rt VI					- 000	Deut	<b>T</b> ) ( 1:		C			10	
	Descr	Complete if the ord iption of property	(a) Cost or otl (investme	ner basis	(b) Cost o						depreciation		IU. Book value	9
1a	Land						38	36,627						386,627
		ngs					2,40	00,951			556,698		1	,844,253
		hold improvements												
		ment					5,26	50,921			4,449,430			811,491
	• •													
		lines 1a through 1e. (C	Column (d) must e	equal Form 9	990, Part X	K, colui	mn (B)	), line	10(c).)		•		3	3,042,371

Schedule D (Form 990) 2019		
Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990	), Part IV,	ine 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)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related

(A) (B) (C) (D) (E) (F) (G) (H)

Part VIII	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)									
	(b) must equal Form 990, Part X, col.(B) line 13.)	•							
	Other Assets								

►

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1)CONSTRUCTION IN PROGRESS 30,632 (2) (3) (4) (5) (6) (7) (8) (9)

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.) 30,632 ► 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 (a) Description of liability (b) Book value 1. (1) Federal income taxes (2) (3) (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 that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

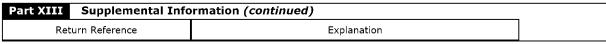
Schedule D (Form 990) 2019		Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1         Total revenue, gains, and other support per audited financial statements         .	1	20,856,684
<ul> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li> </ul>		20,000,001
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	-1	
c Recoveries of prior year grants	-1	
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d	2e	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b>	3	20,856,684
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines <b>4a</b> and <b>4b</b>	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,856,684
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
<b>1</b> Total expenses and losses per audited financial statements <b>. . . . . . . . . .</b>	1	21,031,026
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	_	
b   Prior year adjustments   2b	_	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b>	3	21,031,026
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>b</b> Other (Describe in Part XIII.)		
c Add lines <b>4a</b> and <b>4b</b>	4c	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	21,031,026
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.

Return Reference Explanation	
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(Form 990)       > Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. > Attach to Form 990.       2019         Department of the Treasury Internal Revenue Service       > Go to www.irs.gov/Form990 for instructions and the latest information.       Open to Public Inspection         Name of the organization CHRIST IN YOUTH INC       Employer identification number 43-1303328         Part I       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used	efile GRAPHIC print - [	DO NOT PROCESS	As Filed Data	-	DLN:	93493319005380				
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.     Attach to Form 990.     Ford source Service     CHRIST IN YOUTH INC     Employer identification number     43-1303328  Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on     Form 990, Part IV, line 14b.     For grantmakers. Does the organization maintain records to substantiate the amount of its grants and     other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used     to award the grants or assistance?     Complete if additional space is needed.)      For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance     aution of (b) Number of     (c) Number of	SCHEDULE F (Form 990)	Statement o	f Activities	Outside the Un	ited States					
Department of the Treasury Inspection       Inspection         Name of the organization CHRIST IN YOUTH INC       Employer identification number 43-1303328         Part I       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantese' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Ves       No         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       Ves       No         3       Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)       (e) If activity listed in (d) is a program service, describe services, investments, grants in the region       (f) Total expenditures for and investments in the region         EUROPE INCLUDING ICELAND AND GREENLAND       Image: Complex in the services in the program service (a scribe services) in the region       Image: Complex in the region         3a Sub-total b Total from continuation sheets to       Image: Complex in the service in the region       Image: Complex in the region		Complete if the organization								
CHRIST IN YOUTH INC       43-1303328         Part I       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance or assistance outside the United States.       Image: Comparison of the grants or assistance, and the selection criteria used to award the grants or assistance or assistance or assistance or assistance or assistance or assistance, and the selection criteria used to award the grants or assistance or assistator assistance or assistance or assistance or assistanc	Department of the Treasury Internal Revenue Service	► Go to <i>www.i</i>	rs.gov/Form990 for i	nstructions and the latest in	nformation.					
43-1303328         Part I       General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.         1       For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.         3       Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)         (a) Region       (b) Number of offices in the region         (a) Region       (c) Number of offices in the region         (a) Region       (b) Number of offices in the region         (a) Region       (b) Number of offices in the region         (a) Region       (c) Number of offices in the region         (a) Region       (c) Number of offices in the region         (b) Number of offices in the region       (c) Number of offices in the region         (b) Number of offices in the region       (c) Number of offices in the region         (a) Region       (b) Number of offices in the region       (c) Activities conducted in the region         EUROPE INCLUDING ICELAND       (c)	Name of the organization				Employer iden	tification number				
Form 990, Part IV, line 14b.         1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       No         2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       Image: Colspan="2">State Colspan="2" State Colspan= Colspan="2" State Colspan="2" State Colspan=	CIRIST IN FOOTH INC				43-1303328					
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Constraint of the selection criteria used to award the grants or assistance?         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       Image: Constraint of the selection criteria used         3       Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)       (d) Activities conducted in region (b) Number of offices in the region       (d) Activities conducted in region (by type) (such as, region (by type) (such as, region)       (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region       (f) Total expenditures for and investments in the region         EUROPE INCLUDING ICELAND AND GREENLAND       Image: Constrain the region       Image: Constraint the region       Image: Constraint the region       Image: Constraint the region       Image: Constraint the region         Sub-total b       Image: Constraint the region       Image: Constraint the region       Image: Constraint the region       Image: Constraint the region         3a       Sub-total b       Image: Constraint the region         3a       Sub-total b       Image: Constraint the region       Image: Constraint the re			es Outside the <b>l</b>	<b>Jnited States.</b> Comple	ete if the organization a	nswered "Yes" on				
to award the grants or assistance?       Yes       No         2       For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.       Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)       (a) Region       (b) Number of offices in the region       (c) Number of offices in the region       (d) Activities conducted in region (by type) (such as, fundraising, program service, describe service(s) in the region to recipients located in the region       (f) Total expenditures for and investments in the region to recipients located in the region         EUROPE INCLUDING ICELAND AND GREENLAND       Image: Contract of the service is contacted in the region       Image: Contract of the service is contacted in the region       Image: Contract of the region is the region in the region is the region is the region is the region       Image: Contract of the region is the region	1 For grantmakers. D	oes the organization n	naintain records to	substantiate the amoun	t of its grants and					
2     3     4 Ctivites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)     (a) Region     (b) Number of     offices in the     region     (c) Number of     offices in the     region     (c) Number of     region     (c) Number of     region     (c) Number of     region     (d) Activities conducted in     region     (d) Activities conducted in     region     (e) If activity listed in (d) is a     program service, describe     specific type of     service(s) in the region     (f) Total expenditures     for and investments     in the region     EUROPE INCLUDING ICELAND     AND GREENLAND     Include Inclu	,	<b>o</b> ,	0	,						
outside the United States.         3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)         (a) Region       (b) Number of offices in the region       (c) Number of offices in the region       (d) Activities conducted in region (by type) (such as, fundraising, program service, describe service(s) in the region       (f) Total expenditures for and investments in the region         EUROPE INCLUDING ICELAND AND GREENLAND       Image: Construct on the region         3a Sub-total .       Image: Construct on the region         b Total from continuation sheets to       Image: Construct on the region       Image: Construct on the region       Image: Construct on the region	to award the grants o	r assistance?				🗹 Yes 🗌 No				
(a) Region       (b) Number of offices in the region       (c) Number of offices in the region       (c) Number of employees, agents, and independent contractors in the region       (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)       (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region       (f) Total expenditures for and investments in the region         EUROPE INCLUDING ICELAND AND GREENLAND			rganization's proce	dures for monitoring the	e use of its grants and otl	ner assistance				
offices in the region       employees, agents, and independent contractors in the region       region (by type) (such as, fundraising, program service, describe specific type of service(s) in the region       for and investments in the region         EUROPE INCLUDING ICELAND AND GREENLAND       Image: Contractors in the region       Image: Contractors in the	3 Activites per Region. (T	he following Part I, line	3 table can be dupli	icated if additional space is	s needed.)					
EUROPE INCLUDING ICELAND       Image: Constraint of the second seco	(a) Region	offices in the	e employees, agents, and independent contractors in the	, region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments				
b Total from continuation sheets to		ELAND		regiony						
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	<b>b</b> Total from continuation	sheets to								
c Totals (add lines 3a and 3b)		d 3b)								

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax- exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
3	Enter total number of other organizations or entities									
								Schedule	F (Form 990) 2019	

Schedule F (Form 990) 2019

Part III can be d Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(a) Description	(h) Method of
	(2) 1031011	recipients	cash grant	(e) Manner of cash disbursement	noncash assistance	(g) Description of noncash assistance	valuation (book, FMV, appraisal, other

Page **3** 

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	No No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	Yes	<b>√</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□ Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	No No

#### Schedule F (Form 990) 2019



### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
Supplemental Information (Part V, Other)	CONTRACTED AN INDIVIDUAL IN IRELAND-PAID IN EXCESS OF 177,728PAID FOR A PROGRAM IN IRELAND IN EXCESS OF 177,728

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Schedule L		Tı	ans	actio	ns with lı	ntereste	d Persor	າຣ			0	MB No.	154	5-0047
(Form 990 or 990	-EZ) 🕨 🕨 Cor	nplete if the	organi	ization a	nswered "Yes	s" on Form 9	90, Part IV, li	ines 2	25a, 2	25b, 26	5,	20	1	0
		27,	28a, 28		Bc, or Form 99 ch to Form 99			40b.				20	1	フ
Department of the Trea	isury	►Go to <u>wv</u>	vw.irs.		<u>m990</u> for inst			forma	tion.			Open	to P	ublic
Internal Revenue Servi										<u> </u>		Insp		
Name of the orga CHRIST IN YOUTH I								E	nplo	yer ide	entifica	ation r	umb	er
									8-130					
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		anization ans squalified pers			Form 990, Part Relationship be	,	,			escript			) Cor	rected?
1 (4)		quumeu pero		(5)		organization	inica person ai		• •	ansacti			es	No
								_				_		
2 Enter the an	nount of tax	incurred by th	e organ	jization r	nanagers or dis	qualified pers	ons during the	Veari	Inder	section	, ,			
4958							-	, cui t		-	\$			
3 Enter the an	nount of tax,	if any, on line	e 2, abo	ove, reim	bursed by the c	organization .		•	•		\$			
Com	nplete if the d	<b>/or From I</b> organization a unt on Form 9	nswered	d "Yes" o	n Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the or <u>c</u>	aniza	ation
(a) Name of					to or from the	(e) Original	(f) Balance	(g)	In		h)		i) Wr	itten
interested person	with organiz	ation of loa	in	organization?		principal amount	due	default?			Approved by board or			
						amount			committee?					
				То	From			Yes	No	Yes	No	Yes		No
					_									
Total .					· · · I	► \$	1					II		
Part III Gra	nts or Assi	istance Ber	efitin	g Inter	ested Perso	ns.								
					es" on Form 9									
(a) Name of inter	ested person	(b) Relatio interested p			(c) Amount	of assistance	(d) Type (	of assi	stand	e	<b>(e)</b> Pu	rpose (	of ass	sistance
			nizatior											
For Paperwork Red	uction Act No	l tice, see the Ir	structio	ons for Fo	 0rm 990 or 990-	EZ. C	at. No. 50056A		Sel	edule I	(Form	990 0	990	-EZ) 2019

# **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	<b>(e)</b> Sł o organiz reven	f ation's
				Yes	No
(1) MICHAEL DEFAZIO	TRUSTEE		SPEAKING ENGAGEMENTS		No
(2) MARK CHRISTIAN	TRUSTEE		SPEAKING ENGAGEMENTS		No
(3) JEFF WALLING	TRUSTEE		SPEAKING ENGAGEMENTS		No
(4) BRAD TATE	TRUSTEE		SPEAKING ENGAGEMENTS		No

Part V Supplemental Information

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

**Return Reference** 

Explanation

Schedule L (Form 990 or 990-EZ) 2019

efile GRAPHIC print -	DLN:	93493319005380			
SCHEDULE O (Form 990 or 990- EZ)					OMB No. 1545-0047 <b>2019</b> Open to Public
Department of the Treasury <b>For the latest information.</b>					Inspection
<mark>Namel &amp; the ofganization</mark> CHRIST IN YOUTH INC			Employe 43-1303		fication number

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 governing body review Part VI line 11	THE 990 IS REVIEWED BY EXECUTIVE MANAGEMENT OF THE ORGANIZATION PRIOR TO FILING OF THE FORM 990

Return Reference	Explanation
Conflict of interest policy compliance Part VI line 12c	AS CONFLICTS ARE REPORTED, THEY ARE REVIEWED BY THE EXECUTIVE COUNCIL AND THE APPROPRIATE ACTION TO RESOLVE THE CONFLICT IS DETERMINED

Return Reference	Explanation
CEO executive director top management comp Part VI line 15a	THE VICE PRESIDENT FOLLOWS THESE STEPS IN DETERMINING COMPENSATION FOR THE PRESIDENT - 1)R ESEARCH SALARY COMPARATIVES ON SIMILARLY SIZED NONPROFIT ORGANIZATIONS - 2)PUT TOGETHER SA LARY INCREASE RECOMMENDATIONS FOR THE BOARD OF TRUSTEES AND REVIEW WITH PRESIDENT - 3)ENTI RE BOARD REVIEWS SALARIES AND APPROVES AMOUNTS PAID

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other officer or key employee compensation Part VI line 15b	SAME PROCEDURES AS USED IN FORM 990 PART VI LINE 15A

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Governing documents etc available to public Part VI line 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC