Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
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2022
Open to Public
Inspection

Α	For the	e 2022 calendar year, or tax year beginning and endin	ng		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	YOUTH CONFERENCE MINISTRIES, INC.			
	Name chang			71-09418	09
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Room 1610 BARRIERE ROAD	/suite	E Telephone number 504-812-9	
	—lreturn/ termin ated			G Gross receipts \$	730,871.
	Ameno			H(a) Is this a group re	
	Applic	F Name and address of principal officer: JON KHACHATURIAN		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
T	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	n number
			_ Year o	of formation: 2003 M	State of legal domicile: GA
P		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}$ ${\hbox{{\tt DEVE}}}$	LOP	YOUTH SERV	ANT LEADERS
Activities & Governance		WHO WILL SHARE THE MESSAGE OF JESUS CHRIST			
ern		Check this box if the organization discontinued its operations or disposed of		1 1	
30		Number of voting members of the governing body (Part VI, line 1a)			10
۰		Number of independent voting members of the governing body (Part VI, line 1b)			9
ijes		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
ξi		Total number of volunteers (estimate if necessary)			0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b Prior Year	Current Year
		Contributions and syents (Port VIII line 1b)	-	245,345.	162,203.
Revenue		Contributions and grants (Part VIII, line 1h)		430,959.	568,668.
		Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		676,304.	730,871.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,636.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		170,900.	102,669.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 3,911.		-	
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	400,387.	625,089.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		578,923.	727,758.
	19	Revenue less expenses. Subtract line 18 from line 12		97,381.	3,113.
Net Assets or Fund Balances	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		96,606.	116,617.
ASS	21	Total liabilities (Part X, line 26)		8,724.	59,822.
	22	Net assets or fund balances. Subtract line 21 from line 20		87,882.	56,795.
P	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.	
		0			
Sig	n	Signature of officer		Date	
He	re	JON KHACHATURIAN, DIRECTOR			
		Type or print name and title	- 15)oto	II DTIN
		Print/Type preparer's name Preparer's signature		Oate Check	PTIN
Pai		DAVID DISTEFANO DAVID DISTEFANO	U	5/10/23 if self-employe	P00595623
	parer	Firm's name G. R. RUSH & COMPANY, PLLC, CPA'S Firm's address 6500 BUILDING, 5720 SKURLOCK ROAD		Firm's EIN 2	7-4282217
USE	Only	Firm's address 6500 BUILDING, 5720 SKURLOCK ROAD CHATTANOOGA, TN 37411-5517		Dh / /	22 \ 200_ 51 62
_				Pnone no. (4	23)899-5162
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			Yes No

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO DEVELOP YOUTH SERVANT LEADERS WHO WILL SHARE THE MESSAGE OF JESUS CHRIST WITH THEIR PEERS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$625,531 \cdot including grants of \$) (Revenue \$\$ 568,668 \cdot)
Tu	TO AWAKEN A DESIRE FOR CHRIST IN YOUNG PEOPLE SO THAT THEY WILL RETURN
	FROM OUR PROGRAMS TO THEIR LOCAL CHURCH EMPOWERED TO LIVE FOR HIM. WE
	SEEK TO PRESENT JESUS CHRIST TO YOUNG PEOPLE IN SUCH A WAY THAT THEY
	CAN MAKE A NON-PRESSURED DECISION FOR HIM, NURTURE CHRISTIAN KIDS IN THEIR WALKS WITH JESUS CHRIST, EQUIP AND TRAIN YOUTH WORKERS TO BE MORE
	PROFESSIONALLY COMPETENT IN THEIR CALLING, AND STRENGTHEN AND SERVE AS
	A RESOURCE TO THE LOCAL CHURCH BY PROVIDING A VARIETY OF HIGH QUALITY
	YOUTH MINISTRY PROGRAMS AND RESOURCES. INCLUDED IN YCM'S OFFERINGS ARE
	MISSION TRIPS, YOUTH CONFERENCES, FAMILY LIFE SEMINARS, YOUTH WORKER
	EQUIPPING CONFERENCES, AND CHURCH RESOURCING.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 625,531.
4e	Total program service expenses 625,531.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ \ •
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
				_

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Pa	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			 ₩
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ _{3,7}
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	

Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form **990** (2022)

1a

9022) YOUTH CONFERENCE MINISTRIES, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods $	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	I .	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		١.		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	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			
	THE ORGANIZATION - 504-812-9650			
	1610 BARRIERE ROAD, BELLE CHASSE, LA 70037			

232006 12-13-22

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((Pos	C) ition) 1		(D)	(E)	(F)
Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) REV. TIM SURRATT CEO	40.00			x				54,533.	0.	0.
(2) WHITNEY ALEXANDER DIRECTOR	0.10	Х						0.	0.	0.
(3) CRAIG BRUNK CHAIRMAN	0.10	X		х				0.	0.	0.
(4) JON KHACHATURIAN DIRECTOR	0.10	X						0.	0.	0.
(5) DAN MAGRUDER	0.10	X		х				0.	0.	0.
TREASURER (6) HEATHER CROWE	0.10			^						
OIRECTOR (7) DICK PINER	0.10	X						0.	0.	0.
DIRECTOR (8) PATTY MCCARTY	0.10	Х						0.	0.	0.
SECRETARY (9) HYNDIE STECK	0.10	Х		Х				0.	0.	0.
DIRECTOR (10) KARL MORGAN	0.10	Х						0.	0.	0.
DIRECTOR		х						0.	0.	0.

Page 8

(F)

(E)

(A)

(C)

(D)

(B)

	Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		Estin	nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)		compe fron organ	ensation the ization elated	1
•														_
											\perp			
											+			—
											+			
											+			
											\perp			
									F4 F22		\downarrow			
1b c	Subtotal Total from continuation sheets to Part V	II, Section A							54,533.	().		(0 . 0 .
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r								54,533.).		(0.
_	compensation from the organization	ot imited to th	1056	IISLE	eu ai	DOV	e) wi	10 10	eceived more triair \$100	,,000 or reportable				0
3	Did the organization list any former officer,	, director, trust	ee, k	кеу с	emp	loye	e, o	r hig	ghest compensated emp	oloyee on		Y	es N	lo
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	such individual										3		X
•	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		[4	2	X_
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr	•				•			•			5	2	X
	tion B. Independent Contractors													_
1	Complete this table for your five highest co the organization. Report compensation for	•	•								ensat	ion fro	m	
	(A) Name and business	address	NO	ONE	 3				(B) Description of s	ervices	Co	(C) mpens	ation	
								\dashv						—
								_						
	Takah ayunah ay ad isadasa asada da	in all calls at 1 . 1	"		٠ اـــ	1 1-	- · ·		d ala ava\ v. d · · · · · · · · · · · · · · · · ·	and the size				
2 	Total number of independent contractors (\$100,000 of compensation from the organi	•	IOT III	nite	u 10		se li:	stec	above) who received h	iore than				
											F	orm 99	90 (20)	22)

232008 12-13-22

		Check if Schedule O	contair	ns a respons	e or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	former kerry consider.
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
Sa or	b	Membership dues		1b					
S, (С	Fundraising events		1c					
a H	d	Related organizations		1d					
ini.	е	Government grants (conti	ributior	ns) 1e					
rion		All other contributions, gifts,							
[타		similar amounts not included			162,203.				
	g								
a S	h	T. I. A. I. I. I				162,203.			
					Business Code				
e l	2 a	CONFERENCE FE	EES		900099	563,538.	563,538.		
ا م خ	b	AUXILIARY INC	OME		900099	5,130.	5,130.		
Program Service Revenue	С								
eve	d								
Pg R	е								
<u>,</u>	f	All other program service	revenu	ie					
	a	Total. Add lines 2a-2f				568,668.			
	3	Investment income (include				-			
		•	•	•					
	4	Income from investment of							
	5	Royalties		•	•				
	_	,,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	.,	.,				
	b		6b						
	c	Rental income or (loss)	6c						
	q	Net rental income or (loss			-				
		Gross amount from sales of		(i) Securities	(ii) Other				
	, u	assets other than inventory	_{7a}	()	()				
	h	Less: cost or other basis	 " 						
e l	D	and sales expenses	7b						
ther Revenue	^	Gain or (loss)	-						
Ş		Net gain or (loss)	$\overline{}$						
ē		Gross income from fundraisi							
된	o a			of					
		contributions reported on							
		Part IV, line 18							
	h	Less: direct expenses			b				
		Net income or (loss) from							
		Gross income from gamin		_					
	Ja	Part IV, line 19		I .					
	h	Less: direct expenses			b				
		Net income or (loss) from		<u>L</u>	_				
		Gross sales of inventory,							
	io a			I .	22				
	L	and allowances			Ob				
		Less: cost of goods sold Net income or (loss) from							
\dashv	U	1461 HOOHIG OF (1022) HOHI	saits (or inventory	Business Code				
Snc	11 a								
ne Tue	ii a b				·				
Miscellaneous Revenue					·				
Re	q	All other revenue							
Σ									
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction				730 871	568,668.	0.	0.
	14	i Juli i Ofoliuo. Ogg ilibil delil	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		, •

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	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,	F.4. F.3.2		E 4 E 2 2	
	trustees, and key employees	54,533.		54,533.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	40 406	40.406		
	persons described in section 4958(c)(3)(B)	48,136.	48,136.		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	1,695.		1,695.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,226.		2,226.	
12	Advertising and promotion	1,350.	1,350.		
13	Office expenses	8,626.	1,183.	7,443.	
14	Information technology	8,844.	4,422.	4,422.	
15	Royalties				
16	Occupancy	19,713.		19,713.	
17	Travel	8,364.	4,334.	119.	3,911
18	Payments of travel or entertainment expenses		_		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,523.		7,523.	
23	Insurance	2,548.	2,548.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CONFERENCE ROOM AND BOA	490,913.	490,913.		
b	HONORARIUMS	43,100.	43,100.		
С	SALE MERCHANDISE	11,573.	11,573.		
d	MISCELLANEOUS	6,617.	6,617.		
е	All other expenses	11,997.	11,355.	642.	
25	Total functional expenses. Add lines 1 through 24e	727,758.	625,531.	98,316.	3,911
26	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	1 990 (i rt X	Balance Sheet	CL MIN	IDIRILID, IN		, _	0941009 Page 11
		Check if Schedule O contains a response or not	te to any line	in this Part X			
		·	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			49,158.	1	96,624.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,800.	4	0.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial contrib	outor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons describe	d in section 4	958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			38,126.	9	19,993.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	40,781.			
	b	Less: accumulated depreciation		40,781.	7,522.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			96,606.	16	116,617.
	17	Accounts payable and accrued expenses			1,908.	17	924.
	18	Grants payable			18		
	19	Deferred revenue			1,816.	19	49,400.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form					
≝		trustee, key employee, creator or founder, subs	tantial contrib	outor, or 35%			
Liabilities		controlled entity or family member of any of the	se persons			22	
⊐	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third parties	s		24	
	25	Other liabilities (including federal income tax, pa	yables to rela	ated third			
		parties, and other liabilities not included on lines	s 17-24). Com	plete Part X			
		of Schedule D			5,000.	25	9,498.
	26	Total liabilities. Add lines 17 through 25			8,724.	26	59,822.
"		Organizations that follow FASB ASC 958, che	ck here	X			
ĕ		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			77,709.	27	46,622.
B	28	Net assets with donor restrictions			10,173.	28	10,173.
Pun		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, or oth	er funds		31	
Ne.	32	Total net assets or fund balances			87,882.	32	56,795.
	33	Total liabilities and net assets/fund balances			96,606.	33	116,617.

Pai	t XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72	7,7	58.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	7,8	82.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-3	4,2	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	6,7	95.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

YOUTH CONFERENCE MINISTRIES, INC. 71-0941809 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	173,485.	236,410.	395,195.	206,445.	162,203.	1173738.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	450 405	006 440	205 105	006 445	160 000	4450500
4	Total. Add lines 1 through 3	173,485.	236,410.	395,195.	206,445.	162,203.	1173738.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4450500
	Public support. Subtract line 5 from line 4.						1173738.
	ction B. Total Support	Γ			г	г	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 395, 195.	(d) 2021 206,445.	(e) 2022 162, 203.	(f) Total 1173738.
7	Amounts from line 4	173,485.	236,410.	395,195.	206,445.	162,203.	11/3/38.
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.)						1173738.
	Total support. Add lines 7 through 10		,				11/3/30.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th				-		
800	organization, check this box and stop etion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2022 (column (f)\		14	100.00 %
	Public support percentage for 2022 ($\frac{100.00}{100.00}$ %
							,,,
102	16a 33 1/3 % support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h							
	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
172	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
170	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
h		•	•		•	 17a and line 15 is	
	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-				
<u></u>		314 1151 011601(4	25X 511 III 10, 10	-, , . , u, u, u, 17 i	5, 5110011 tillo DOX 6		(Form 000) 2022

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

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

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,			, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	•						
	ization's benefit and either paid to or expended on its behalf						
_			+			+	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						i
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	· ·		ŕ	•		.5.1,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	9,
	Public support percentage from 2021					16	9
	ction D. Computation of Investigation					1101	
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						L
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	-1 a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	33		
	10a		
dula	10b	- 000	2022

Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	organization accepted a gift or contribution from any of the following persons?			
а	A person	who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported 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	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 | 12-09-22 | Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations				
1	—						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2022 distributable amount								
<u>i</u>	Carryover from 2017 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8_	Breakdown of line 7:								
a	Excess from 2018								
	Excess from 2019								
c	Excess from 2020								
	Excess from 2021								
е	Excess from 2022								

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

71-0941809

2022

OMB No. 1545-0047

Name of the organization Employer identification number

INC.

YOUTH CONFERENCE MINISTRIES,

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

YOUTH CONFERENCE MINISTRIES, INC.

71-0941809

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	DAN MAGRUDER 605 RUE DAUPHINE OCEAN SPRINGS, MS 39564	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	CRAIG AND MARIANNE BRUNK 337 WEST DONGES BAY ROAD MEQUON, WI 53092	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	JON AND BARBARA KHACHATURIAN 5427 SUTTON PL NEW ORLEANS, LA 70131-5412	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	DAVID AND HYNDIE STECK 214 E. BEECHWOOD COURT MEQUON, WI 53092-5976	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	MR. AND MRS. DICK PINER 4401 PATTERSON DRIVE NEW ORLEANS, LA 70131	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	MR. HOWARD MCCARTY 2346 SOMERSET NEW ORLEANS, LA 70131	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

YOUTH CONFERENCE MINISTRIES, INC.

71-0941809

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MR. JULIUS H. MULLINS, JR 500 RUE DE LA VIE STREET NEW ORLEANS, LA 70817	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

YOUTH CONFERENCE MINISTRIES, INC.

71-0941809

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
	-22	*	Schedule B (Form 990) (2

Employer identification number

Name of organization

71-0941809 YOUTH CONFERENCE MINISTRIES, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

YOUTH CONFERENCE MINISTRIES, INC. **Employer identification number** 71-0941809

1 Total number at end of year	Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ınds or A	ccounts. Complete if the			
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of organization and preservation or exertified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to the last day of the tax year. a Total number of conservation easements b Total areage restricted by conservation easements 2 D Total areage restricted by conservation easements 2 D Total number of conservation easements in a certified historic structure included in (a) 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of conservation easement included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easement modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monotioning, inspection, handling of violations, and enforcing conservation e		organization answered Tes on Form 550, Fart IV, mile		(i	b) Funds and other accounts			
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 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 		and section 170(h)(4)(B)(ii)?			Yes No			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X	Pai		Art, Historical Treasures, o	or Other S	Similar Assets.			
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of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	1a	If the organization elected, as permitted under FASB ASC 958	8. not to report in its revenue statem	ent and bal	ance sheet works			
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		, 1	, ,					
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$	_							
(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$			extraction, squeation, or receater in	rantinoranio	or public convice,			
(ii) Assets included in Form 990, Part X \$					\$			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain. provide								
E IT THE OFGANIZATION FECTIVED OF HEID WORNS OF ALL HISTORICAL HEASULES, OF OURIE SITHIA ASSELS TO HITAHOIA DAIL. DIOVIDE	9	, , , , , , , , , , , , , , , , , , , ,			Ψ			
	2			anoiai yälli,	provide			
the following amounts required to be reported under FASB ASC 958 relating to these items:	_		_		Ф			
a Revenue included on Form 990, Part VIII, line 1 \$					•			
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 202					Schedule D (Form 990) 2022			

232051 09-01-22

Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures,	or Other	Similar As	sets(conti	nued)
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following th	at make siç	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progr	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how th	ey further t	he organizat	ion's exem	pt purpose in F	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	ner similar a	assets		
	to be sold to raise funds rather than to be mai	ntained as part of t	he orgai	nization's co	ollection?		[Yes	☐ No
Par								IV, line 9, o	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contributior	ns or other a	ssets not ir	ncluded		
	on Form 990, Part X?						[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
	, ,	•	· ·					Amoun	t
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance						1f		
2a	Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.								
Par									
		(a) Current year		rior year			1) Three years ba	ck (e) Fou	r years back
1a	Beginning of year balance	,,				<u> </u>	· · · · · · · · · · · · · · · · · · ·	1,,	-
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
-	·								
	and programs								
	Administrative expenses								
_	End of year balance		- (line 1	e /-	-\\ - - - - - - - - - - - - -				
2	Provide the estimated percentage of the curre			g, column (a	a)) rieid as.				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Term endowment%								
•	The percentages on lines 2a, 2b, and 2c shou								
за	Are there endowment funds not in the posses	sion of the organiza	ation tha	it are neid a	ind administ	erea for the	9	1	Yes No
	organization by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment 1	funds.					
Par	t VI Land, Buildings, and Equipme		D+ 1	/ U	D F 00	0 D-+V !	10		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or o			or other	1 ' '	cumulated	(d) Boo	k value
		basis (investr	nent)	basis	(other)	depr	eciation		
	Land								
	Buildings								
	Leasehold improvements	4.0	- A				10 501		
d	Equipment	40,	781.				40,781.		0.
	Other								
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part	X. colun	nn (B), line 1	10c.)				0.

Schedu		ERENCE MINISTR	IES, INC.	71-0941809 Page 3
Part				
	Complete if the organization answered "Yes"			
(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1) Fin	ancial derivatives			
	sely held equity interests			
(3) Oth				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	VIII Investments - Program Related.			
1 3.11	Complete if the organization answered "Yes	on Form 990. Part IV. line	11c. See Form 990. Par	rt X. line 13.
	(a) Description of investment	(b) Book value		ation: Cost or end-of-year market value
(1)	(a) z ccomparent or an economic	(a) Dean raise	(c) meaned or raise	anom cost of one of year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part				
	Complete if the organization answered "Yes"		11d. See Form 990, Pai	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Part	X Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 99	90, Part X, line 25.
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	OTHER LIABILITIES			9,498.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Column (b) must equal Form 990 Part X col. (R) lir	25)		9.498.

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

Pai	t XI	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return.				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total	revenue, gains, and other support per audited financial statements		1				
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net u	nrealized gains (losses) on investments	2a					
b	Donat	ted services and use of facilities	2b					
С		veries of prior year grants						
d	Other	(Describe in Part XIII.)	2d					
е		nes 2a through 2d		2e				
3	Subtra	act line 2e from line 1		3				
4		nts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other	(Describe in Part XIII.)	4b					
С		nes 4a and 4b		4c				
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5				
Pai	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	r Return.				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total	expenses and losses per audited financial statements		1				
2		nts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donat	ted services and use of facilities	2a					
b		year adjustments						
С		losses						
d		(Describe in Part XIII.)						
е	Add li	nes 2a through 2d		2e				
3	Subtra	act line 2e from line 1		3				
4		nts included on Form 990, Part IX, line 25, but not on line 1:						
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other	(Describe in Part XIII.)	4b					
С	Add li	nes 4a and 4b		4c				
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5				
Pai	rt 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.								
PAI	RT X	i, LINE 2:						
		NATON MUR ORGANITAMION TO RUTURE FROM	TMG0ME #3 WEG IN	IDED CECETOR				
EXI	LAN	ATION: THE ORGANIZATION IS EXEMPT FROM	INCOME TAXES UN	NDER SECTION				
501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED BY THE INTERNAL								
50.	L(C)	(3) OF THE INTERNAL REVENUE CODE AND IS	2 CHW22ILIED BI	THE INTERNAL				
DEVIDATE CEDVITOR AC AM ODCIANTONIMIAM TO MOM A PRIVAME POVINDAMION								
REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.								
THE ORGANIZATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE								
THE CHOILETERNION RECOGNIZED CHOEKININ INCOME IAN LODITIOND ODING THE								
"MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR								
TOTAL BIRDLE THEM NOT MITHOREM NO DELINED IN THE ADC: NO BIADIBLE FOR								
UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL								
OTAL	MODELINI, 1177 LODITIONS 1170 DUDY PROCESSED IN THE MCCORTANTING LINKWOLME							
ST Z	STATEMENTS. THE ORGANIZATION'S 2019-2021 TAX YEARS REMAIN OPEN AND SUBJECT							
TO EXAMINATION.								
	4343	mamataa						

Schedule D	(Form 990) 2022	YOUTH	CONFERENCE	MINISTRIES,	INC.	71-0941809 Page 5
Part XIII	(Form 990) 2022 Supplemental Infor	mation (co	ntinued)			
			·			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

YOUTH CONFERENCE MINISTRIES, INC.

Employer identification number 71-0941809

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)						-	
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

YOUTH CONFERENCE MINISTRIES, INC.	/1-0941809
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECT	ORS FOR REVIEW
PRIOR TO ITS FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD MEMBER MUST REVIEW THE CONFLICT OF INTEREST PO	LICY ANNUALLY AND
DISCLOSE ANY EXISTING OR POTENTIAL CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD. THE	BOARD REVIEWS
COMPENSATION PACKAGES FROM SIMILAR NON-PROFIT ORGANIZATIO	NS TO ENSURE THE
ORGANIZATION'S SALARIES ARE COMPARABLE TO OTHERS IN THE I	NDUSTRY.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.

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