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Organization: Journey4YOUth Inc.  
EIN: 35-2435107  
---  
  
katie pagenstecher has submitted an annual report for fiscal year end 2016 for Journey4YOUth Inc. on 5/12/2017 at 5:40 PM. Please review the information listed below and print for your records. If there are any errors, please contact us.  
  
**Step 1 Details -**

|  |  |
| --- | --- |
| Report Year: | 2016 |
| Did you hire a professional solicitor? | No |
| Did your organization solicit charitable contributions from the general public on its own behalf? | Yes |
| Gross revenue (does NOT include governmental grants and funding from other 501(c)(3) organizations) | $15,124.92 |
| Total assets: | $4,950.74 |

**Step 2 Details -**

|  |  |
| --- | --- |
| Name of Organization: | Journey4YOUth Inc. |
| EIN: | 35-2435107 |
| Phone: | (513)313-3236 |
| Fax: |  |
| Web Address: | www.journey4youth.org |
| Secretary of State charter number: |  |
| Bingo License Number: |  |

Business location

|  |  |
| --- | --- |
| Country: | United States |
| Address Line 1: | 5170 Tinewood Dr. |
| City: | Mason |
| State: | Ohio |
| Zip: | 45040 |
| County: | Warren |

Mailing address

|  |  |
| --- | --- |
| Country: | United States |
| Address Line 1: | 5170 Tinewood Dr. |
| City: | Mason |
| State: | Ohio |
| Zip: | 45040 |
| County: | Warren |

**Step 3 Details -**

|  |  |
| --- | --- |
| Individual contributions: |  |
| All other revenue: |  |
| Total revenue: |  |
| Program service expenses: |  |
| All other expenses: |  |
| Total expenses: |  |
| Total assets: | $4,950.74 |
| Total liabilities: |  |

**Step 4 Details -**  
  
Directors and trustees information

|  |  |
| --- | --- |
| Board meetings in last fiscal year: |  |
| Conflict of interest policy? |  |
| Was organization Audited this year? |  |

**Step 5 Details -**

|  |  |
| --- | --- |
| DBA names |  |

Coventurers and specific terms  
  
  
**Step 6 Details -**  
**- Section 1**

|  |  |
| --- | --- |
| Is primary office in Ohio? | Yes |

Primary business address:

|  |  |
| --- | --- |
| Form of the charitable organization: |  |

**- Section 2**  
Chapters  
**- Section 3**  
Financial records custodian  
**- Section 4**

|  |  |
| --- | --- |
| Schedule of activity description: |  |
| Charitable Purpose: |  |
| When will solicitation be conducted: |  |
| Ohio counties where solicitation will be conducted: |  |

**- Section 5**  
Custodian of contributions  
Custodian of distributions  
Agencies  
  
**- Section 6**

|  |  |
| --- | --- |
| Organization enjoined? |  |
| Organization registration or authority denied / suspended / revoked / enjoined? |  |
| Organization had voluntary agreement with government authority? |  |
| Organization received cease and desist order? |  |
| Explanation |  |

**- Section 7**

|  |  |
| --- | --- |
| Amount by Ohio residents in the preceding fiscal year including Bingo proceeds: |  |
| Amount of distribution to ohio residents for national / out of ohio organizations: |  |
| Amount of gross bingo proceeds generated in State of Ohio: |  |
| Charitable purpose for previous year contributions used: |  |

Office of Ohio Attorney General Mike DeWine  
[CharitableRegistration@OhioAttorneyGeneral.gov](mailto:CharitableRegistration@OhioAttorneyGeneral.gov) | (800) 282-0515