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Organization: Journey4YOUth Inc.
EIN: 35-2435107
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katie pagenstecher has submitted an annual report for fiscal year end 2015 for Journey4YOUth Inc. on 3/14/2016 at 7:42 AM. Please review the information listed below and print for your records. ***If there are any errors, please email the corrections to*** ***CharitableRegistration@OhioAttorneyGeneral.gov******or fax them to 877-690-1814.***
**Step 1 Details -**

|  |  |
| --- | --- |
| Report Year: | 2015 |
| Did you hire a professional solicitor? | No |
| Did your organization solicit charitable contributions from the general public on its own behalf? | No |
| Gross revenue (does NOT include governmental grants and funding from other 501(c)(3) organizations) | $23,331.71 |
| Total assets: | $3,339.84 |

**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: | $3,339.84 |
| 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

**The steps below are only required to be completed by organizations that are not exempt from the solicitation requirements under Ohio Revised Code 1716. If you did not see these questions during your filing, you were not subject to solicitation requirements.

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 contributed 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** **| (800) 282-0515**