

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09/01/17, and ending 08/31/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUTH DEVELOPMENT COMPANY AND POLICE ATHLETIC ACTIVITIES LEAGUE	D Employer identification number 38-3298735
	Doing business as	E Telephone number 269-639-2489
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 453	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code SOUTH HAVEN MI 49090	G Gross receipts \$ 498,072

CLIENT'S COPY

F Name and address of principal officer:
CRAIG RICHARDS
PO BOX 494
SOUTH HAVEN MI 49090

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.YDCPAL.COM

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2005 **M** State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION EMPOWERS YOUTH BY PROVIDING EDUCATIONAL SUPPORT, MENTORING PROGRAMS, TEAM-BUILDING EXERCISES, PHYSICAL ACTIVITIES AND ARTS & CRAFTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 164,633	Current Year 94,668
	9 Program service revenue (Part VIII, line 2g)	334,630	399,877
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,965	-204
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,687	1,991
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	497,985	496,332
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	412,176	331,897
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,399	73,465	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	473,575	405,362	
19 Revenue less expenses. Subtract line 18 from line 12	24,410	90,970	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,251	End of Year 108,190
	21 Total liabilities (Part X, line 26)	835	804
	22 Net assets or fund balances. Subtract line 21 from line 20	16,416	107,386

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BROOK BLANCHARD	Date			
	Type or print name and title EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name ANNE PORTER	Preparer's signature <i>Anne M Porter</i>	Date 12/4/18	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01359261
	Firm's name DE BOER, BAUMANN & COMPANY, P.L.C.	Firm's EIN 38-1968022			
	Firm's address 355 SETTLERS ROAD HOLLAND, MI 49423	Phone no. 616-396-1435			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.