

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
YOUNG MENS CHRISTIAN ASSOCIATION

Doing business as  
Altru Family YMCA

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 13177

City or town, state or province, country, and ZIP or foreign postal code  
Grand Forks, ND 582083177

**D** Employer identification number  
45-0226434

**E** Telephone number  
(701) 775-2586

**G** Gross receipts \$ 2,814,612

**F** Name and address of principal officer:  
BOB MCWILLIAMS  
PO Box 13177  
Grand Forks, ND 582083177

**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)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.GFYMCA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1886

**M** State of legal domicile:  
ND

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	18
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	18
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	258
<b>6</b> Total number of volunteers (estimate if necessary)	6	301
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	231,430	182,957
<b>9</b> Program service revenue (Part VIII, line 2g)	2,489,448	2,594,487
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,036	6,387
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,189	18,229
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,738,103	2,802,060
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	250	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,849,477	1,874,095
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶19,888		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	950,355	892,372
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,800,082	2,766,467
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-61,979	35,593
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,981,248	4,992,126
<b>21</b> Total liabilities (Part X, line 26)	1,250,518	1,176,864
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,730,730	3,815,262

**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: \_\_\_\_\_ Date: 2020-09-22  
BOB MCWILLIAMS CEO Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ Miller McDonald Inc		2020-09-15		P01312456
Firm's address ▶ 513 Beltrami Ave Bemidji, MN 56601			Firm's EIN ▶ 41-1281737	Phone no. (218) 751-6300

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE MISSION OF THE GRAND FORKS ALTRU FAMILY YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. THE YMCA MAKES ACCESSIBLE THE SUPPORT AND OPPORTUNITIES THAT EMPOWER PEOPLE AND OUR COMMUNITY TO LEARN, GROW AND THRIVE. WITH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY, THE Y NURTURES THE POTENTIAL OF EVERY YOUTH AND TEEN, IMPROVES OUR COMMUNITY'S HEALTH AND WELL-BEING, AND PROVIDES OPPORTUNITIES TO GIVE BACK AND SUPPORT OUR NEIGHBORS. THE YMCA IS A NON-PROFIT ORGANIZATION, STRENGTHENING OUR COMMUNITY, AND ENABLING ALL YOUTH, ADULTS, FAMILIES AND OUR COMMUNITY TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE. THE YMCA IS FOUNDED AND LED BY VOLUNTEERS FROM OUR COMMUNITY WHO SERVE AS PROGRAM LEADERS, POLICY MAKERS AND SERVICE VOLUNTEERS. THE YMCA IS ACCESSIBLE TO EVERYONE. FINANCIAL ASSISTANCE IS OFFERED TO INDIVIDUALS AND FAMILIES REGARDLESS OF THEIR ABILITY TO PAY

**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  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  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.

**4a** (Code: ) (Expenses \$ 1,669,420 including grants of \$ 0 ) (Revenue \$ 1,411,395 )

See Additional Data

**4b** (Code: ) (Expenses \$ 240,201 including grants of \$ ) (Revenue \$ 1,155,036 )

See Additional Data

**4c** (Code: ) (Expenses \$ 231,885 including grants of \$ ) (Revenue \$ 28,880 )

See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 2,141,506

Part IV Checklist of Required Schedules		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
<b>6</b>	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		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b>	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		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
<b>f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>b</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		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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		No

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		No
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding column for the answer and a 'Yes'/'No' column.

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



Section A. Governing Body and Management

Table with 5 columns: Question, sub-question, Yes, No. Rows include: 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, sub-question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ND
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Bob McWilliams 215 N 7TH STREET GRAND FORKS, ND 58203 (701) 775-2586

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Matt Jacobson Treasurer	1.0 .....	X		X				0	0	0
(2) Steve Brekke Vice Chair	1.0 .....	X		X				0	0	0
(3) Angela Morgan Director	1.0 .....	X						0	0	0
(4) Carla Haaven-Buchholtz Director	1.0 .....	X						0	0	0
(5) Chad Lindgren Director	1.0 .....	X						0	0	0
(6) Dave Bruner Director	1.0 .....	X						0	0	0
(7) Donald Waltz Director	1.0 .....	X						0	0	0
(8) Dyan Hodgson Director	1.0 .....	X						0	0	0
(9) Jacob Franklin Director	1.0 .....	X						0	0	0
(10) Jan Bridgeford Director	1.0 .....	X						0	0	0
(11) Jenny Estad Director	1.0 .....	X						0	0	0
(12) John Schumacher Director	1.0 .....	X						0	0	0
(13) Karna Loyland Director	1.0 .....	X						0	0	0
(14) Kim Jones Director	1.0 .....	X						0	0	0
(15) Mary Fontes Director	1.0 .....	X						0	0	0
(16) Nick Hageman Director	1.0 .....	X						0	0	0
(17) Randi Hanson Director	1.0 .....	X						0	0	0



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 8,400			
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 0			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 174,557			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b> 0			
	<b>h Total.</b> Add lines 1a-1f . . . . .		182,957		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
	Business Code					
<b>2a</b> Youth Development			1,398,026	1,398,026		
<b>b</b> Healthy Living			1,168,405	1,168,405		
<b>c</b> Social Responsibility			28,056	28,056		
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.			0	0	0	0
<b>g Total.</b> Add lines 2a-2f. . . . .		2,594,487				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		6,387	0	0	6,387	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0	
	<b>5</b> Royalties . . . . .		0	0	0	0	
	<b>6a</b> Gross rents	(i) Real	0	0			
		(ii) Personal					
		<b>b</b> Less: rental expenses	0	0			
		<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . .		0	0	0	0	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	0				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	0	0			
		<b>c</b> Gain or (loss)	0	0			
	<b>d</b> Net gain or (loss) . . . . .		0	0	0	0	
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .		28,657				
		<b>b</b> Less: direct expenses . . . . .	11,252				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		17,405	0	0	17,405
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		0				
		<b>b</b> Less: direct expenses . . . . .	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0	0	0	0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		2,124				
<b>b</b> Less: cost of goods sold . . . . .		1,300					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			824	824	0	0	
<b>11a</b> Miscellaneous Revenue	Business Code						
			0	0	0	0	
	<b>b</b>		0	0	0	0	
	<b>c</b>		0	0	0	0	
	<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		0					
<b>12 Total revenue.</b> See instructions . . . . .		2,802,060	2,595,311	0	0	23,792	

**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).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	124,564		108,301	16,263
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,393,597	1,253,088	140,509	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	44,624	27,379	16,107	1,138
<b>9</b> Other employee benefits . . . . .	190,036	139,376	50,660	
<b>10</b> Payroll taxes . . . . .	121,274	98,527	21,503	1,244
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	36,675		36,675	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	3,392		3,392	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	16,623	5,495	11,128	
<b>13</b> Office expenses . . . . .	248,318	208,019	39,056	1,243
<b>14</b> Information technology . . . . .	46,816		46,816	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	201,337	176,148	25,189	
<b>17</b> Travel . . . . .	3,763	1,082	2,681	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	5,966	3,221	2,745	
<b>20</b> Interest . . . . .	46,811		46,811	
<b>21</b> Payments to affiliates . . . . .	43,130	27,012	16,118	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	142,151	133,788	8,363	
<b>23</b> Insurance . . . . .	4,075		4,075	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS AND MAINTENANCE	77,270	65,861	11,409	
<b>b</b> MISCELLANEOUS	12,769	2,093	10,676	
<b>c</b> MEMBERSHIP DUES	2,994	149	2,845	
<b>d</b> LICENSES AND PERMITS	282	268	14	
<b>e</b> All other expenses	0	0	0	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,766,467	2,141,506	605,073	19,888
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	279,554	<b>1</b>	462,138
	<b>2</b> Savings and temporary cash investments . . . . .	332,875	<b>2</b>	331,912
	<b>3</b> Pledges and grants receivable, net . . . . .	1,173,206	<b>3</b>	1,100,308
	<b>4</b> Accounts receivable, net . . . . .	12,162	<b>4</b>	15,536
	<b>5</b> Loans and other 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	719	<b>8</b>	622
	<b>9</b> Prepaid expenses and deferred charges . . . . .	12,285	<b>9</b>	12,285
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 7,641,374		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 4,587,256	3,153,918	<b>10c</b> 3,054,118
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	16,529	<b>14</b>	15,207
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,981,248	<b>16</b>	4,992,126	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	70,251	<b>17</b>	65,935
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	
	<b>22</b> Loans and other 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,180,267	<b>23</b>	1,110,929
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,250,518	<b>26</b>	1,176,864
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,543,143	<b>27</b>	2,701,297
	<b>28</b> Net assets with donor restrictions . . . . .	1,187,587	<b>28</b>	1,113,965
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	3,730,730	<b>32</b>	3,815,262	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	4,981,248	<b>33</b>	4,992,126	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,802,060
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,766,467
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	35,593
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,730,730
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	42,732
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	6,207
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,815,262

**Part XII Financial Statements and Reporting**

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

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other SEE SCH O  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>		No
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 45-0226434

**Name:** YOUNG MENS CHRISTIAN ASSOCIATION

Form 990 (2019)

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

Youth Development - OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY, WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS OUR INFANT THRU SCHOOL-AGE CHILD CARE, YOUTH AND TEEN MENTORING PROGRAM, SERVICE LEARNING, YOUTH SPORTS, YOUTH SWIMMING LESSONS AND SAFETY AROUND THE WATER WEEK AND DAY CAMP, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. THE LARGEST YOUTH DEVELOPMENT PROGRAM AT THE ALTRU FAMILY YMCA IS OUR CHILD CARE PROGRAM FOR INFANT THRU SCHOOL-AGE CHILDREN, WITH CHILDREN FROM ALL SEGMENTS OF OUR COMMUNITY. WE OFFER STATE LICENSED CHILD CARE PROGRAMS, WITH BOTH FULL AND PART TIME CHILD CARE OPTIONS, IN A SAFE AND NURTURING ENVIRONMENT, ADDRESSING THE WIDE RANGE OF FAMILY CHILD CARE AND SCHEDULING NEEDS IN THE COMMUNITY. PARENTS ARE ENCOURAGED TO PLAY AN ACTIVE ROLE IN THEIR CHILD'S CARE AND DEVELOPMENT, INCLUDING BEING INVOLVED IN POLICY AND PROGRAM DECISIONS, AS WELL AS, EMPHASIS ON PARENT EDUCATION ON HOW TO RAISE HEALTHY, HAPPY CHILDREN. OUR YMCA COMMITMENT TO STRENGTHENING FAMILIES, RELIEVING THE BURDEN OF BALANCING WORK AND FAMILY, IS INTERWOVEN IN OUR CHILD CARE PROGRAMS, MAKING IT POSSIBLE FOR PARENTS OF THE CHILDREN TO REMAIN GAINFULLY EMPLOYED OR COMPLETE THEIR EDUCATION FOR A FUTURE CAREER, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY APPROPRIATE AND SUPPORTIVE ENVIRONMENT. IN 2019, 461 CHILDREN PARTICIPATED IN OUR INFANT/TODDLER, PRESCHOOL, AFTER SCHOOL CHILD CARE SITES, AND IN OUR SUMMER SCHOOL AGE PROGRAM. IN ADDITION, WE PROVIDE ASSISTANCE AND SUPPORT TO AT RISK CHILDREN WHO NEED HELP DUE TO FAMILY VIOLENCE, SUBSTANCE ABUSE, ETC., INCLUDING PROVIDING CRISIS CHILD CARE SERVICES, BY COLLABORATING WITH UNITED WAY AND A VARIETY OF SOCIAL SERVICE AGENCIES. AT THE ALTRU FAMILY YMCA, NO CHILD IS TURNED AWAY DUE TO INABILITY TO PAY. IN 2019, WE PROVIDED \$38,590 IN FINANCIAL ASSISTANCE FOR CHILDREN WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION. IN ADDITION, 661 CHILDREN WERE AT PLAY AND RECONNECTED WITH NATURE DURING OUR SUMMER DAY CAMP, 3,643 CHILDREN WERE ENGAGED IN OUR YOUTH SPORTS PROGRAMS, AND 351 CHILDREN RECEIVED SWIMMING INSTRUCTION, WITH \$11,571 IN FINANCIAL ASSISTANCE PROVIDED FOR CHILDREN AND TEENS TO BE ACTIVE IN THE YOUTH PROGRAMS AT THE YMCA.

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**Form 990, Part III, Line 4b:**

Healthy Living - THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, 9,874 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2019, WE PROVIDED \$98,118 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION. Y PROGRAMS, SUCH AS FAMILY FITNESS, PARENT/CHILD AND ADULT SWIMMING, GROUP LAND AND WATER EXERCISE CLASSES FOR ALL AGES, SENIOR SPECIFIC FITNESS PROGRAMS, DIABETES PREVENTION, LIVESTRONG CANCER SURVIVOR PROGRAM, PARKINSON'S WELLNESS PROGRAM, STRENGTH TRAINING, CYCLING, HEALTH EDUCATION AND SCREENINGS, A SENIOR SOCIAL CLUB, PERSONAL TRAINING AND ADULT RECREATIONAL LEAGUES, PROMOTE HEALTHY LIFESTYLE ACTIVITIES, BRINGING PEOPLE TOGETHER WITH SHARED ATHLETIC AND RECREATIONAL INTERESTS. THE SPORTS AND FITNESS PROGRAMS SERVED 3,570 INDIVIDUALS. THE YMCA AQUATICS PROGRAMS SERVED INFANTS THROUGH SENIORS, PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS THAT WILL BE LIFELONG AND LIFESAVING SKILLS, PROMOTES GOOD HEALTH THROUGH PHYSICAL ACTIVITY. AS RESIDENTS OF A COMMUNITY THAT BORDERS THE LAKE COUNTRY OF MINNESOTA, PEOPLE IN THIS COMMUNITY COULD BE SUBJECT TO DRAMATIC SAFETY INCIDENTS IN AND AROUND THE WATER. OUR AQUATICS PROGRAMS HELP PREVENT POTENTIAL DROWNING SITUATIONS FOR YOUTH AND ADULTS. OUR AQUATICS PROGRAMS INCLUDED OUR PROGRESSIVE SWIMMING LESSONS, INSTRUCTIONAL SWIMMING CLASSES, OPEN AND FAMILY SWIMMING, AQUATIC EXERCISE PROGRAMS, INCLUDING SPECIAL CLASSES FOR SENIOR ADULTS TO HELP INDIVIDUALS INCREASE STRENGTH, FLEXIBILITY, RELIEVE PAIN AND MAINTAIN A HEALTHY AND PRODUCTIVE QUALITY OF LIFE IN A COMFORTABLE EXERCISE CLASS SETTING. OTHER SPECIALIZED CLASSES PROVIDED SUPPORT TO CANCER SURVIVORS, INDIVIDUALS WITH PARKINSON'S DISEASE AND INDIVIDUALS WHO ARE AT RISK FOR DIABETES. OUR OPEN AND FAMILY SWIM PROGRAM GIVES YOUTH AND ADULTS SHARED TIME IN THE POOL TO RECONNECT AS FAMILIES AND PROMOTE INTERGENERATIONAL RELATIONSHIPS. IN THE CURRENT PERIOD, 1,151 YOUTH AND ADULTS PARTICIPATED IN YMCA AQUATIC PROGRAMS.

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**Form 990, Part III, Line 4c:**

Social Responsibility - THE GRAND FORKS YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR OVER 130 YEARS. Y PROGRAMS, SUCH AS MILITARY OUTREACH INITIATIVE, LIFESAVING AND SAFETY CLASSES, SERVICE LEARNING, OUR PARTNER OF YOUTH SCHOLARSHIP ASSISTANCE PROGRAM, MENTORING AND VOLUNTEER OPPORTUNITIES, COMMUNITY WIDE HEALTH INCENTIVE PROGRAMS, YOUTH WATER SAFETY EDUCATION, AS WELL AS, PLAYING AN ACTIVE ROLE ON THE LOCAL GREATER GRAND FORKS HEALTH COALITION, ARE ALL EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES. IN 2019, WE ENGAGED YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE. WE EMPOWERED OVER 301 VOLUNTEERS TO GIVE BACK AND SUPPORT THEIR NEIGHBORS, 55 SERVICE LEARNING EXPERIENCES FOR TEENS, CERTIFIED 235 INDIVIDUALS IN SAFETY COURSES, ENGAGED 120 INDIVIDUALS IN OUR COMMUNITY WIDE HEALTH PROGRAM, INSTRUCTED 18 YOUTH IN WATER SAFETY EDUCATION IN OUR SAFETY AROUND THE WATER PROGRAM AND INVOLVED 14 MEMBERS OF MILITARY FAMILIES THROUGH OUR OUTREACH INITIATIVE, GIVING THEM OPPORTUNITIES TO BE HEALTHY, AND FEEL CONFIDENT, CONNECTED AND SECURE.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
YOUNG MENS CHRISTIAN ASSOCIATION

**Employer identification number**  
45-0226434

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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:
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	252,652	284,471	234,627	252,873	246,541	1,271,164
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	2,348,455	2,391,326	2,423,462	2,474,317	2,632,361	12,269,921
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	0	0	0	0		0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0		0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	2,601,107	2,675,797	2,658,089	2,727,190	2,878,902	13,541,085
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	0
<b>b</b> 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. . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b. . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						13,541,085

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .	2,601,107	2,675,797	2,658,089	2,727,190	2,878,902	13,541,085
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	8,242	8,663	8,464	8,036	6,387	39,792
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .	0	0	0	0		0
<b>c</b> Add lines 10a and 10b. . . . .	8,242	8,663	8,464	8,036	6,387	39,792
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .	0	0	0	0		0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	2,609,349	2,684,460	2,666,553	2,735,226	2,885,289	13,580,877

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.71 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.69 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.29 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.31 %

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		<b>11a</b>	
		<b>11b</b>	
		<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
		<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 45-0226434

**Name:** YOUNG MENS CHRISTIAN ASSOCIATION

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
YOUNG MENS CHRISTIAN ASSOCIATION

**Employer identification number**  
45-0226434

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified 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 on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements 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 monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** 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.

**1a** If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	286,850	325,329	308,359	310,970	24,932
<b>b</b> Contributions . . . . .	0	0	0	0	305,195
<b>c</b> Net investment earnings, gains, and losses	49,529	-17,967	36,767	17,091	1,646
<b>d</b> Grants or scholarships . . . . .			0	0	0
<b>e</b> Other expenditures for facilities and programs . . . . .	18,451	20,512	19,797	19,702	20,803
<b>f</b> Administrative expenses . . . . .			0	0	0
<b>g</b> End of year balance . . . . .	317,928	286,850	325,329	308,359	310,970

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100 %
  - b** Permanent endowment ▶ 0 %
  - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  | No |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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 other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	353,578		353,578
<b>b</b> Buildings . . . . .	0	6,161,549	3,655,429	2,506,120
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment . . . . .	0	1,126,247	931,827	194,420
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,054,118

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	0

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,917,344
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	42,732	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	60,000	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 102,732
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 2,814,612
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-12,552	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> -12,552
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 2,802,060

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,832,812
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	60,000	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	6,345	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 66,345
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 2,766,467
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 2,766,467

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 45-0226434

**Name:** YOUNG MENS CHRISTIAN ASSOCIATION

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	Board designated with primarily earnings to be used for support of the organization.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	<p>The association is exempt from income taxes as provided under section 501(c)(3) of the internal revenue code. Activities which are not directly related to its tax exempt purpose are subject to income tax. The association has been classified by the internal revenue service as an organization other than a private foundation. Generally, the association's income tax returns (Form 990) are subject to examination by the internal revenue service for three years after the due date of the returns.</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b)	Inventory Cost of Goods Sold Loss on Sale of Assets

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d)	Inventory Cost of Goods Sold Change in the Allowance for Uncollectable Pledges

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	BOARD DESIGNATED WITH PRIMARILY EARNINGS TO BE USED FOR SUPPORT OF THE ORGANIZATION

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Uncertain Tax Positions - The Association follows the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. The guidance prescribes recognition threshold principles for the financial statements recognition of tax positions taken or expected to be taken on a tax filing that are not certain to be realized. The implementation of this guidance had no impact on the Association's financial statements. The Association's tax filings are subject to review and examination by federal and state authorities. The Association is not aware of any activities that would jeopardize its tax exempt status, or any activities that are subject to tax on unrelated business income, or other taxes.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Inventory Cost of Goods Sold and Immaterial Fundraising Costs included in Direct Costs - -12552

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Inventory Cost of Goods Sold, Provisions for Uncollectible Pledges, and Immaterial Fundraising Costs Included in Direct Costs - 6345



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>FIRECRACKER RUN</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	(total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	11,895	16,762		28,657
<b>2</b> Less: Contributions . . . . .				
<b>3</b> Gross income (line 1 minus line 2) . . . . .	11,895	16,762	0	28,657
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	7,494	3,758		11,252
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				11,252
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				17,405

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>1</b> Gross revenue . . . . .			
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION

Employer identification number

45-0226434

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Our organization is a public charity open to all with out regard of their inability to pay . Our members have the right to elect members of the board, but do not receive any distributions of income or assets from the organization.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Our organization is a public charity open to all with out regard of their inability to pay . Our members have the right to elect members of the board, but do not receive any distributions of income or assets from the organization.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	ANNUALLY, THE CVO SHALL SEND OR CAUSE TO BE SENT, A COPY OF THE RESOLUTION TOGETHER WITH AN EXPLANATION, AND A COPY OF A DISCLOSURE STATEMENT/QUESTIONNAIRE TO ALL DIRECTORS, OFFICERS OTHER VOLUNTEERS AND SELECTED EMPLOYEES WHO SHALL COMPLETE A COPY OF THE DISCLOSURE STATEMENT/QUESTIONNAIRE TO THE CVO OR MEMBER DESIGNEE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	ANNUALLY, THE CVO SHALL SEND OR CAUSE TO BE SENT, A COPY OF THE RESOLUTION TOGETHER WITH AN EXPLANATION, AND A COPY OF A DISCLOSURE STATEMENT/QUESTIONNAIRE TO ALL DIRECTORS, OFFICERS OTHER VOLUNTEERS AND SELECTED EMPLOYEES WHO SHALL COMPLETE A COPY OF THE DISCLOSURE STATEMENT/QUESTIONNAIRE TO THE CVO OR MEMBER DESIGNEE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	AN ANNUAL REVIEW OF THE CEO IS COMPLETED BY THE BOARD OF DIRECTORS. REVIEW OR EXECUTIVE COMPENSATION WILL BE DONE ON AN ANNUAL BASIS BY THE YMCA EXECUTIVE COMMITTEE BASED UPON SALARY SURVEYS CONDUCTED BY YMCA OF THE USA WITH RECOMMENDATION FOR APPROVAL BY THE BOARD OF DIRECTORS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	AN ANNUAL REVIEW OF THE CEO IS COMPLETED BY THE BOARD OF DIRECTORS. REVIEW OR EXECUTIVE COMPENSATION WILL BE DONE ON AN ANNUAL BASIS BY THE YMCA EXECUTIVE COMMITTEE BASED UPON SALARY SURVEYS CONDUCTED BY YMCA OF THE USA WITH RECOMMENDATION FOR APPROVAL BY THE BOARD OF DIRECTORS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue: , Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; - Total Revenue: , Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in the allowance for uncollectable pledges - 6207;

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part III, Line 1 Description of Organization Mission	<p>The mission of the Grand Forks Altru Family YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. The YMCA makes accessible the support and opportunities that empower people and our community to learn, grow and thrive. With a focus on youth development, healthy living and social responsibility, the Y nurtures the potential of every youth and teen, improves our community's health and well-being, and provides opportunities to give back and support our neighbors. The YMCA is a non-profit organization, strengthening our community, and enabling all youth, adults, families and our community to be healthy, confident, connected and secure. The YMCA is founded and led by volunteers from our community who serve as program leaders, policy makers and service volunteers. The YMCA is accessible to everyone. Financial assistance is offered to individuals and families regardless of their ability to pay.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part III, Line 4A Program Service Accomplishments	<p>Youth Development - OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY, WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMC PROGRAMS, SUCH AS OUR INFANT THRU SCHOOL-AGE CHILD CARE, YOUTH AND TEEN MENTORING PROGRAM, SERVICE LEARNING, YOUTH SPORTS, YOUTH SWIMMING LESSONS AND SAFETY AROUND THE WATER WEEK AND DAY CAMP, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. THE LARGEST YOUTH DEVELOPMENT PROGRAM AT THE ALTRU FAMILY YMCA IS OUR CHILD CARE PROGRAM FOR INFANT THRU SCHOOL-AGE CHILDREN, WITH CHILDREN FROM ALL SEGMENTS OF OUR COMMUNITY. WE OFFER STATE LICENSED CHILD CARE PROGRAMS, WITH BOTH FULL AND PART TIME CHILD CARE OPTIONS, IN A SAFE AND NURTURING ENVIRONMENT, ADDRESSING THE WIDE RANGE OF FAMILY CHILD CARE AND SCHEDULING NEEDS IN THE COMMUNITY. PARENTS ARE ENCOURAGED TO PLAY AN ACTIVE ROLE IN THEIR CHILD'S CARE AND DEVELOPMENT, INCLUDING BEING INVOLVED IN POLICY AND PROGRAM DECISIONS, AS WELL AS, EMPHASIS ON PARENT EDUCATION ON HOW TO RAISE HEALTHY, HAPPY CHILDREN. OUR YMCA COMMITMENT TO STRENGTHENING FAMILIES, RELIEVING THE BURDEN OF BALANCING WORK AND FAMILY, IS INTERWOVEN IN OUR CHILD CARE PROGRAMS, MAKING IT POSSIBLE FOR PARENTS OF THE CHILDREN TO REMAIN GAINFULLY EMPLOYED OR COMPLETE THEIR EDUCATION FOR A FUTURE CAREER, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY APPROPRIATE AND SUPPORTIVE ENVIRONMENT. IN 2019, 461 CHILDREN PARTICIPATED IN OUR INFANT/TODDLER, PRESCHOOL, AFTER SCHOOL CHILD CARE SITES, AND IN OUR SUMMER SCHOOL AGE PROGRAM. IN ADDITION, WE PROVIDE ASSISTANCE AND SUPPORT TO AT RISK CHILDREN WHO NEED HELP DUE TO FAMILY VIOLENCE, SUBSTANCE ABUSE, ETC., INCLUDING PROVIDING CRISIS CHILD CARE SERVICES, BY COLLABORATING WITH UNITED WAY AND A VARIETY OF SOCIAL SERVICE AGENCIES. AT THE ALTRU FAMILY YMCA, NO CHILD IS TURNED AWAY DUE TO INABILITY TO PAY. IN 2019, WE PROVIDED \$38,590 IN FINANCIAL ASSISTANCE FOR CHILDREN WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION. IN ADDITION, 661 CHILDREN WERE AT PLAY AND RECONNECTED WITH NATURE DURING OUR SUMMER DAY CAMP, 3,643 CHILDREN WERE ENGAGED IN OUR YOUTH SPORTS PROGRAMS, AND 351 CHILDREN RECEIVED SWIMMING INSTRUCTION, WITH \$11,571 IN FINANCIAL ASSISTANCE PROVIDED FOR CHILDREN AND TEENS TO BE ACTIVE IN THE YOUTH PROGRAMS AT THE YMCA.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part III, Line 4B Program Service Accomplishments	<p>Healthy Living - THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, 9,874 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2019, WE PROVIDED \$98,118 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION. Y PROGRAMS, SUCH AS FAMILY FITNESS, PARENT/CHILD AND ADULT SWIMMING, GROUP LAND AND WATER EXERCISE CLASSES FOR ALL AGES, SENIOR SPECIFIC FITNESS PROGRAMS, DIABETES PREVENTION, LIVESTRONG CANCER SURVIVOR PROGRAM, PARKINSON'S WELLNESS PROGRAM, STRENGTH TRAINING, CYCLING, HEALTH EDUCATION AND SCREENINGS, A SENIOR SOCIAL CLUB, PERSONAL TRAINING AND ADULT RECREATIONAL LEAGUES, PROMOTE HEALTHY LIFESTYLE ACTIVITIES, BRINGING PEOPLE TOGETHER WITH SHARED ATHLETIC AND RECREATIONAL INTERESTS. THE SPORTS AND FITNESS PROGRAMS SERVED 3,570 INDIVIDUALS. THE YMCA AQUATICS PROGRAMS SERVED INFANTS THROUGH SENIORS, PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS THAT WILL BE LIFELONG AND LIFESAVING SKILLS, PROMOTES GOOD HEALTH THROUGH PHYSICAL ACTIVITY. AS RESIDENTS OF A COMMUNITY THAT BORDERS THE LAKE COUNTRY OF MINNESOTA, PEOPLE IN THIS COMMUNITY COULD BE SUBJECT TO DRAMATIC SAFETY INCIDENTS IN AND AROUND THE WATER. OUR AQUATICS PROGRAMS HELP PREVENT POTENTIAL DROWNING SITUATIONS FOR YOUTH AND ADULTS. OUR AQUATICS PROGRAMS INCLUDED OUR PROGRESSIVE SWIMMING LESSONS, INSTRUCTIONAL SWIMMING CLASSES, OPEN AND FAMILY SWIMMING, AQUATIC EXERCISE PROGRAMS, INCLUDING SPECIAL CLASSES FOR SENIOR ADULTS TO HELP INDIVIDUALS INCREASE STRENGTH, FLEXIBILITY, RELIEVE PAIN AND MAINTAIN A HEALTHY AND PRODUCTIVE QUALITY OF LIFE IN A COMFORTABLE EXERCISE CLASS SETTING. OTHER SPECIALIZED CLASSES PROVIDED SUPPORT TO CANCER SURVIVORS, INDIVIDUALS WITH PARKINSON'S DISEASE AND INDIVIDUALS WHO ARE AT RISK FOR DIABETES. OUR OPEN AND FAMILY SWIM PROGRAM GIVES YOUTH AND ADULTS SHARED TIME IN THE POOL TO RECONNECT AS FAMILIES AND PROMOTE INTERGENERATIONAL RELATIONSHIPS. IN THE CURRENT PERIOD, 1,151 YOUTH AND ADULTS PARTICIPATED IN YMCA AQUATIC PROGRAMS.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part III, Line 4C Program Service Accomplishments	<p>Social Responsibility - THE GRAND FORKS YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR OVER 130 YEARS. Y PROGRAMS, SUCH AS MILITARY OUTREACH INITIATIVE, LIFESAVING AND SAFETY CLASSES, SERVICE LEARNING, OUR PARTNER OF YOUTH SCHOLARSHIP ASSISTANCE PROGRAM, MENTORING AND VOLUNTEER OPPORTUNITIES, COMMUNITY WIDE HEALTH INCENTIVE PROGRAMS, YOUTH WATER SAFETY EDUCATION, AS WELL AS, PLAYING AN ACTIVE ROLE ON THE LOCAL GREATER GRAND FORKS HEALTH COALITION, ARE ALL EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES. IN 2019, WE ENGAGED YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE. WE EMPOWERED OVER 301 VOLUNTEERS TO GIVE BACK AND SUPPORT THEIR NEIGHBORS, 55 SERVICE LEARNING EXPERIENCES FOR TEENS, CERTIFIED 235 INDIVIDUALS IN SAFETY COURSES, ENGAGED 120 INDIVIDUALS IN OUR COMMUNITY WIDE HEALTH PROGRAM, INSTRUCTED 18 YOUTH IN WATER SAFETY EDUCATION IN OUR SAFETY AROUND THE WATER PROGRAM AND INVOLVED 14 MEMBERS OF MILITARY FAMILIES THROUGH OUR OUTREACH INITIATIVE, GIVING THEM OPPORTUNITIES TO BE HEALTHY, AND FEEL CONFIDENT, CONNECTED AND SECURE.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part VI, Section A, Line 6	Our organization is a public charity open to all, without regard to ability to pay. Our members do not receive any distributions of income or assets from the organization.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part VI, Section A, Line 7A	Our organization is a public charity open to all, without regard to ability to pay. Our members have the right to elect members of the board, but do not receive any distributions of income or assets from the organization.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 11	A copy of the Form 990 will be emailed to the Board of Directors for review prior to filing. A finance committee selected by the board in addition to the Board of Directors annually reviews the audit and management letters.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 12C	Annually, the CVO shall send, or cause to be sent, a copy of the resolution, together with an explanation, and a copy of a disclosure statement/questionnaire to all Directors, Officers, Other Volunteers and selected employees, who shall complete and return a copy of the disclosure statement/questionnaire to the CVO or his/her designee.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 15	An annual review of the CEO is completed by the Board of Directors. Review of executive compensation will be done on an annual basis by the YMCA Executive Committee based upon salary surveys conducted by the YMCA of the USA with recommendations for approval by the Board of Directors.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part VI, Section C, Line 19	The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part XI, Line 9, Changes in Net Assets	Change in the Allowance for Uncollectable Pledges - \$6,207

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part XII, Line 1	Modified Accrual

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part XII, Line 2C	Oversight process of the audit and selection process of the independent auditors has not changed from the prior year.