

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
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 MEN'S CHRISTIAN ASSOCIATION OF CHAMBERSBURG PA

Doing business as
CHAMBERSBURG MEMORIAL YMCA

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
570 EAST MCKINLEY STREET

City or town, state or province, country, and ZIP or foreign postal code
CHAMBERSBURG, PA 17201

D Employer identification number
23-1476339

E Telephone number
(717) 263-8508

G Gross receipts \$ 3,690,352

F Name and address of principal officer
CARLA CHRISTIAN
570 EAST MCKINLEY STREET
CHAMBERSBURG, PA 17201

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 CHBGY ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1949

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE CHAMBERSBURG YMCA IS A CHARITABLE, COMMUNITY SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS WE ARE DEDICATED TO YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY BY PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG VALUES, LEADERSHIP DEVELOPMENT, AND COMMUNITY INTERACTION THIS COMMUNITY FELLOWSHIP IS UNITED BY A COMMON LOYALTY TO JESUS CHRIST FOR THE PURPOSE OF DEVELOPING THE SPIRITUAL, MENTAL, PHYSICAL AND SOCIAL LIVES OF OUR YOUTH, OUR FAMILIES AND OUR COMMUNITY YMCA PROGRAMS HELP DEVELOP SELF-ESTEEM AND SELF-CONFIDENCE, AN APPRECIATION OF A HEALTHY MIND AND BODY AND A CAPACITY FOR LEADERSHIP, BUILD LASTING RELATIONSHIPS, AND INCREASE CIVIC ENGAGEMENT ALL PERSONS ARE WELCOME AT OUR YMCA REGARDLESS OF THEIR ABILITY TO PAY

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 35
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 35
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 289
6 Total number of volunteers (estimate if necessary)	6 340
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 39	7b 0

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	795,150
9 Program service revenue (Part VIII, line 2g)	2,610,668	2,797,772	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179,278	119,426	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,618	112,956	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,699,714	3,353,229	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,991,627	2,087,271	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶76,848			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,235,620	1,175,862	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,227,247	3,263,133	
19 Revenue less expenses Subtract line 18 from line 12	472,467	90,096	
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	9,770,948	10,340,268
	21 Total liabilities (Part X, line 26)	1,482,079	1,287,554
22 Net assets or fund balances Subtract line 21 from line 20	8,288,869	9,052,714	

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: 2020-05-18
CARLA CHRISTIAN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____
Preparer's signature: _____
Date: _____
Check if self-employed PTIN P01343509
Firm's name ▶ Smith Elliott Kearns & Company LLC Firm's EIN ▶ 52-0783935
Firm's address ▶ 804 Wayne Ave Chambersburg, PA 172013810 Phone no (717) 263-3910

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

SEE SCHEDULE O FOR FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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 \$ 1,672,146 including grants of \$) (Revenue \$ 1,159,292)

See Additional Data

4b (Code) (Expenses \$ 937,658 including grants of \$) (Revenue \$ 1,609,933)

See Additional Data

4c (Code) (Expenses \$ 142,091 including grants of \$) (Revenue \$ 120,858)

See Additional Data

(Code) (Expenses \$ 66,201 including grants of \$) (Revenue \$ 30)

YOUTH DEVELOPMENT - OUR YMCA YOUTH AND TEEN PROGRAMS GIVE THE CHILDREN GOOD ROLE MODELS TO HELP DEVELOP SELF-ESTEEM AND GOOD VALUES, WHICH INCLUDE COOPERATION, RESPECT, GOOD CITIZENSHIP AND A STRONG WORK ETHIC THE YMCA'S SAM'S PROGRAM, WHICH INCLUDES THE TUESDAY NIGHT PROGRAM, THE SUMMER DAY CAMPING PROGRAM AND THE SPONSORED MEMBERSHIP PROGRAM, PROVIDES A LASTING EXPERIENCE OF PERSONAL ENRICHMENT FOR CHILDREN IN AN ECONOMICAL DISADVANTAGED LIFESTYLE THE YMCA'S SAM'S PROGRAM PROVIDES ACTIVITIES THAT PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL BEING, SOCIAL GROWTH AND SELF-RESPECT THE YMCA'S SAM'S DAY CAMPING PROGRAM PROVIDES A SAFE ENVIRONMENT WHERE THE CHILDREN CAN HAVE ADVENTURE, LEARNING ACTIVITIES, SPIRITUAL GROWTH, MENTAL DEVELOPMENT, PHYSICAL WELL BEING AND RECEIVE TWO MEALS A DAY THIS YEAR'S PROGRAM WILL INCLUDE AN EDUCATIONAL ASSISTANCE PROGRAM (EAP) DAY TUTORING PROGRAM FOR THE CHILDREN TOO THE YMCA'S YOUTH ACHIEVERS PROGRAM IS A YMCA DEVELOPED CURRICULUM FOCUSED ON STRUCTURING AND NURTURING THE PROFESSIONAL DEVELOPMENT OF MULTI-CULTURAL YOUTH IN GRADES 8-12 THE YOUTH ACHIEVERS ARE EXCITED ABOUT POST SECONDARY EDUCATION, FEEL A SENSE OF VALUE TO THEIR COMMUNITY, ARE CHAMPIONS OF DIVERSITY AND HAVE HIGH ETHICAL AND SPIRITUAL CHARACTER THE SAM'S PROGRAM AND THE YOUTH ACHIEVERS PROGRAMS ARE PROVIDED TO THE PARTICIPANTS AT NO COST

4d Other program services (Describe in Schedule O)
(Expenses \$ 66,201 including grants of \$) (Revenue \$ 30)

4e Total program service expenses **▶** 2,818,096

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. 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
5 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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 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
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 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	
11 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		
a 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 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
c 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
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 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
17 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
18 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	
19 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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 []

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

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

Table with 16 main rows (2a-16) and sub-rows (a-e). Columns include question text, a box for numerical answers (e.g., 289, 7d), and two columns for Yes/No responses. Row 2a: Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. Row 2b: If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Row 3a: Did the organization have unrelated business gross income of \$1,000 or more during the year? Row 3b: If "Yes," has it filed a Form 990-T for this year? Row 4a: At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country? Row 4b: If "Yes," enter the name of the foreign country. Row 5a: Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Row 5b: Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Row 5c: If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Row 6a: Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Row 6b: If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Row 7: Organizations that may receive deductible contributions under section 170(c). Row 7a: Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Row 7b: If "Yes," did the organization notify the donor of the value of the goods or services provided? Row 7c: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Row 7d: If "Yes," indicate the number of Forms 8282 filed during the year. Row 7e: Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Row 7f: Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Row 7g: If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Row 7h: If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Row 8: Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Row 9: Sponsoring organizations maintaining donor advised funds. Row 9a: Did the sponsoring organization make any taxable distributions under section 4966? Row 9b: Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Row 10: Section 501(c)(7) organizations. Enter Row 10a: Initiation fees and capital contributions included on Part VIII, line 12 Row 10b: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Row 11: Section 501(c)(12) organizations. Enter Row 11a: Gross income from members or shareholders Row 11b: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Row 12a: Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Row 12b: If "Yes," enter the amount of tax-exempt interest received or accrued during the year Row 13: Section 501(c)(29) qualified nonprofit health insurance issuers. Row 13a: Is the organization licensed to issue qualified health plans in more than one state? Row 13b: Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Row 13c: Enter the amount of reserves on hand Row 14a: Did the organization receive any payments for indoor tanning services during the tax year? Row 14b: If "Yes," has it filed a Form 720 to report these payments? Row 15: Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Row 16: Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA
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
[] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
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
CARLA CHRISTIAN YMCA OF CHAMBERSBURG 570 EAST MCKINLEY STREET CHAMBERSBURG, PA 17201 (717) 263-8508

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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(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			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							140,384	0	17,798	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 45,990			
	b Membership dues	1b 0			
	c Fundraising events	1c 0			
	d Related organizations	1d 0			
	e Government grants (contributions)	1e 0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 277,085			
	g Noncash contributions included in lines 1a - 1f \$	1g 0			
	h Total. Add lines 1a-1f		323,075		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a Childcare Revenue -- School Age		624410	1,036,858	1,036,858		
b Membership Revenue		713940	958,064	958,064		
c Childcare Revenue -- Infant/Toddler/Preschool		624410	573,076	573,076		
d Day Camp Revenue			0	0		
e Resident Camp Revenue			0	0		
f All other program service revenue			229,774	229,774	0	0
g Total. Add lines 2a-2f.			2,797,772			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			95,239	0	0	95,239
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0
	5 Royalties			0	0	0	0
	6a Gross rents	(i) Real	0	19,132			
		(ii) Personal					
		b Less rental expenses	6b	0	0		
		c Rental income or (loss)	6c	0	19,132		
	d Net rental income or (loss)			19,132	0	0	19,132
	7a Gross amount from sales of assets other than inventory	(i) Securities	341,895	0			
		(ii) Other					
		b Less cost or other basis and sales expenses	7b	317,708	0		
		c Gain or (loss)	7c	24,187	0		
	d Net gain or (loss)			24,187	0	0	24,187
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		8a	20,897			
		b Less direct expenses	8b	19,415			
		c Net income or (loss) from fundraising events			1,482	0	1,482
	9a Gross income from gaming activities See Part IV, line 19		9a	0			
		b Less direct expenses	9b	0			
		c Net income or (loss) from gaming activities			0	0	0
	10a Gross sales of inventory, less returns and allowances		10a	0			
b Less cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory				0	0	0	
Miscellaneous Revenue		Business Code					
11a CORPORATE REIMBURSEMENTS		561000	79,851	79,851	0	0	
b PROGRAM PRODUCTS		624100	6,474	6,474	0	0	
c INCREASE IN VALUE OF CSV LIFE INS		900099	1,046	1,046	0	0	
d All other revenue			4,971	4,971	0	0	
e Total. Add lines 11a-11d			92,342				
12 Total revenue. See instructions			3,353,229	2,890,114	0	140,040	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	158,182	78,780	63,265	16,137
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,635,196	1,399,473	204,711	31,012
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	64,229	44,960	15,415	3,854
9 Other employee benefits	96,505	70,449	19,301	6,755
10 Payroll taxes	133,159	111,854	17,311	3,994
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	1,200	1,140	48	12
c Accounting	22,200	21,090	888	222
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,205	16,345	688	172
12 Advertising and promotion	12,279	9,334	393	2,552
13 Office expenses	265,533	250,101	11,867	3,565
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	310,755	295,218	12,430	3,107
17 Travel	18,323	17,407	733	183
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	7,412	7,042	296	74
20 Interest	63,562	60,384	2,542	636
21 Payments to affiliates	50,445	47,923	2,018	504
22 Depreciation, depletion, and amortization	239,185	227,226	9,567	2,392
23 Insurance	76,895	73,050	3,076	769
24 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.)				
a MISCELLANEOUS EXPENSE	74,320	70,599	2,978	743
b TRUSTEE FEES	15,723	14,937	629	157
c BAD DEBT EXPENSE	825	784	33	8
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	3,263,133	2,818,096	368,189	76,848
26 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
Assets	1 Cash—non-interest-bearing	800	1	800
	2 Savings and temporary cash investments	546,508	2	587,122
	3 Pledges and grants receivable, net	11,968	3	9,230
	4 Accounts receivable, net	0	4	
	5 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	5	0
	6 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	6	0
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	3,072	9	11,987
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 8,971,541		
	b Less accumulated depreciation	10b 4,677,766	4,306,261	10c 4,293,775
	11 Investments—publicly traded securities	2,336,498	11	2,501,125
	12 Investments—other securities—See Part IV, line 11	0	12	
	13 Investments—program-related—See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets—See Part IV, line 11	2,565,841	15	2,936,229
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,770,948	16	10,340,268	
Liabilities	17 Accounts payable and accrued expenses	130,164	17	120,608
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability—Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,351,915	23	1,166,946
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	25	0
	26 Total liabilities. Add lines 17 through 25	1,482,079	26	1,287,554
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,858,262	27	4,074,393
	28 Net assets with donor restrictions	4,430,607	28	4,978,321
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	8,288,869	32	9,052,714	
33 Total liabilities and net assets/fund balances	9,770,948	33	10,340,268	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,353,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,263,133
3	Revenue less expenses Subtract line 2 from line 1	3	90,096
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,288,869
5	Net unrealized gains (losses) on investments	5	673,749
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,052,714

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</u> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?		No
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		

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 23-1476339

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
CHAMBERSBURG PA

Form 990 (2019)

Form 990, Part III, Line 4a:

HEALTHY LIVING - THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS SPORTS, FUN AND SHARED INTERESTS, PEOPLE IN OUR COMMUNITY ARE RECEIVING SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH CHRONIC DISEASE AND OBESITY FAMILIES WRESTLE 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

Form 990, Part III, Line 4b:

BEFORE AND AFTER SCHOOL CHILD CARE (SACC) - WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES. THE YMCA'S SACC PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK AND FAMILY BY MAKING IT POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THEIR CHILDREN ARE THRIVING IN A SAFE DEVELOPMENTALLY SOUND ENVIRONMENT. THE CHAMBERSBURG YMCA'S SACC PROGRAM PROVIDES DEVELOPMENTAL OPPORTUNITIES IN THE SEARCH INSTITUTES 40 DEVELOPMENTAL ASSETS, FITNESS AND RECREATION, SOCIALIZATION, HOMEWORK SUPPORT AND HEALTH SNACKS. ARK - THE ARK HELPS EVERY CHILD IN OUR CENTER LEARN AND GROW. WE PROVIDE THE BUILDING BLOCKS FOR EARLY DEVELOPMENT, KINDERGARTEN READINESS, SOCIAL RESPONSIBILITY AND CHRISTIAN VALUES. WE PROVIDE A SAFE, NURTURING ENVIRONMENT AND A WIDE VARIETY OF DEVELOPMENTALLY APPROPRIATE ACTIVITIES. WE ALSO HOPE TO SERVE THE COMMUNITY BY HELPING ALL CHILDREN REACH THEIR POTENTIAL.

Form 990, Part III, Line 4c:

HEALTH AND WELLNESS PROGRAMS FOR YOUTH - HELPING YOUTH DEVELOP HEALTH IN SPIRIT, MIND AND BODY IS AT THE CORE OF THE YMCA MOVEMENT OUR PROGRAMS ARE DESIGNED TO HELP YOUTH CREATE REALISTIC GOALS FOR SELF-IMPROVEMENT AND EMPHASIZE DISEASE PREVENTION THROUGH REGULAR EXERCISE, PROPER NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION SPORTS PROGRAMS FOR YOUTH PROMOTE TEAMWORK, INTERACTION AND DEVELOPMENT OF SOCIAL AND PHYSICAL SKILLS OUR AQUATIC PROGRAMS HELP DEVELOP PHYSICAL SKILLS IN TODDLERS THROUGH TEENAGERS, WHICH PROMOTE WATER SAFETY AND PHYSICAL FITNESS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MIKE BRESLIN	10	X	X				0	0	0	
BOARD OF DIRECTORS - PRESIDENT										
SUSY SPONSELLER	10	X	X				0	0	0	
BOARD OF DIRECTORS - 1ST VICE PRESIDENT										
ERIC FLEMING	10	X	X				0	0	0	
BOARD OF DIRECTORS - 2ND VICE PRESIDENT										
ED BUCHANAN	10	X	X				0	0	0	
BOARD OF DIRECTORS - TREASURER AND TRUSTEE										
EILEEN HOFFMAN-MEIER	10	X	X				0	0	0	
BOARD OF DIRECTORS - SECRETARY										
JOHN BAYER	10	X					0	0	0	
BOARD OF DIRECTORS										
JOHN BOOZER	10	X					0	0	0	
BOARD OF DIRECTORS										
PAT BOSMA	10	X					0	0	0	
BOARD OF DIRECTORS										
KRISTIN CARROLL	10	X					0	0	0	
BOARD OF DIRECTORS										
EUGENE COVINGTON	10	X					0	0	0	
BOARD OF DIRECTORS										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BILL JUERGENS BOARD OF DIRECTORS	1 0	X						0	0	0
LANCE KEGERRREIS BOARD OF DIRESTORS	1 0	X						0	0	0
PAM MILLER BOARD OF DIRECTORS	1 0	X						0	0	0
MISSY NEGLEY BOARD OF DIRECTORS	1 0	X						0	0	0
TANYA NITTERHOUSE BOARD OF DIRECTORS	1 0	X						0	0	0
BOB RICHARDS BOARD OF DIRECTORS	1 0	X						0	0	0
CHAD RYDBOM BOARD OF DIRECTORS	1 0	X						0	0	0
DIANNE SALTER BOARD OF DIRECTORS	1 0	X						0	0	0
BENJAMIN SITES BOARD OF DIRECTORS	1 0	X						0	0	0
LUCAS SHELLY BOARD OF DIRECTORS	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
COOKIE MILLER TRUSTEE	10	X						0	0	0
CRAIG NITTERHOUSE TRUSTEE	10	X						0	0	0
JIM PROBST TRUSTEE	10	X						0	0	0
CINDY RICHARDS TRUSTEE	10	X						0	0	0
LARRY STENGER TRUSTEE	10	X						0	0	0
CARLA CHRISTIAN EXECUTIVE DIRECTOR	40			X				100,113	0	8,009
KRIS SUDERS BUSINESS OPERATIONS DIRECTOR	40			X				40,271	0	9,789

SCHEDULE A
 (Form 990 or 990-EZ)

Public Charity Status and Public Support
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 YOUNG MEN'S CHRISTIAN ASSOCIATION OF CHAMBERSBURG PA

Employer identification number
 23-1476339

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		
Total						

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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. 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
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2018 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2019.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	312,234	331,454	334,582	795,150	323,075	2,096,495
2 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	2,704,421	2,790,416	2,712,045	2,705,667	2,890,114	13,802,663
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	3,016,655	3,121,870	3,046,627	3,500,817	3,213,189	15,899,158
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	160,960	178,007	174,110	178,175	163,530	854,782
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	15,003	0	0	393,256	0	408,259
c Add lines 7a and 7b	175,963	178,007	174,110	571,431	163,530	1,263,041
8 Public support. (Subtract line 7c from line 6)						14,636,117

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	3,016,655	3,121,870	3,046,627	3,500,817	3,213,189	15,899,158
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89,161	79,839	97,805	109,646	114,371	490,822
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	89,161	79,839	97,805	109,646	114,371	490,822
11 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	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12)	3,105,816	3,201,709	3,144,432	3,610,463	3,327,560	16,389,980
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	89 30 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	89 11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	2 99 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	3 04 %

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
1 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>		
1		
2 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>		
2		
3a 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>		
3a		
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>		
3b		
c 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>		
3c		
4a 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>		
4a		
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>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
4c		
5a 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>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 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>		
7		
8 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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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>		
9b		
c 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>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

		Yes	No
1	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>		
		1	
2	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>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	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>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
		1	
2	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>		
		2	
3	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>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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
		2a	
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>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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>		
		3a	
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>		
		3b	

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

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

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 23-1476339

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
CHAMBERSBURG PA

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 for instructions and the latest information.

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF CHAMBERSBURG PA

Employer identification number
23-1476339

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization'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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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
1a Beginning of year balance	2,276,181	2,083,181	1,926,437	1,840,540	1,874,883
b Contributions	4,630	369,691	28,011	28,085	51,073
c Net investment earnings, gains, and losses	409,378	-75,147	222,826	154,407	10,095
d Grants or scholarships		0	0	0	0
e Other expenditures for facilities and programs	243,215	88,546	81,223	84,459	84,011
f Administrative expenses	15,724	12,998	12,870	12,136	11,500
g End of year balance	2,431,250	2,276,181	2,083,181	1,926,437	1,840,540

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 18 44 %
- b** Permanent endowment ▶ 81 56 %
- 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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- 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
1a Land		336,942		336,942
b Buildings		7,192,640	3,690,848	3,501,792
c Leasehold improvements				
d Equipment		1,254,954	954,432	300,522
e Other		187,005	32,486	154,519
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,293,775

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)		
Total. (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)		
Total. (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) PERPETUAL TRUST HELD BY THIRD PARTIES	2,924,664
(2) CASH SURRENDER VALUE - LIFE INSURANCE POLICIES	11,565
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,936,229

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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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.

1	Total revenue, gains, and other support per audited financial statements	1	4,011,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	673,749
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	673,749
3	Subtract line 2e from line 1	3	3,337,505
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,724
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	15,724
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,353,229

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.

1	Total expenses and losses per audited financial statements	1	3,247,409
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,247,409
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,724
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	15,724
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,263,133

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: 23-1476339

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
CHAMBERSBURG PA

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ORGANIZATION'S ENDOWMENTS CONSIST OF INDIVIDUAL FUNDS ESTABLISHED TO PROVIDE INVESTMENT INCOME FOR THE ORGANIZATION'S OPERATIONS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF CHAMBERSBURG PA

Employer identification number
23-1476339

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Night Golf Tournament (event type)	Sprint Triathlon (event type)	4 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	9,357	6,260	5,280	20,897
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	9,357	6,260	5,280	20,897
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,362	2,244	6,809	19,415
10 Direct expense summary Add lines 4 through 9 in column (d) ▶					19,415
11 Net income summary Subtract line 10 from line 3, column (d) ▶					1,482

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 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
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF CHAMBERSBURG PA

Employer identification number

23-1476339

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	<p>THE CHAMBERSBURG YMCA IS A CHARITABLE COMMUNITY SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS WE ARE DEDICATED TO YOUTH DEVELOPMENT, HEALTH LIVING AND SOCIAL RESPONSIBILITY BY PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG VALUES, LEADERSHIP DEVELOPMENT, AND COMMUNITY INTERACTION THE COMMUNITY FELLOWSHIP IS UNITED BY A COMMON LOYALTY TO JESUS CHRIST FOR THE PURPOSE OF DEVELOPING THE SPIRITUAL, MENTAL, PHYSICAL, AND SOCIAL LIVES OF OUR YOUTH, OUR FAMILIES AND OUR COMMUNITY YMCA PROGRAMS HELP DEVELOP SELF-ESTEEM AND SELF-CONFIDENCE, AN APPRECIATION OF A HEALTHY MIND AND BODY AND A CAPACITY FOR LEADERSHIP, BUILD LASTING RELATIONSHIPS, AND INCREASE CIVIC ENGAGEMENT ALL PERSONS ARE WELCOME AT OUR YMCA REGARDLESS OF THEIR ABILITY TO PAY THE CHAMBERSBURG YMCA OFFERS OVER 100 PROGRAMS TO THE CHAMBERSBURG COMMUNITY ON AN ANNUAL BASIS THERE ARE PROGRAMS FOR PRE SCHOOL AGED CHILDREN, ELEMENTARY AGED CHILDREN, TEENS, ADULTS, AND ACTIVE OLDER ADULTS THESE PROGRAMS ARE OFFERED IN THE DISCIPLINES OF AQUATICS, PHYSICAL ACTIVITIES, ARTS AND HUMANITIES, RELIGIOUS EDUCATION AND RECREATION THE YMCA'S YOUTH DEPARTMENT OFFERS OVER 60 DIFFERENT PROGRAMS TO THE YOUTH OF THE Y'S SERVICE AREA THE CHAMBERSBURG YMCA'S YOUTH AND TEEN PROGRAMS INCLUDE SWIMMING LESSONS, CHARACTER DEVELOPMENT PROGRAMS, HEALTH AND WELLNESS PROGRAMS, BEFORE AND AFTER SCHOOL CHILD CARE AND YOUTH DEVELOPMENT PROGRAMS THE GOAL FOR THESE PROGRAMS IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	<p>(Expenses \$ 66,201 including grants of \$)(Revenue \$ 30) YOUTH DEVELOPMENT - OUR YMCA YOUTH AND TEEN PROGRAMS GIVE THE CHILDREN GOOD ROLE MODELS TO HELP DEVELOP SELF-ESTEEM AND GOOD VALUES, WHICH INCLUDE COOPERATION, RESPECT, GOOD CITIZENSHIP AND A STRONG WORK ETHIC THE YMCA'S SAM'S PROGRAM, WHICH INCLUDES THE TUESDAY NIGHT PROGRAM, THE SUMMER DAY CAMPING PROGRAM AND THE SPONSORED MEMBERSHIP PROGRAM, PROVIDES A LASTING EXPERIENCE OF PERSONAL ENRICHMENT FOR CHILDREN IN AN ECONOMICAL DISADVANTAGED LIFESTYLE THE YMCA'S SAM'S PROGRAM PROVIDES ACTIVITIES THAT PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL BEING , SOCIAL GROWTH AND SELF-RESPECT THE YMCA'S SAM'S DAY CAMPING PROGRAM PROVIDES A SAFE ENVIRONMENT WHERE THE CHILDREN CAN HAVE ADVENTURE, LEARNING ACTIVITIES, SPIRITUAL GROWTH, MENTAL DEVELOPMENT, PHYSICAL WELL BEING AND RECEIVE TWO MEALS A DAY THIS YEAR'S PROGRAM WILL INCLUDE AN EDUCATIONAL ASSISTANCE PROGRAM (EAP) DAY TUTORING PROGRAM FOR THE CHILDREN TOO THE YMCA'S YOUTH ACHIEVERS PROGRAM IS A YMCA DEVELOPED CURRICULUM FOCUSED ON STRUCTURING AND NURTURING THE PROFESSIONAL DEVELOPMENT OF MULTI-CULTURAL YOUTH IN GRADES 8-12 THE YOUTH ACHIEVERS ARE EXCITED ABOUT POST SECONDARY EDUCATION, FEEL A SENSE OF VALUE TO THEIR COMMUNITY, ARE CHAMPIONS OF DIVERSITY AND HAVE HIGH ETHICAL AND SPIRITUAL CHARACTER THE SAM'S PROGRAM AND THE YOUTH ACHIEVERS PROGRAMS ARE PROVIDED TO THE PARTICIPANTS AT NO COST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	CRAIG NITTERHOUSE, TRUSTEE & TANYA NITTERHOUSE, BOARD OF DIRECTORS MEMBER - Family relationship, JAMES PROBST, TRUSTEE, MARK HOLLAR, TRUSTEE, CHAD RYDBOM, BOARD OF DIRECTORS MEMBER, GEORGE GLEN, TRUSTEE, CAROLE CONNOR, TRUSTEE, TANYA NITTERHOUSE, BOARD OF DIRECTORS MEMBER & ERIC FLEMING, BOARD OF DIRECTORS MEMBER - Business relationship, CINDY RICHARDS, TRUSTEE & ROBERT RICHARDS JR, BOARD OF DIRECTORS MEMBER - Family relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE CHAMBERSBURG YMCA'S FINANCE COMMITTEE REVIEWS THE 990 DOCUMENTS AS PRESENTED BY THE ASSOCIATION'S INDEPENDENT ACCOUNTING FIRM PRIOR TO PRESENTATION TO AND APPROVAL BY THE YMCA BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ON AN ANNUAL BASIS, A "CONFLICT OF INTEREST QUESTIONNAIRE" IS DISTRIBUTED TO ALL TRUSTEES AND BOARD OF DIRECTORS FOR THEIR COMPLETION DISCUSSION REGARDING THE IMPORTANCE OF COMPLETION AND ANY QUESTIONS ARE AN AGENDA ITEM TYPICALLY FOR THE DECEMBER BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>THE CHAMBERSBURG YMCA HAS ELECTED TO FOLLOW THE NATIONAL YMCA'S PERSONNEL AND SALARY ADMINISTRATION PLAN WHICH WAS DEVELOPED BY HAY ASSOCIATES FOR THE NATIONAL YMCA OF THE USA THE CHAMBERSBURG YMCA'S EXECUTIVE COMPENSATION PROCESS IS SIMILAR FOR ALL FULL-TIME YMCA DIRECTORS THE PROCESS BEGINS IN SEPTEMBER OF EACH YEAR WITH THE REVIEW OF THE CHAMBERSBURG YMCA'S SALARY ADMINISTRATION PLAN'S "SALARY POLICY LINE" BY THE YMCA'S PERSONNEL COMMITTEE A NATIONAL YMCA TASK FORCE ANNUALLY ESTABLISHES A RECOMMENDED SALARY POLICY LINE FOR EACH COMING YEAR BASED UPON VARIOUS ECONOMIC CONDITIONS AND THE ASSOCIATION'S FINANCIAL POSITION ONCE THIS REVIEW PROCESS IS COMPLETED, THE PERSONNEL COMMITTEE MAY RECOMMEND THE ADOPTION OF A NEW SALARY POLICY LINE TO THE YMCA BOARD OF DIRECTORS IN ADDITION TO REVIEWING THE SALARY POLICY LINE EACH YEAR, THE YMCA'S PERSONNEL COMMITTEE REVIEWS AND RECOMMENDS A MERIT POOL INCREASE TO THE YMCA'S FINANCE COMMITTEE AND YMCA BOARD OF DIRECTORS FOR ADOPTION ONCE A FULL ANNUAL YMCA OPERATING BUDGET IS ENDORSED BY THE YMCA BOARD OF DIRECTORS IN DECEMBER OF EACH YEAR, THE APPROVED SALARY INCREASES ARE IMPLEMENTED BASED UPON THE EMPLOYEES ANNUAL SALARY REVIEW DATES THE EXECUTIVE DIRECTOR'S COMPENSATION PROCESS IS THE SAME WITH THE EXCEPTION OF BEING EVALUATED BY THE YMCA VOLUNTARY COMMITTEE CHAIRS AND BOARD OFFICERS, WHILE THE REMAINDER OF THE YMCA STAFF IS EVALUATED BY THEIR DEPARTMENT HEADS THE EXECUTIVE DIRECTOR SIGNS OFF ON ALL COMPENSATION CHANGES BEFORE THE PAYROLL PROCESS BEGINS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>THE CHAMBERSBURG YMCA HAS ELECTED TO FOLLOW THE NATIONAL YMCA'S PERSONNEL AND SALARY ADMINISTRATION PLAN WHICH WAS DEVELOPED BY HAY ASSOCIATES FOR THE NATIONAL YMCA OF THE USA THE CHAMBERSBURG YMCA'S EXECUTIVE COMPENSATION PROCESS IS SIMILAR FOR ALL FULL-TIME YMCA DIRECTORS THE PROCESS BEGINS IN SEPTEMBER OF EACH YEAR WITH THE REVIEW OF THE CHAMBERSBURG YMCA'S SALARY ADMINISTRATION PLAN'S "SALARY POLICY LINE" BY THE YMCA'S PERSONNEL COMMITTEE A NATIONAL YMCA TASK FORCE ANNUALLY ESTABLISHES A RECOMMENDED SALARY POLICY LINE FOR EACH COMING YEAR BASED UPON VARIOUS ECONOMIC CONDITIONS AND THE ASSOCIATION'S FINANCIAL POSITION ONCE THIS REVIEW PROCESS IS COMPLETED, THE PERSONNEL COMMITTEE MAY RECOMMEND THE ADOPTION OF A NEW SALARY POLICY LINE TO THE YMCA BOARD OF DIRECTORS IN ADDITION TO REVIEWING THE SALARY POLICY LINE EACH YEAR, THE YMCA'S PERSONNEL COMMITTEE REVIEWS AND RECOMMENDS A MERIT POOL INCREASE TO THE YMCA'S FINANCE COMMITTEE AND YMCA BOARD OF DIRECTORS FOR ADOPTION ONCE A FULL ANNUAL YMCA OPERATING BUDGET IS ENDORSED BY THE YMCA BOARD OF DIRECTORS IN DECEMBER OF EACH YEAR, THE APPROVED SALARY INCREASES ARE IMPLEMENTED BASED UPON THE EMPLOYEES ANNUAL SALARY REVIEW DATES THE EXECUTIVE DIRECTOR'S COMPENSATION PROCESS IS THE SAME WITH THE EXCEPTION OF BEING EVALUATED BY THE YMCA VOLUNTARY COMMITTEE CHAIRS AND BOARD OFFICERS, WHILE THE REMAINDER OF THE YMCA STAFF IS EVALUATED BY THEIR DEPARTMENT HEADS THE EXECUTIVE DIRECTOR SIGNS OFF ON ALL COMPENSATION CHANGES BEFORE THE PAYROLL PROCESS BEGINS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION, PER REQUEST DURING BUSINESS HOURS AT 570 E MCKINLEY STREET, CHAMBERSBURG, PA 17201

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 229774, Related or Exempt Function Revenue 229774, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Residence Revenue - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated B usiness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	MISC - Total Revenue 4971, Related or Exempt Function Revenue 4971, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,