DLN: 93493192022040 OMB No 1545-0047 **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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 Name of organization OHIO ALLIANCE OF YMCAS D Employer identification number B Check if applicable ☐ Address change 26-3456264 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 6956 E BROAD STREET SUITE 243 ☐ Amended return ☐ Application pending (513) 362-2021 City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH $\,$ 43213 $\,$ G Gross receipts \$ 338,799 Name and address of principal officer H(a) Is this a group return for **ELIZABETH TSVETKOFF** □Yes ☑No subordinates? 6956 E BROAD STREET SUITE 243 H(b) Are all subordinates COLUMBUS, OH 43213 ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) **✓** 501(c) (4) **◄** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► OHIOYMCAS ORG L Year of formation 2008 M State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities EACH YEAR, THE ALLIANCE ADVOCATES ON BEHALF OF THE 163 YMCAS IN OHIO, COVERING MANY DIVERSE COMMUNITIES IN THE STATE THE BENEFICIARIES INCLUDE OVER 1 6 MILLION FAMILIES, WOMEN, AND MEN IN 2019, THE ALLIANCE CONCENTRATED EFFORTS ON FOUR LEGISLATIVE PRIORITIES (A) YOUNG AND SCHOOL-AGE KIDS, (B) CHRONIC DISEASE PREVENTION, (C) PIONEERING HEALTHIER COMMUNITIES OHIO, WHICH IS AN INITIATIVE THAT WORKS TO IMPROVE COMMUNITY HEALTH, AND (D) TEACHING Activities & Governance DEMOCRACY TO EACH GENERATION THROUGH YMCA TEEN LEADERSHIP PROGRAMS. THE ALLIANCE ROUTINELY ASKS STATE EXECUTIVE, STATE AGENCY, AND LEGISLATIVE PARTNERS TO SUPPORT INITIATIVES AND POLICIES TARGETING THESE AREAS 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 3 Number of voting members of the governing body (Part VI, line 1a) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 0 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 9 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 53,000 53.250 Program service revenue (Part VIII, line 2g) . 238.957 272,833 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,557 12,716 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 302,514 338,799 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 5,000 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 154.983 180,771 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 115,414 127,236 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 275,397 308,007 19 Revenue less expenses Subtract line 18 from line 12 . 27,117 30.792 Assets or d Balances Beginning of Current Year **End of Year** 288,147 320,665 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 27,631 25,905 293,034 Net assets or fund balances Subtract line 21 from line 20 262,242 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 2020-07-01 Signature of officer Sign Here ELIZABETH TSVETKOFF CHIEF EXECUTIVE OFFICER Type or print name and title Prınt/Type preparer's name Preparer's signature Date PTIN Check \square ıf P01085771 Paid self-employed Firm's name ► MCM CPAS & ADVISORS LLP Firm's EIN ▶ 27-1235638 Preparer Use Only Firm's address ▶ 201 EAST FIFTH STREET SUITE 2100 Phone no (513) 579-1717 CINCINNATI, OH 45202 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat No 11282Y

orm	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Schee	dule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	rganızatıon's mıssıon				
SAIN PROC AND	I CONSENSUS ON ISSU GRAMS AND GAIN REC	JES OF IMPORTANCE [.] OGNITION AS A LEAD THE YMCA, PROTECT	TO THE YMCA, M ER ON ISSUES T THE OPERATING	AKE POLICY AND DECISIC HAT AFFECT CHILDREN AN INTEGRITY OF THE YMCA	OMMUNICATION AND COOPER ON MAKERS AWARE OF THE YM ND FAMILIES, ADVOCATE ON B ORGANIZATION IN ORDER TO	CA'S MISSION AND EHALF OF THE CHILDREN
2	Did the organization	undertake any signific	ant program ser	vices during the year whic	h were not listed on	
	the prior Form 990 or	r 990-EZ?				🗆 Yes 🗹 No
	If "Yes," describe the	se new services on So	hedule O			
3	Did the organization	cease conducting, or i	make significant	changes in how it conduct	s, any program	
	services?	☐ Yes 🗹 No				
	If "Yes." describe the	se changes on Schedi	ıle O			
4	Section 501(c)(3) and		ons are required	to report the amount of g	gest program services, as mea grants and allocations to others	
4a	(Code) (Expenses \$	70,771	including grants of \$) (Revenue \$	90,944)
	See Additional Data		·		, , , , , , , , , , , , , , , , , , ,	
4b	(Code) (Expenses \$	70,771	including grants of \$) (Revenue \$	90,944 }
	See Additional Data	, (Expended ¢		medanig grante or ¢	, (wereine ¢	
4c	(Code) (Expenses \$	70,771	including grants of \$) (Revenue \$	90,944)
	See Additional Data		·			
	(Code) (Expenses \$	70,771	including grants of \$) (Revenue \$)
	GOVERNMENT IS A CRIT DIRECTLY IN A SIMULAT CRITICAL THINKING SKI INCLUDES ALL THREE BIELECT THEIR LEADERSH EXPERIENCE CULMINATI AS LOBBYISTS AND PAGADVOCATE THEIR QUALBECOMES THE LEADER / FAILURE OF BILLS BASE	ICAL PIECE OF THAT PIL ION OF THE DEMOCRATI ILLS, AND ARTICULATE T RANCHES OF GOVERNME IIP, RESEARCH CURRENT ES BY DEBATING THEIR E SES THE EXECUTIVE BRAI IFICATIONS DURING THE AND FACE OF THE PROGRE IO ON THE YOUTH GOVER	AR YOUTH & GOV C PROCESS YG OF HEIR BELIEFS WHIL NT, AS WELL AS TH EVENTS, AND WRI' SILLS ON THE OHLOD ICH OF YG INCLUDI GUBERNATORIAL I AM THE YOUTH GO NOR'S PLATFORM I	ERNMENT (YG) IS A THREE-DATERS STUDENTS THE OPPORTIVE E ENGAGING CONSTRUCTIVE E PRESS CORP IN THE LEGISIVE BILLS THROUGHOUT THE YINDUSE AND SENATE FLOORS AND SENATE FLOORS ES A RACE EACH YEAR FOR YOUR AND THE SUDICIAL PROGRAM, STAND THE JUDICIAL PROGRAM THE JUD	S A CENTRAL PILLAR TO THE YMCA AY LEARNING CONFERENCE IN WHICE UNITY TO LEARN ABOUT A WIDE VALUE WITH THOSE WHO HOLD LIKE AN LATIVE PROGRAM, STUDENT REPRESEAR FOR THESE LEGISLATORS, THE AND SEEKING SIGNATURE STUDEN BY THE STANDIATES CREATED STOOTS" CAMPAIGNING ONCE ELE OR HER STUDENT CABINET WHO SIGNED THE STUDENT JUSTICES, THEN, INTERIOR OF THE STUDENT JUSTICES, THEN, INTERIOR ON THE STUDENT JUSTICES, THEN, INTERIOR ONCE AND THE STUDENT JUSTICES, THEN, INTERIOR OF THE STUDENT JUSTICES, THEN, INTERIOR ONCE AND THE STUDENT JUSTICES.	CH STUDÉNTS PARTICIPATE RIETY OF ISSUES, DEVELOP ND OPPOSING VIEWS YG SENTATIVES AND SENATORS E MOCK LEGISLATIVE NTS ALSO CAN PARTICIPATE EATE PLATFORMS AND ECTED, THE YOUTH GOVERNOR EEK THE PASSAGE OR YOUTH SUPREME COURT
4d	Other program service	ces (Describe in Sched	lule O)			
	(Expenses \$	70,771 ind	duding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses ▶	283,0	84		

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4

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 🛸 . . to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

5 Yes Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

No 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 9

Nο No Nο 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, No permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο

11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c 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 No 11d

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 11f Nο

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a No Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο Nο

14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 14b Nο

Nο

Nο

Nο

Nο

Nο

No

No

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20b

21

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 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

18

lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

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

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

Yes

0

1c

1a

1b

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Pa			
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a	No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6а	No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
	Organizations that may receive deductible contributions under section 170(c).		
	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?	7a	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
u	The standard the number of forms 6252 filed during the year 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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		
	Enter the amount of reserves on hand	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	140
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	-70	
	parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No

13

14

15

17

Section C. Disclosure

6

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rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" res	ponse 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		✓								
ection	ction A. Governing Body and Management										
		Yes	No								
		$\overline{}$	1								

	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			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
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?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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?

b 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

Did the organization have a written whistleblower policy?

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

b Other officers or key employees of the organization

List the states with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

▶STEVE POHLMAN C/O 1105 ELM ST CINCINNATI, OH 45202 (513) 362-2021

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

b 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

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

10b 11a Yes

12a

12h

12c

13

14

15a

15b

16a

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

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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 .

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

• 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

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

- 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

See instructions for the order in which to list the	•									
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than o	n (do	(C o no ox, u n of tor/t) t ch unle: ficer	eck moss pers and a ee)	ore son	(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
(1) TOM GASCE MEMBER	1 00	Х						0	0	0
(2) THERESA LUBKE MEMBER	1 00	Х						0	0	0
(3) PAUL WALDSMITH MEMBER	1 00	Х						0	0	0
(4) WOODY FITTON MEMBER	1 00	Х						0	0	0
(5) EDWARD BOHREN MEMBER	1 00	Х						0	0	0
(6) ED THOMAS MEMBER	1 00	Х						0	0	0
(7) DICK BENNETT TREASURER	1 00	Х		х				0	0	0
(8) BRAD TOFT CHAIR	1 00	Х		x				0	0	0
(9) JOSHUA LITTLE IMMEDIATE PAST CHAIR	1 00	Х		х				0	0	0
(10) ELIZABETH TSVETKOFF CHIEF EXECUTIVE OFFICER	40 00			×				144,751	0	23,824
										Form 990 (2019)

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated **(B)** Average (C)
Position (do not check more (**D**) Reportable **(E)** Reportable (A) Name and title

Name and title	hours per week (list any hours	than o	ne b	ox, ι in of	unles ficer	and a	on	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
				1						

	Sub-Total					>			'			
	Total (add lines 1b and 1c)	•				▶		144,751		0		23,824
2	Total number of individuals (including of reportable compensation from the		e list	ed al	bove	e) who	rece	eived more than	\$100,000			
											Yes	No
3	Did the organization list any former of line 1a? If "Yes " complete Schedule is		•	•		, ,		-				

	Sub-Total			
d 1	Total (add lines 1b and 1c)	0		23,824
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 \triangleright 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? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

	Total (add lines 1b and 1c)	0		23,824
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? If "Yes," complete Schedule J for such individual		Vaa	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	4	Yes	

			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
ı	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? If "Yes," complete Schedule J for such individual	1	Yes	

	line 1a. If Test, complete Schedule Flot Such marvidual	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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	-	165	
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year	npensa	ition	

S	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		sation				
	(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 recompensation from the organization \blacktriangleright 0	eceived more than \$100,000 of	

Form **990** (2019)

		(2019)							Page 9
Part	VIII			.	oneo er ret- 1	line in this Ds 12.77			
		Check if Sched	dule O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	18	a Federated campa	iigns	1a			revenue		512 - 514
unts		b Membership dues	5	1b					
Contributions, Gifts, Grants and Other Similar Amounts	,	c Fundraising even	ts	1c					
	,	d Related organizat	tions	1d					
n]5.	'	e Government grants	(contributions)	1e					
ons Sir	1	 All other contribution and similar amounts 	ns, gıfts, grants, s not ıncluded	1f	53,250				
buti the	١.	above g Noncash contributio	ns included in] 33,230				
a di		lines 1a - 1f \$		1 g					
Cont		h Total. Add lines :	la-1f		•	53,250			
					Business Code	244.022	244.022		
a.	2a	MEMBER DUES			900099	244,833	244,833		
Program Service Revenue	b	YUSA SERVICES			900099	28,000	28,000		
₽. V					_				
MCE	С								
Š	d								
ran									
Ρος	е								
	f	All other program	service revenue	e					
	_	Total. Add lines 2			272,833	_		ı	T
		Investment income similar amounts) .	(including divid		ınterest, and other ▶	.			
		Income from invest	ment of tax-ex	empt b	ond proceeds	•			
	5	Royalties	 (ı) Re		(II) Personal	• <u> </u>			
				ea I	(II) Personal	-			
		Gross rents	6a			4			
	D	Less rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income	or (loss)			†			
			(ı) Secu	rities	(II) Other	_			
	7a	Gross amount from sales of	7a						
		assets other than inventory							
	b	Less cost or other basis and	7b						
		sales expenses				-			
		Gain or (loss)	7c						
		I Net gain or (loss) Gross income from fu			· · · •				
ne	-	(not including \$ contributions reported	of						
₹		See Part IV, line 18	• • • •	8a					
Other Revenue		Less direct expen		8b]			
the	C	: Net income or (los	s) from fundrai	sing ev	rents >	7			
	9a	Gross income from		5					
	L	See Part IV, line 19		9a 9b		4			
		Less direct expen : Net income or (los				_			
					1				
	10	aGross sales of inve returns and allowa		10a					
	ь	Less cost of good	s sold	10b		†			
	c	Net income or (los		finvent		_			
	11	Miscellaneo BENERGY REBATES			Business Code 90009	9 12,716	12,716		
		LINENG! REDATES	•						
	b	·							
	c	:							
		All other revenue							
		Total. Add lines 1			•	12,716	5		
	12	Total revenue. Se	ee instructions	• •	· · · •	338,799	285,549	(Form 990 (2019)

Part IX Statement of Function	nal Eynenses				rage 10
	(c)(4) organizations must c	omplete all columns	All other organizatio	ns must complete col	lumn (A)
	ins a response or note to an		_		🗹
Do not include amounts reported or 7b, 8b, 9b, and 10b of Part VIII.	ı lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to dom domestic governments See Part IV					
2 Grants and other assistance to dom Part IV, line 22					
3 Grants and other assistance to fore governments, and foreign individua and 16	als See Part IV, lines 15				
4 Benefits paid to or for members .	[
5 Compensation of current officers, divided key employees		167,125	167,125		
6 Compensation not included above, defined under section 4958(f)(1)) a section 4958(c)(3)(B)	and persons described in				
7 Other salaries and wages	[
8 Pension plan accruals and contribut (k) and 403(b) employer contributi					
9 Other employee benefits	[
10 Payroll taxes	[13,646	13,646		
11 Fees for services (non-employees)					
a Management					
b Legal	[4,720		4,720	
c Accounting	[3,104		3,104	
d Lobbying	[37,358	37,358		
e Professional fundraising services S	ee Part IV, line 17				
${f f}$ Investment management fees ${f .}$	[
g Other (If line 11g amount exceeds (A) amount, list line 11g expenses					
12 Advertising and promotion					
13 Office expenses		2,463		2,463	
14 Information technology					
15 Royalties					
16 Occupancy	[
17 Travel	[4,548		4,548	
18 Payments of travel or entertainmen federal, state, or local public official					
19 Conferences, conventions, and mee	etings	6,441		6,441	
20 Interest					
21 Payments to affiliates	[
22 Depreciation, depletion, and amort	ization				
23 Insurance	Ī	3,647		3,647	
24 Other expenses Itemize expenses miscellaneous expenses in line 24e exceeds 10% of line 25, column (A	If line 24e amount				
expenses on Schedule O) a POPULATION HEALTH EXPEN	ŀ	43,433	43,433		
a TOTOLATION HEALTH EXTEN		.5,.55	,		
b BUSINESS PLAN - HEALTHC		13,250	13,250		
c DUES AND FEES		8,272	8,272		
d					
e All other expenses					
25 Total functional expenses. Add	ines 1 through 24e	308,007	283,084	24,923	0
26 Joint costs. Complete this line only reported in column (B) joint costs for educational campaign and fundrais Check here ▶ ☐ if following SOP	rom a combined ing solicitation				

Form **990** (2019)

Form 990 (2019)

2

3

Beginning of year

226,270

29.428

32,449

1

2

3

4

5

6 7

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10c

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12 13

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20 21

22 23

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27

28

29

30

31

32

33

25.905

262,242

262,242

288.147

288,147

25,905

Page **11**

305,546

15,119

320,665

27,631

27.631

293,034

293,034

320.665

Form 990 (2019)

Check	ıf	Schedule	0

			-	

Cash-non-interest-bearing Savings and temporary cash investments .

Pledges and grants receivable, net . . . Accounts receivable, net

contains a response or note to any line in this Part IX

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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net Assets Inventories for sale or use . Prepaid expenses and deferred charges .

basis Complete Part VI of Schedule D

10a 10b

b Less accumulated depreciation Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

10a Land, buildings, and equipment cost or other 11 12 13 Investments—program-related See Part IV, line 11

14 Intangible assets .

15 Other assets See Part IV, line 11 . . . 16

17 Accounts payable and accrued expenses . 18 Grants payable . 19 Deferred revenue . .

Total assets. Add lines 1 through 15 (must equal line 34) . 20 Tax-exempt bond liabilities .

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key

employee, creator or founder, substantial contributor, or 35% controlled entity

21 Liabilities 22 23 Secured mortgages and notes payable to unrelated third parties

24 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 . .

25 26

complete lines 29 through 33.

Total net assets or fund balances

Fund Balances 27 28 Net assets with donor restrictions .

ō 29

Assets 30

31

32

33

complete lines 27, 28, 32, and 33. Net assets without donor restrictions

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2019)				Page 12
Pai	Reconcilliation 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			338,799
2	Total expenses (must equal Part IX, column (A), line 25)	2			308,007
3	Revenue less expenses Subtract line 2 from line 1	3			30,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			262,242
5	Net unrealized gains (losses) on investments	5			
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			293,034
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990	on a	2a	Yes	No No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	basıs,			
С	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?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Additional Data

Software ID:

Software Version:

EIN: 26-3456264

Name: OHIO ALLIANCE OF YMCAS

Form 990 (2019)

Form 990, Part III, Line 4a:

OUR YOUNG AND SCHOOL AGE KIDS NEED INCREASED INVESTMENT TO THRIVE THE YMCAS ARE THE LARGEST EARLY CHILDHOOD AND SCHOOL AGE CARE PROVIDERS IN OHIO, AND HELPING CHILDREN DEVELOP EDUCATIONALLY AND SOCIALLY IS A CRITICAL PART OF THE YMCA MISSION IN THESE PROGRAMS, WE SERVE KIDS FROM SIX WEEKS TO AGE THIRTEEN Y EARLY CHILDHOOD PROGRAMS ARE EARLY LEARNING FOR CHILDREN AS YOUNG AS SIX WEEKS, AND NO LONGER "BABYSITTING "
INVESTMENT IN QUALITY CHILD CARE LEADS TO KINDERGARTEN READINESS, INCREASED 3RD GRADE READING PROFICIENCY, BETTER GRADUATION RATES, REDUCED NEED FOR INTERVENTION, LESS INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM, AND A READY WORKFORCE FOR THE FUTURE YMCAS' SCHOOL AGE PROGRAMS ARE NOT JUST A PLACE WHERE KIDS SOCIALIZE OUT OF SCHOOL AT THE Y, SCHOOL AGE CHILDREN CONTINUE THEIR EDUCATION AFTER SCHOOL IN SAFE, STIMULATING ENVIRONMENTS WE ALSO REDUCE SUMMER LEARNING LOSS THROUGH QUALITY SUMMER CAMP PROGRAMS CHILD CARE IS ECONOMIC DEVELOPMENT EARLY CHILDHOOD AND SCHOOL AGE CARE IS CRUCIAL TO SUPPORT OHIO'S WORKING PARENTS. PARENTS. AND THEIR EMPLOYERS. RELY ON OUALITY CHILD CARE TO TEACH

AND CARE FOR THEIR CHILDREN WHILE THEY SUPPORT THEIR FAMILY OUR CHILD CARE PROGRAMS ALSO ARE A STABLE SOURCE FOR NUTRITIOUS MEALS FOR KIDS IN OUR CARE OHIO YMCAS PROVIDE THOUSANDS OF MEALS EACH DAY THROUGH THE CHILD AND ADULT CARE FOOD PROGRAM, WHICH OFTEN IS DIFFICULT TO

ADMINISTER WHILE OUR GOAL IS TO FEED OUR KIDS. THE PROGRAM'S BURDENSOME RESTRICTIONS PREVENT YS FROM REACHING THAT GOAL

Form 990, Part III, Line 4b:

COMMUNITIES OF CANCER SURVIVORS AT ALL YMCA BRANCHES

ADDITIONAL TOOLS TO HELP OUR COMMUNITIES PREVENT AND COMBAT CHRONIC DISEASE, SUCH AS DIABETES AND CANCER YMCA'S DIABETES PREVENTION PROGRAMFOR OHIOANS AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES, THE YMCA'S DIABETES PREVENTION PROGRAM CAN HELP PRE-DIABETICS ADOPT AND MAINTAIN HEALTHY LIFESTYLES THAT WILL REDUCE THE CHANCE OF DEVELOPING DIABETES. THIS PROGRAM ALREADY IS THE CORNERSTONE OF OHIO'S CHRONIC DISEASE STATE PLAN, AND MUST BE A PART OF OHIO'S HEALTH CARE INNOVATION PLAN AS A CRITICAL COMMUNITY-BASED SUPPORT OHIO YMCAS ALREADY OFFER THE

PREVENTING AND MANAGING CHRONIC DISEASE IS HEALTHY LIVING OUR MISSION OF HEALTHY LIVING ENCOMPASSES NOT ONLY PHYSICAL ACTIVITY, BUT ALSO

PROGRAM IN OVER 75 COMMUNITIES. AND CONTINUE TO GROW EACH YEAR THE YMCA'S DIABETES PREVENTION PROGRAM IS BASED ON RESEARCH FUNDED BY THE NATIONAL INSTITUTES OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION. WHICH SHOWED THAT BY EATING HEALTHIER. INCREASING PHYSICAL ACTIVITY, AND LOSING A SMALL AMOUNT OF WEIGHT, A PERSON WITH PRE-DIABETES CAN PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES BY 58% IN A CLASSROOM SETTING, A TRAINED LIFESTYLE COACH WILL HELP YOU CHANGE YOUR LIFESTYLE BY LEARNING ABOUT HEALTHY EATING, PHYSICAL ACTIVITY, AND OTHER

BEHAVIOR CHANGES OVER THE COURSE OF 16 ONE-HOUR SESSIONS. AFTER THE INITIAL 16 CORE SESSIONS, YOU WILL MEET MONTHLY FOR ADDED SUPPORT TO HELP MAINTAIN YOUR PROGRESS. THE PROGRAM'S GOALS ARE TO REDUCE BODY WEIGHT BY 7% AND INCREASE PHYSICAL ACTIVITY TO 150 MINUTES PER WEEK AFTER OVER THREE YEARS OF ADMINISTERING THE PROGRAM NATIONWIDE, AN INDEPENDENT STUDY BY UNITED HEALTH FOUNDATION SHOWS THE YS ARE HITTING THE PROGRAM

GOALS, AND SAVING LIVES AND DOLLARS LIVESTRONG AT THE Y, WE BELIEVE IN FREELY PROVIDING THE GIFT OF HOPE TO THE PEOPLE IN OUR COMMUNITY WHO ARE EXPERIENCING CANCER LIVESTRONG AT THE YMCA ALLOWS CANCER SURVIVORS WITH THE OPPORTUNITY TO COME TO THE Y TO HEAL WE BELIEVE IN PARTNERING WITH PEOPLE EXPERIENCING CANCER TO CREATE A SAFE, LOVING, AND CARING ENVIRONMENT. CANCER KNOWS NO BOUNDARIES, BUT WE BELIEVE IN THE STRENGTH OF COMMUNITY AND THAT EVERY SURVIVOR DESERVES UNCONDITIONAL SUPPORT, A CHANCE TO BELONG AND AN OPPORTUNITY TO FEEL "NORMAL" AS THEY REGAIN

THEIR STRENGTH AT NO COST, CANCER SURVIVORS WILL HAVE THE OPPORTUNITY TWICE EACH WEEK TO ENGAGE IN A PROVEN PHYSICAL ACTIVITY PROGRAM UNDER

SURVIVOR WITH THE HOPE THAT THIS IS THE BEGINNING OF THEIR RELATIONSHIP WITH THE Y. HUMAN CONNECTION HEALS AND IT IS CRITICAL THAT WE BUILD SMALL

THE GUIDANCE OF OUALIFIED INSTRUCTORS TRAINED IN THE LIVESTRONG CURRICULUM EACH SURVIVOR AND THEIR FAMILY WILL ALSO BE PROVIDED A MEMBERSHIP TO THE Y DURING THE 12-WEEK PROGRAM WE BELIEVE IN THE POWER OF RELATIONSHIPS AND BELONGING TO HEAL WE BELIEVE IN SUPPORTING THE CANCER

Form 990, Part III, Line 4c: PIONEERING HEALTHIER COMMUNITIES OHIO WORKS TO IMPROVE COMMUNITY HEALTH THE Y IS NOT JUST A GYM IT'S A PLACE WHERE CHILDREN LEARN FROM AN FARLY AGE ABOUT HEALTHY EATING AND PHYSICAL ACTIVITY THAT HELPS PREVENT CHILDHOOD AND ADULT OBESITY. CHILDHOOD OBESITY HAS BECOME AN EPIDEMIC IN OHIO ACCORDING TO NATIONAL ESTIMATES, 30-34% OF OHIO'S CHILDREN AGE 10-17 ARE OVERWEIGHT OR OBESE IN PARTNERSHIP WITH THE ROBERT WOOD

PHYSICAL ACTIVITY THE PRIMARY GOAL OF THIS INITIATIVE IS TO IMPROVE CHILDHOOD HEALTH THROUGH SUSTAINABLE AND SYSTEMIC CHANGE ACROSS THE COUNTRY, YMCA CHILD CARE CENTERS ARE IMPLEMENTED HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA) STANDARDS HEPA SETS GOALS FOR (1) THE NUTRITIONAL OUALITY OF THE FOODS AND BEVERAGES PROVIDED IN EARLY CHILDHOOD AND SCHOOL AGE CARE. (2) THE AMOUNT OF PHYSICAL ACTIVITY CHILDREN AND YOUTH

JOHNSON FOUNDATION AND YMCA OF THE USA, THE OHIO ALLIANCE OF YMCAS IS LEADING A COLLABORATIVE CALLED PIONEERING HEALTHIER COMMUNITIES OHIO (PHC OHIO) PHC OHIO IS A DIVERSE GROUP OF STATEWIDE PARTNERS WORKING TO CREATE FAIR OPPORTUNITIES FOR CHILDREN TO ACCESS HEALTHY FOOD AND

ACCUMULATE WHILE ATTENDING THESE PROGRAMS, (3) ENGAGING PARENTS OF THE CHILDREN AND YOUTH IN OUR CHILD CARE PROGRAMS, AND (4) LIMITING SCREEN TIME FOR PROGRAM PARTICIPANTS AS YMCAS IMPLEMENT THESE STANDARDS, AND AS OTHER HEALTH-CONSCIENCE CHILD CARE CENTERS REACH SIMILAR GOALS. OUR CHILDREN BENEFIT BY IMPROVED LEARNING AND HEALTH OHIO'S TIERED OUALITY RATING AND IMPROVEMENT SYSTEM (STEP UP TO OUALITY) SHOULD ACKNOWLEDGE

CENTERS THAT ACHIEVE THESE HEALTH-RELATED GOALS THERE IS A RELATIONSHIP BETWEEN HEALTH AND THE BUILT ENVIRONMENT. HOW HEALTHY WE ARE OFTEN REFLECTS THE WAY OUR BUILDINGS AND NEIGHBORHOODS FUNCTION WE CAN IMPROVE LIVES AND FOSTER HEALTHY OUTCOMES BY CHANGING OUR APPROACH WHEN BUILDING CITIES, STREETS, AND PLACES THE FEDERAL GOVERNMENT INVESTS LITTLE IN THIS WORK, AND OHIO INVESTS EVEN LESS OHIO MUST PRIORITIZE AND

FUND SAFE ROUTES TO SCHOOL AND COMPLETE STREETS, WHICH ENABLE CHILDREN AND FAMILIES TO SAFELY WALK AND BIKE TO SCHOOL AND THROUGHOUT THEIR

COMMUNITIES THESE INFRASTRUCTURE IMPROVEMENTS ALSO MAKE OHIO COMMUNITIES MORE ATTRACTIVE TO BUSINESSES LOOKING TO SETTLE IN OUR STATE

SCHEDULE C

Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493192022040

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

f the	Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election of Form 990, Part IV, Line 5 (Proxy Tos), then	rts I-A and C below 990-EZ, Part VI, Iir section 501(h)) Counder section 501(h	ne 47 (Lobbying / omplete Part II-A I)) Complete Part	Actıvit ı Do not II-B D	i es), t comp o not	lete Part II-l complete Pa	art II-A
Na	me of the organization	'		Emplo	yer id	entifi	ication nun	ıber
OH)	IO ALLIANCE OF YMCAS			25.24				
Par	t I-A Complete if the organ	nization is exempt under sect	ion E01(c) or is	26-345		nizat	tion	
1	<u> </u>	ization's direct and indirect political ca						
2	Political campaign activity expend	itures (see instructions)			>	\$		
3	Volunteer hours for political camp	,				-		
Par		nization is exempt under secti	ion 501(c)(3).					
1	<u> </u>	x incurred by the organization under			•	\$		
2	·	x incurred by organization managers				* _ \$		
3	•	ion 4955 tax, did it file Form 4720 foi				T -	☐ Yes	
	-		,					∐ No
4a	Was a correction made?						☐ Yes	∐ No
b				0				
		nization is exempt under sect		-	r(c)(.			
1	, ,	ed by the filing organization for section	'		>	\$_		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other	organizations for se	ection 527 exempt	•	\$_		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	>	\$		
4	Did the filing organization file For	m 1120-POL for this year?				* <u>-</u>	☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) each organization listed, enter the arthat were promptly and directly delived (PAC). If additional space is needed	nount paid from the ered to a separate p	filing organization olitical organization	n's fund	ds Al:	so enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none -0-	ition's		e) Amount contributions and promp directly deliv separate porganization enter	received otly and vered to a political If none,
1								
2								
3								
1								_
5								
5								
or P	Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ	Cat	No 50084S Sch	edule ((For	m 990 or 990	0-EZ) 2019

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

Yes | No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

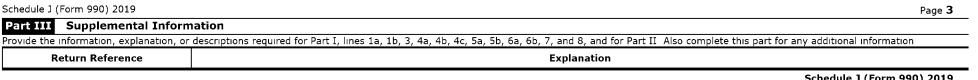
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

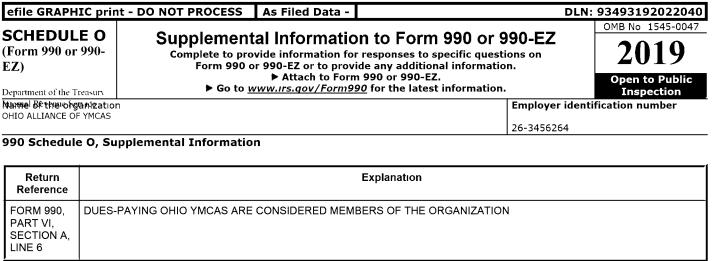
During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19319	2022	:040
Sch	edule J	Co	mpensati	ion Information	00	1B No	1545-0	0047
(For	n 990)	For certain Officer						
		Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	19	•
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>/Form990</u> for	instructions and the latest inforn	nation.		to Pul ectio	
	ne of the organiza				Employer identificat			
OHI	O ALLIANCE OF YMC	AS			26-3456264			
Pa	rt I Questi	ons Regarding Compensati	ion					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
	First-class	or charter travel		Housing allowance or residence for p	personal use			
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ц	Personal services (e g , maid, chauf	reur, cner)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lin	0.103	2		
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked on Lin	e la ^r			
3				ed to establish the compensation of th	ie			
		EO/Executive Director Check all d organization to establish compe		CEO/Executive Director, but explain in	n Part III			
	✓ Compensa	ation committee	П	Written employment contract				
	_ '	ent compensation consultant	<u> </u>	Compensation survey or study				
	·	of other organizations	✓	Approval by the board or compensal	tion committee			
4			90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
	related organiza							
a		ance payment or change-of-contr		.6. dh		4a		No
b c	•	r receive payment from, a supple r receive payment from, an equit	•	•		4b 4c		No No
·			'	plicable amounts for each item in Part	III			110
), 501(c)(4), and 501(c)(29)	_	-				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization					5a		No
Ь	Any related orga	anization? 5a or 5b, describe in Part III				5b		No
6	-	•	A line to did	the organization pay or accrue any				
0	compensation c	ontingent on the net earnings of	A, illie 1a, ulu	the organization pay of accrue any				
a	The organization					6a		No
Ь	Any related orga	anization? 6a or 6b, describe in Part III				6b		No
7	•		A. line 1a did	the organization provide any nonfixed	f			
•		escribed in lines 5 and 6? If "Yes,			-	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		140
For I	Danerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990 Cat No. 5	0053T Schedule 1	/Forn	990)	2019

Part III Officers,	Dire	ctors, Trustees, Key	Employees, and Hi	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII	organization on row (i) ar Part VII, Section A, line	_		t ındıvıdual
(A) Name and Title	•		of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ELIZABETH TSVETKOFF CHIEF EXECUTIVE OFFICER	(i)	144,751	0	0	14,727	9,097	168,575	0
- CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0





Return Explanation
Reference

FORM 990,	THE ORGANIZATION'S GOVERNING BODY RECRUITS NEW AND REPLACEMENT GOVERNING BODY MEMBERS, AS
PART VI,	WELL AS OFFICERS FOR THE ORGANIZATION
SECTION A,	
LINE 7A	

Return Explanation

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, PART VI, BYLAWS THE CONFLICT OF INTEREST POLICY IS EMBEDDED IN THE BYLAWS

LINE 12C

Return Explanation
Reference

FORM 990, COMPENSATION WAS DETERMINED USING DATA FROM SIMILAR POSITIONS WITHIN THE STATE AND REGION, AS WELL AS COMPARABLE POSITIONS WITH SIMILAR ORGANIZATIONS IN OTHER STATES

SECTION B,
LINE 15

Return Explanation
Reference

FORM 990,	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
PART VI,	AVAILABLE UPON REQUEST
SECTION C,	
LINE 19	

Return Explanation
Reference

FORM 990,	EMPLOYEES AND OFFICERS ARE LEASED FROM AND PAID BY THE GREATER CINCINNATI YMCA WHICH IS TH
PART IX,	EN REIMBURSED BY THE OHIO ALLIANCE OF YMCAS FOUNDATION AND THE OHIO ALLIANCE OF YMCAS
LINES 5, 7,	
8, 10	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192022040 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2019** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** OHIO ALLIANCE OF YMCAS 26-3456264 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (d) (f) Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (e) Primary activity Total income

Name, address, and EIN (if applicable) of disregarded entity		Primary act	ivity	or foreign	country)	Total inc	come	End-of-year as	ssets	Direct cont entity				
										 				
Part II Identification of Related Tax-Exempt Organizations	s Comple	to if the ora:	nization	answord	"Vos" on F	orm 000	Dart I	V Juno 34 ha	2631166	a it had one or i	moro			
related tax-exempt organizations during the tax year.	5. Complet	te ii tile orga	INIZACION	answered	Yes on r	-0riii 990	, Part i	V, line 34 be	ecause	It had one of i	поге			
(a) Name, address, and EIN of related organization	Primar	(b) Primary activity		(b) Primary activity		(c) Legal domicile (state or foreign country)		de section Public (if sect		(e) harity status on 501(c)(3))	(f) Direct controlling entity		Section (13) cor enti	512(b) ntrolled ity?
(1)OHIO ALLIANCE OF YMCAS FOUNDATION 40 WEST LONG STREET COLUMBUS, OH 43215 45-3569582	TO SUPPORT AND CARRY OUT THE PURPOSE OF THE OHIO ALLIANCE OF YMCAS		ОН		501(C)(3)		LINE 9		OHIO A	ILLIANCE OF YMCAS	Yes Yes	No		
	<u> </u>											<u></u>		
												1		

Part III Identification of Related Organ one or more related organizations				te ıf th	e org	janization	ansı	wered "Ye	s" on Forn	า 990,	Part :	IV, line 34	, bec	ause	ıt hac			
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Dire contro entr	ct Il ıng	(e) Predomina income(rela unrelate excluded f tax unde sections 5	ated, d, rom er	(f) Share of total income		(† Disprop alloca	rtionate	(i) Code V-UB amount in b 20 of Schedule K- (Form 1065	[Ger ox ma pa 1	(j) neral or naging rtner?	r Perce	k) entage ership		
						514)				Yes	No		Ye	es No	1			
Part IV Identification of Related Organ because it had one or more related								ation ans	wered "Yes	s" on F	orm 9	990, Part I	V, lın	ne 34				
(a) Name, address, and EIN of related organization	(b) Primary activity	l do (state	(c) Legal domicile (state or foreign country)		Legal omicile or foreign		Direct	(d) t controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total Income		(g) e of end year assets	-of- Perd	(h) entage nership	9	(1 Section (13) co ent	ntrolle ty?
(1)OHIO YMCA HEALTHY LIVING COLLABORATIVE	MANAGEMENT		OH		N/A		С								Yes	No No		
250 CIVIC CENTER DR STE 300 COLUMBUS, OH 43215 33-3629512					.,													

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule										
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No							
b Gift, grant, or capital contribution to related organization(s)	1 b		No							
c Gift, grant, or capital contribution from related organization(s)	1c		No							
d. Leans or lean guarantees to or for related organization(s)	1d	Yes								

Page 3

No No

No

No

No

1m 1n

10 l Yes

1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

Yes Yes **1**q

b	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No

c Gift, grant, or capital contribution from related organization(s)	•	1c	NO
d Loans or loan guarantees to or for related organization(s)		1d Yes	;
e Loans or loan guarantees by related organization(s)		1e	No
f Dividends from related organization(s)		1f	No
g Sale of assets to related organization(s)	ļ	1 g	No
h Purchase of assets from related organization(s)		1h	No
i Exchange of assets with related organization(s)		1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		1j	No
k Lease of facilities, equipment, or other assets from related organization(s)		1k	No

(b)

Transaction

type (a-s)

(c)

Amount involved

Performance of services or membership or fundraising solicitations for related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

m Performance of services or membership or fundraising solicitations by related organization(s) . . .

(a)

Name of related organization

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Reimbursement paid by related organization(s) for expenses

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partnersings													
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) The all partners section 501(c)(3) Trganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No	1	Yes	No	
										Schedul	le R (Form	1 990	0) 2019

