

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
OHIO ALLIANCE OF YMCAS
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6956 E BROAD STREET SUITE 243
City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 43213

D Employer identification number
26-3456264

E Telephone number
(513) 362-2021

G Gross receipts \$ 338,799

F Name and address of principal officer
ELIZABETH TSVETKOFF
6956 E BROAD STREET SUITE 243
COLUMBUS, OH 43213

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c)(4)
4947(a)(1) or 527

J Website: OHIOYMCAS.ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 2008

M State of legal domicile OH

Part I 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 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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box 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; 4 Number of independent voting members of the governing body; 5 Total number of individuals employed in calendar year 2019; 6 Total number of volunteers; 7a Total unrelated business revenue; 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants; 9 Program service revenue; 10 Investment income; 11 Other revenue; 12 Total revenue; 13 Grants and similar amounts paid; 14 Benefits paid to or for members; 15 Salaries, other compensation, employee benefits; 16a Professional fundraising fees; 16b Total fundraising expenses; 17 Other expenses; 18 Total expenses; 19 Revenue less expenses.

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.

Signature of officer: ELIZABETH TSVETKOFF CHIEF EXECUTIVE OFFICER
Date: 2020-07-01

Paid Preparer Use Only
Print/Type preparer's name: MCM CPAS & ADVISORS LLP
Preparer's signature
Date
Check if self-employed
PTIN: P01085771
Firm's EIN: 27-1235638
Firm's address: 201 EAST FIFTH STREET SUITE 2100 CINCINNATI, OH 45202
Phone no: (513) 579-1717

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PRIMARY PURPOSE OF OHIO STATE ALLIANCE OF YMCAS IS TO FOSTER STATEWIDE COMMUNICATION AND COOPERATION AMONG YMCAS, GAIN CONSENSUS ON ISSUES OF IMPORTANCE TO THE YMCA, MAKE POLICY AND DECISION MAKERS AWARE OF THE YMCA'S MISSION AND PROGRAMS AND GAIN RECOGNITION AS A LEADER ON ISSUES THAT AFFECT CHILDREN AND FAMILIES, ADVOCATE ON BEHALF OF THE CHILDREN AND FAMILIES SERVED BY THE YMCA, PROTECT THE OPERATING INTEGRITY OF THE YMCA ORGANIZATION IN ORDER TO CARRY OUT ITS MISSION, AND REPRESENT, COMMUNICATE TO, AND LOBBY ON BEHALF OF, ALL MEMBER YMCAS

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 [X] 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 [X] 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 \$ 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

4c (Code) (Expenses \$ 70,771 including grants of \$) (Revenue \$ 90,944)

See Additional Data

(Code) (Expenses \$ 70,771 including grants of \$) (Revenue \$)

TEACHING DEMOCRACY TO EACH GENERATION IS YOUTH DEVELOPMENT YOUTH DEVELOPMENT IS A CENTRAL PILLAR TO THE YMCA MISSION, AND YMCA YOUTH & GOVERNMENT IS A CRITICAL PIECE OF THAT PILLAR YOUTH & GOVERNMENT (YG) IS A THREE-DAY LEARNING CONFERENCE IN WHICH STUDENTS PARTICIPATE DIRECTLY IN A SIMULATION OF THE DEMOCRATIC PROCESS YG OFFERS STUDENTS THE OPPORTUNITY TO LEARN ABOUT A WIDE VARIETY OF ISSUES, DEVELOP CRITICAL THINKING SKILLS, AND ARTICULATE THEIR BELIEFS WHILE ENGAGING CONSTRUCTIVELY WITH THOSE WHO HOLD LIKE AND OPPOSING VIEWS YG INCLUDES ALL THREE BRANCHES OF GOVERNMENT, AS WELL AS THE PRESS CORP IN THE LEGISLATIVE PROGRAM, STUDENT REPRESENTATIVES AND SENATORS ELECT THEIR LEADERSHIP, RESEARCH CURRENT EVENTS, AND WRITE BILLS THROUGHOUT THE YEAR FOR THESE LEGISLATORS, THE MOCK LEGISLATIVE EXPERIENCE CULMINATES BY DEBATING THEIR BILLS ON THE OHIO HOUSE AND SENATE FLOORS AND SEEKING SIGNATURE STUDENTS ALSO CAN PARTICIPATE AS LOBBYISTS AND PAGES THE EXECUTIVE BRANCH OF YG INCLUDES A RACE EACH YEAR FOR YOUTH GOVERNOR CANDIDATES CREATE PLATFORMS AND ADVOCATE THEIR QUALIFICATIONS DURING THE GUBERNATORIAL DEBATE AND THROUGH "GRASSROOTS" CAMPAIGNING ONCE ELECTED, THE YOUTH GOVERNOR BECOMES THE LEADER AND FACE OF THE PROGRAM THE YOUTH GOVERNOR HAND-SELECTS HIS OR HER STUDENT CABINET WHO SEEK THE PASSAGE OR FAILURE OF BILLS BASED ON THE YOUTH GOVERNOR'S PLATFORM IN THE JUDICIAL PROGRAM, STUDENT JUSTICES PRESIDE OVER A YOUTH SUPREME COURT STUDENT ATTORNEYS PREPARE BRIEFS FOR THE COURT, AS WELL AS PRESENT ORAL ARGUMENTS THE STUDENT JUSTICES, THEN, DELIBERATE AND ISSUE THEIR OPINION

4d Other program services (Describe in Schedule O) (Expenses \$ 70,771 including grants of \$) (Revenue \$)

4e Total program service expenses 283,084

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming winnings.

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

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 2a 0
2b 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
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
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 (such as a bank account, securities account, or other financial account)? 4a No
4b If "Yes," enter the name of the foreign country 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
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
5c 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? 6a No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
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? 7a No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h 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.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter
11a Gross income from members or shareholders 11a
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b 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.
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a
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 13b
13c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
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? Note. If "Yes," see instructions and file Form 4720, Schedule N 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	b 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?	Yes	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
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	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	Yes	
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?		No
16b	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 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
- 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 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
 STEVE POHLMAN C/O 1105 ELM ST CINCINNATI, OH 45202 (513) 362-2021

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			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,250		
	g Noncash contributions included in lines 1a - 1f \$	1g			
h Total. Add lines 1a-1f		53,250			

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a MEMBER DUES		900099	244,833	244,833		
b YUSA SERVICES		900099	28,000	28,000		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			272,833			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
		b Less direct expenses	8b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	9a				
		b Less direct expenses	9b			
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a ENERGY REBATES		900099	12,716	12,716		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			12,716			
12 Total revenue. See instructions			338,799	285,549	0	

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				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	167,125	167,125		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
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 See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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 entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,441		6,441	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,647		3,647	
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 POPULATION HEALTH EXPEN	43,433	43,433		
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 lines 1 through 24e	308,007	283,084	24,923	0
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	226,270	1	305,546
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	29,428	3	0
	4 Accounts receivable, net	32,449	4	15,119
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities—See Part IV, line 11		12	
	13 Investments—program-related—See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	288,147	16	320,665	
Liabilities	17 Accounts payable and accrued expenses	25,905	17	27,631
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability—Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	25,905	26	27,631
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	262,242	27	293,034
	28 Net assets with donor restrictions		28	
	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		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	262,242	32	293,034	
33 Total liabilities and net assets/fund balances	288,147	33	320,665	

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	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

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b		No
2c		
3a		No
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 QUALITY 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:

PREVENTING AND MANAGING CHRONIC DISEASE IS HEALTHY LIVING OUR MISSION OF HEALTHY LIVING ENCOMPASSES NOT ONLY PHYSICAL ACTIVITY, BUT ALSO ADDITIONAL TOOLS TO HELP OUR COMMUNITIES PREVENT AND COMBAT CHRONIC DISEASE, SUCH AS DIABETES AND CANCER YMCA'S DIABETES PREVENTION PROGRAM FOR 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 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 THE GUIDANCE OF QUALIFIED 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 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 COMMUNITIES OF CANCER SURVIVORS AT ALL YMCA BRANCHES

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 EARLY 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 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 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 QUALITY OF THE FOODS AND BEVERAGES PROVIDED IN EARLY CHILDHOOD AND SCHOOL AGE CARE, (2) THE AMOUNT OF PHYSICAL ACTIVITY CHILDREN AND YOUTH 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 QUALITY RATING AND IMPROVEMENT SYSTEM (STEP UP TO QUALITY) 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
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

OMB No 1545-0047

2019

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization OHIO ALLIANCE OF YMCAS	Employer identification number 26-3456264
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j 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			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

1 Dues, assessments and similar amounts from members	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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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)	5

Part IV Supplemental Information

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

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

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Name of the organization
OHIO ALLIANCE OF YMCAS

Employer identification number
26-3456264

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

2019
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Department of the Treasury

Name of the organization

OHIO ALLIANCE OF YMCAS

Employer identification number

26-3456264

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	DUES-PAYING OHIO YMCAS ARE CONSIDERED MEMBERS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE 990 AND SHARES THE 990 AND ADDITIONAL FEEDBACK TO THE ORGANIZATION'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR THE GOVERNING BODY OF THE ORGANIZATION MUST AGREE TO ABIDE BY THE ORGANIZATION'S BYLAWS THE CONFLICT OF INTEREST POLICY IS EMBEDDED IN THE BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION WAS DETERMINED USING DATA FROM SIMILAR POSITIONS WITHIN THE STATE AND REGION, AS WELL AS COMPARABLE POSITIONS WITH SIMILAR ORGANIZATIONS IN OTHER STATES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

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▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
OHIO ALLIANCE OF YMCAS

Employer identification number

26-3456264

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(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	OH	501(C)(3)	LINE 9	OHIO ALLIANCE OF YMCAS	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) OHIO YMCA HEALTHY LIVING COLLABORATIVE 250 CIVIC CENTER DR STE 300 COLUMBUS, OH 43215 83-3629512	MANAGEMENT	OH	N/A	C					No

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation