

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 EAST LINCOLN STREET
City or town, state or province, country, and ZIP or foreign postal code
FINDLAY, OH 45840

D Employer identification number
34-4428263

E Telephone number
(419) 422-4424

G Gross receipts \$ 4,909,441

F Name and address of principal officer
PAUL WORSTELL
1121 FOX RUN ROAD
FINDLAY, OH 45840

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

H(c) Group exemption number

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

J Website: WWW.FINDLAYYMCA.ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1889

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MISSION AND DELIVERING OUR CAUSE THE YMCA MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL THE YMCA IS A DIVERSE ORGANIZATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY FOR OVER 125 YEARS THE YMCA HAS BEEN SERVING OUR COMMUNITY AS THE LARGEST NOT FOR PROFIT ORGANIZATION IN OUR CITY THE MEMBERSHIP OF THE YMCA MIRRORS THE DIVERSITY AND SOCIAL -ECONOMIC STRUCTURE OF OUR COMMUNITY IT REPRESENTS THE HOPES AND DREAMS OF OUR CONSTITUENTS AND OUR PROGRAMS ARE DESIGNED IN DIRECT RESPONSE TO THE CHALLENGES AND COLLECTIVE NEEDS THAT OUR COMMUNITY FACES THE YMCA'S EMPHASIS IS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY EVERYTHING THE YMCA DOES IS DESIGNED TO NURTURE THE POTENTIAL OF CHILDREN AND TEENS (YOUTH DEVELOPMENT), IMPROVE HEALTH AND WELL-BEING (HEALTHY LIVING) AND MOTIVATE PEOPLE TO

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 (19); 4 Number of independent voting members of the governing body (18); 5 Total number of individuals employed in calendar year 2018 (405); 6 Total number of volunteers (515); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0); 7b Net unrelated business taxable income from Form 990-T, line 34.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (369,588 / 322,840); 9 Program service revenue (3,536,259 / 3,642,468); 10 Investment income (65,874 / 70,785); 11 Other revenue (107,785 / 82,216); 12 Total revenue—add lines 8 through 11 (4,079,506 / 4,118,309).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (70,636 / 76,381); 14 Benefits paid to or for members (0 / 0); 15 Salaries, other compensation, employee benefits (2,466,043 / 2,567,477); 16a Professional fundraising fees (0 / 0); 16b Total fundraising expenses (188,612); 17 Other expenses (1,649,645 / 1,686,268); 18 Total expenses Add lines 13-17 (4,186,324 / 4,330,126); 19 Revenue less expenses Subtract line 18 from line 12 (-106,818 / -211,817).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (9,747,014 / 9,559,907); 21 Total liabilities (1,311,380 / 1,471,286); 22 Net assets or fund balances Subtract line 21 from line 20 (8,435,634 / 8,088,621).

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: PAUL WORSTELL CEO
Date: 2019-06-06

Paid Preparer Use Only
Print/Type preparer's name: RIDGE & COMPANY CPA INC
Preparer's signature
Date: 2019-06-11
Check if self-employed
PTIN: P00025172
Firm's EIN: 34-1935986
Firm's address: 314 W HARDIN ST, FINDLAY, OH 45840
Phone no: (419) 424-1835

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MISSION AND DELIVERING OUR CAUSE THE YMCA MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL THE YMCA IS A DIVERSE ORGANIZATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY FOR OVER 125 YEARS THE YMCA HAS BEEN SERVING OUR COMMUNITY AS THE LARGEST NOT FOR PROFIT ORGANIZATION IN OUR CITY THE MEMBERSHIP OF THE YMCA MIRRORS THE DIVERSITY AND SOCIAL -ECONOMIC STRUCTURE OF OUR COMMUNITY IT REPRESENTS THE HOPES AND DREAMS OF OUR CONSTITUENTS AND OUR PROGRAMS ARE DESIGNED IN DIRECT RESPONSE TO THE CHALLENGES AND COLLECTIVE NEEDS THAT OUR COMMUNITY FACES THE YMCA'S EMPHASIS IS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY EVERYTHING THE YMCA DOES IS DESIGNED TO NURTURE THE POTENTIAL OF CHILDREN AND TEENS (YOUTH DEVELOPMENT), IMPROVE HEALTH AND WELL-BEING (HEALTHY LIVING) AND MOTIVATE PEOPLE TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,105,126 including grants of \$ 76,381) (Revenue \$ 2,123,743)
See Additional Data

4b (Code) (Expenses \$ 1,155,337 including grants of \$) (Revenue \$ 1,412,553)
See Additional Data

4c (Code) (Expenses \$ 568,785 including grants of \$) (Revenue \$ 106,172)
See Additional Data

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

4e Total program service expenses ▶ 3,829,248

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	405		
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	Yes		
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		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	
b 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	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c 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	
b 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).					
a 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	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
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	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
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			
9a 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					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b 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			
b 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.					
a 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			
b 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			
c 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	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		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? 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? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 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 The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c 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? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 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 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 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 (checked), 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: PAUL WORSTELL 1121 FOX RUN ROAD FINDLAY, OH 45840 (419) 422-4424

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL WORSTELL CEO	40 00	X		X			79,788	0	4,213	
(2) BRENT FINLAY FORMER CEO	40 00	X		X			69,529	0	13,797	
(3) JJ PRESTON CHAIRMAN	2 00	X		X			0	0	0	
(4) CHRISTIAN PEDERSEN VICE CHAIRMA	2 00	X		X			0	0	0	
(5) JAMIE STALL TREASURER	2 00	X		X			0	0	0	
(6) CHRISTY KISSEBERTH SECRETARY	2 00	X		X			0	0	0	
(7) MIKE NEEDLER JR PAST CHAIRMA	2 00	X		X			0	0	0	
(8) GINGER JONES TRUSTEE	1 00	X					0	0	0	
(9) KURT HEMINGER TRUSTEE	1 00	X					0	0	0	
(10) BRAD LONGBERRY TRUSTEE	1 00	X					0	0	0	
(11) PAUL PALMER TRUSTEE	1 00	X					0	0	0	
(12) CHRIS WEBB TRUSTEE	1 00	X					0	0	0	
(13) TOM ZACIEWSKI TRUSTEE	1 00	X					0	0	0	
(14) BRANDI LAURITA TRUSTEE	1 00	X					0	0	0	
(15) TONY HIXON TRUSTEE	1 00	X					0	0	0	
(16) BEN ANDERSON TRUSTEE	1 00	X					0	0	0	
(17) CHRISTINA TERRY MURYN TRUSTEE	1 00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) AMBER PATTERSON TRUSTEE	1 00	X						0	0	0	
(19) NATE WEIRAUCH TRUSTEE	1 00	X						0	0	0	
(20) LAURIE ZYDONIK TRUSTEE	1 00	X						0	0	0	
(21) MIKE BROWN DIRECTOR OF	40 00			X				51,069	0	9,065	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)										200,386	27,075

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

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 56,128				
	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 266,712				
	g Noncash contributions included in lines 1a - 1f \$	39,920				
	h Total. Add lines 1a-1f		322,840			
Program Service Revenue		Business Code				
	2a HEALTHY LIVING		2,123,743	2,123,743		
	b YOUTH DEVELOPMENT		1,412,553	1,412,553		
	c SOCIAL RESPONSIBILITIES		106,172	106,172		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		3,642,468				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,575		41,575	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		71,159				
		b Less rental expenses	24,955			
	c Rental income or (loss)	46,204				
	d Net rental income or (loss)		46,204		46,204	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		520,795				
		b Less cost or other basis and sales expenses	491,585			
	c Gain or (loss)	29,210				
	d Net gain or (loss)		29,210	29,210		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	282,997					
	b Less direct expenses	274,592				
c Net income or (loss) from fundraising events		8,405		8,405		
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a		27,607	27,607			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		27,607				
12 Total revenue. See Instructions		4,118,309	3,699,285	96,184		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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.	76,381	76,381		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	227,461	59,217	61,834	106,410
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.	1,947,777	1,797,152	111,524	39,101
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	233,027	201,320	17,410	14,297
10 Payroll taxes.	159,212	127,370	15,921	15,921
11 Fees for services (non-employees)				
a Management.				
b Legal.	578	433	87	58
c Accounting.	11,347	8,510	1,702	1,135
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	10,232		10,232	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	63,790	63,021	453	316
12 Advertising and promotion.	40,440	38,568	1,053	819
13 Office expenses.	88,582	62,304	23,817	2,461
14 Information technology.	75,398	60,318	7,540	7,540
15 Royalties.				
16 Occupancy.	468,463	461,803	6,660	
17 Travel.	22,791	19,372	3,419	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	25,108	20,086	2,511	2,511
20 Interest.	42,291	42,291		
21 Payments to affiliates.	74,895	74,895		
22 Depreciation, depletion, and amortization.	470,827	447,286	23,541	
23 Insurance.	34,548	31,184	3,364	
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 DIRECT PROGRAM COSTS	175,404	186,183		-10,779
b MISCELLANEOUS	29,779	20,627	4,506	4,646
c EQUIPMENT RENT & MAINT	27,665	11,623	14,279	1,763
d EMPLOYEE RELATIONS	24,130	19,304	2,413	2,413
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	4,330,126	3,829,248	312,266	188,612
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	140,557	1	52,628
	2 Savings and temporary cash investments	135,023	2	259,303
	3 Pledges and grants receivable, net	37,245	3	13,967
	4 Accounts receivable, net	48,895	4	33,410
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,545	9	34,745
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 16,816,613		
	b Less accumulated depreciation	10b 8,711,220	8,082,573	10c 8,105,393
	11 Investments—publicly traded securities	1,285,176	11	1,060,461
	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)		9,747,014	16	9,559,907
Liabilities	17 Accounts payable and accrued expenses	130,869	17	160,994
	18 Grants payable		18	
	19 Deferred revenue	253,584	19	209,970
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	926,927	23	1,030,738
	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	69,584
	26 Total liabilities. Add lines 17 through 25		1,311,380	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,831,724	27	7,559,560
	28 Temporarily restricted net assets	558,574	28	529,061
	29 Permanently restricted net assets	45,336	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		8,435,634	33	8,088,621
34 Total liabilities and net assets/fund balances		9,747,014	34	9,559,907

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	4,118,309
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,330,126
3	Revenue less expenses Subtract line 2 from line 1	3	-211,817
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,435,634
5	Net unrealized gains (losses) on investments	5	-135,196
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,088,621

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	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 34-4428263

Name: YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Form 990 (2018)

Form 990, Part III, Line 4a:

HEALTHY LIVING IMPROVING THE NATION'S HEALTH AND WELL-BEING IN COMMUNITIES ACROSS THE NATION, THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WITH A MISSION CENTERED ON BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS AS A RESULT, MILLIONS OF YOUTH, ADULTS AND FAMILIES ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND WELL-BEING FOR THEIR SPIRIT, MIND AND BODY THE YMCA MAKES AVAILABLE TO THE COMMUNITY A WIDE RANGE OF FITNESS AND HEALTH WELLNESS PROGRAMS THESE INCLUDE EXERCISE PROGRAMS TARGETED FOR ALL AGE GROUPS, ARTHRITIS PROGRAMS, AND CARDIAC REHABILITATION PROGRAMS SPECIFICALLY DESIGNED TO ADDRESS THE NATION'S OBESITY CRISIS ARE THE YMCA'S HEALTHY LIVING AND OBESITY PREVENTION ACTIVITIES THE YMCA PARTNERS VERY CLOSELY WITH OUR LOCAL HEALTH DEPARTMENTS, BLANCHARD VALLEY HOSPITAL, SCHOOLS, UNIVERSITY OF FINDLAY AND THE MEDICAL COMMUNITY IN THE DELIVERY OF THESE SERVICES

Form 990, Part III, Line 4b:

YOUTH DEVELOPMENT NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN THE YMCA BELIEVES THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT'S WHY, THROUGH THE Y, MILLIONS OF YOUTH TODAY ARE TAKING A GREATER INTEREST IN LEARNING, MAKING SMARTER LIFE CHOICES, AND CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, THE PURSUIT OF HIGHER EDUCATION AND GOAL ACHIEVEMENT STATE LICENSED CHILDCARE THE YMCA OPERATES THE LARGEST CHILDCARE CENTER IN HANCOCK COUNTY, (MARY BRENNER CHILD DEVELOPMENT CENTER), SERVING 240 FAMILIES AND PROVIDING CARE FOR UP TO 254 CHILDREN EVERY DAY TWENTY PERCENT OF OUR CHILDREN COME FROM FAMILIES THAT LIVE AT OR BELOW THE POVERTY LEVEL THE YMCA PROVIDES HUNDREDS OF YOUTH DEVELOPMENT PROGRAMS TO OUR COMMUNITY EACH YEAR INCLUDING A FULL RANGE OF HEALTH/WELLNESS PROGRAMS, SPORTS PROGRAMS, YOUTH LEADERSHIP DEVELOPMENT PROGRAMS AND PERSONAL SAFETY PROGRAMS (SWIM LESSONS) DESIGNED TO KEEP OUR CHILDREN AND OUR COMMUNITY HEALTHY AND SAFE YMCA SUMMER DAY CAMPS SUMMER DAY CAMPING EXPERIENCES SERVED TO ENGAGE 1,600 YOUTH IN A HEALTHY AND CHALLENGING OUTDOOR EXPERIENCE ON A DAILY BASIS THROUGHOUT THE SUMMER MONTHS IN ADDITION TO THE PHYSICALLY AND MENTALLY CHALLENGING EXPERIENCE THAT CAMP PROVIDES FOR OUR YOUTH, IT ALSO PROVIDES FOR PARENTS AN ALTERNATIVE TO TRADITIONAL CHILDCARE SERVICES THAT'S PARTICULARLY ATTRACTIVE TO OLDER YOUTH IN ADDITION TO BEING ONE OF THE YMCA'S MOST ATTRACTIVE YOUTH DEVELOPMENT INITIATIVES, IT ALSO OVERLAPS WITH THE YMCA'S OTHER CORE PROGRAM OF SOCIAL RESPONSIBILITY, IN THAT IT ALLOWS WORKING PARENTS TO CONTINUE TO BE EMPLOYED THROUGHOUT THE SUMMER MONTHS WHILE THEIR CHILDREN ARE BEING PROVIDED FOR IN A HEALTHY AND WHOLESOME YMCA ATMOSPHERE

Form 990, Part III, Line 4c:

SOCIAL RESPONSIBILITY GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS ACROSS THE COUNTRY, THE YMCA HELPS PEOPLE GIVE BACK AND ASSIST THEIR NEIGHBORS BY OFFERING OPPORTUNITIES TO VOLUNTEER, ADVOCATE AND SUPPORT PROGRAMS THAT STRENGTHEN COMMUNITY THE YMCA TAKES ON A MUCH BROADER ROLE AS A COMMUNITY LEADER WHEN IT STEPS OUTSIDE THE ROLE OF SERVING JUST ITS MEMBERS AND PROGRAM PARTICIPANTS AND TAKES ON PROJECTS THAT BRING BENEFIT TO THE COMMUNITY AT LARGE EXAMPLES OF SUCH SOCIAL RESPONSIBILITY COME WITH THE YMCA'S OPERATING THE RIVERSIDE COMMUNITY SWIMMING POOL AND THE FEEDING OF HUNGRY CHILDREN IN OUR SCHOOLS THROUGH THE YMCA FEED A CHILD PROGRAM IN 2018 THE YMCA CONTINUED ITS PARTNERSHIP WITH THE CITY OF FINDLAY FOR THE NINTH YEAR BY MANAGING THE RIVERSIDE CITY POOL SO THAT IT REMAINED OPEN TO OUR CITY'S RESIDENTS THIS SEASON OVER 20,200 SWIMMERS ATTENDED THE CITY POOL DURING THE SUMMER DURING THE SCHOOL YEAR OF 2017-2018, THE YMCA CONTINUED TO ADMINISTER THE FEED A CHILD PROGRAM WITH THE FINANCIAL SUPPORT OF OUR COMMUNITY, HANCOCK COUNTY UNITED WAY, THE HANCOCK COUNTY COMMUNITY FOUNDATION, OHIO LOGISTICS, GARNER TRANSPORTATION AND MARATHON PETROLEUM CO , 650 CHILDREN WERE PROVIDED OVER 140,400 MEALS ON WEEKENDS IN POVERTY-STRICKEN HOMES THE PROGRAM SERVES THOSE CHILDREN THAT WOULD OTHERWISE BE SERVED BY THE SCHOOL FREE AND REDUCED LUNCH PROGRAM DURING THE SCHOOL WEEK THE YMCA HEALTHY KIDS DAY EVENT HAD OVER 1,000 CHILDREN ATTEND PARTICIPATING IN ACTIVITIES WITH THE PROMOTION OF HEALTHY LIVING TO FAMILIES AND THE INSPIRATION FOR BEING ACTIVE ALL YEAR LONG AT THE YMCA COLLABORATIVE PARTNERSHIPS THE YMCA WORKS CLOSELY WITH AREA BUSINESSES AND CORPORATIONS AS WELL AS OTHER SOCIAL SERVICE PROVIDERS AND GOVERNMENT ORGANIZATIONS IN THE DELIVERY OF SERVICES COLLABORATIONS WITH THESE FOLLOWING PARTNERS TOOK PLACE IN 2018 UNITED WAY OF HANCOCK COUNTY UNIVERSITY OF FINDLAY FINDLAY CITY SCHOOLS HANCOCK COUNTY SCHOOLS OSU EXTENSION OFFICE 35 AREA SMALL BUSINESSES FINDLAY CITY HEALTH DEPARTMENT HANCOCK COUNTY HEALTH DEPARTMENT CHILDREN'S MENTORING CONNECTION CENTURY HEALTH HOPE HOUSE FOR THE HOMELESS OPEN ARMS DOMESTIC VIOLENCE BLANCHARD VALLEY HEALTH SYSTEMS BIRCHAVEN VILLAGE HELP ME GROW OWENS COMMUNITY COLLEGE THE COMMUNITY FOUNDATION CASA FINDLAY CITY DIVERSION PROGRAM FINDLAY CITY POLICE DEPARTMENT AR MARKETING HANCOCK YOUTH SOCCER ASSOCIATION OHIO LOGISTICS COOPER TIRE MARATHON PETROLEUM CORPORATION FINDLAY COUNTRY CLUB 50 NORTH CITY OF FINDLAY BLANCHARD VALLEY CENTER CENTRAL CHURCH OF CHRIST FIRST METHODIST CHURCH E-FREE CHURCH

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Employer identification number

34-4428263

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	440,013	293,032	325,295	369,588	322,840	1,750,768
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,318,188	3,531,806	3,467,294	3,572,513	3,670,075	17,559,876
3	Gross receipts from activities that are not an unrelated trade or business under section 513			200,652	300,703	282,997	784,352
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,758,201	3,824,838	3,993,241	4,242,804	4,275,912	20,094,996
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						20,094,996

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	3,758,201	3,824,838	3,993,241	4,242,804	4,275,912	20,094,996
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,470	109,068	122,773	124,672	112,734	579,717
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	110,470	109,068	122,773	124,672	112,734	579,717
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	3,868,671	3,933,906	4,116,014	4,367,476	4,388,646	20,674,713
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	97.200 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	96.980 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	3.000 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	3.000 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 34-4428263

Name: YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

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

Facts And Circumstances Test

SCHEDULE 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

2018

Open to Public Inspection

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 YOUNG MENS CHRISTIAN ASSOCIATION FINDLAY OHIO	Employer identification number 34-4428263
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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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

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

	(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?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		3,185
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			3,185
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Employer identification number
34-4428263

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,285,207	1,152,401	1,132,971	1,242,619	1,230,194
b Contributions	29,033	8,498	22,008	1,245	1,436
c Net investment earnings, gains, and losses	-64,635	185,572	62,277	-44,051	76,242
d Grants or scholarships					
e Other expenditures for facilities and programs	52,150	51,247	55,257	56,373	54,978
f Administrative expenses	10,232	10,017	9,598	10,469	10,275
g End of year balance	1,187,223	1,285,207	1,152,401	1,132,971	1,242,619

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 65 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 35 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		497,367		497,367
b Buildings		15,049,279	7,735,540	7,313,739
c Leasehold improvements				
d Equipment		1,041,809	813,929	227,880
e Other		228,158	161,751	66,407
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				8,105,393

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LINE OF CREDIT	69,584
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 69,584

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,246,399
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-135,196
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	349,899
e	Add lines 2a through 2d	2e	214,703
3	Subtract line 2e from line 1	3	4,031,696
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,232
b	Other (Describe in Part XIII)	4b	76,381
c	Add lines 4a and 4b	4c	86,613
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,118,309

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

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

1	Total expenses and losses per audited financial statements	1	4,593,412
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	349,899
e	Add lines 2a through 2d	2e	349,899
3	Subtract line 2e from line 1	3	4,243,513
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,232
b	Other (Describe in Part XIII)	4b	76,381
c	Add lines 4a and 4b	4c	86,613
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,330,126

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-4428263

Name: YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL REAL ESTATE EXPENSES 24,955 DUE TO OPERATING FUND 50,352 FUNDRAISING EXPENSES 274,592

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	COST OF ACCESS MEMBERSHIP 76,381

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL REAL ESTATE EXPENSES 24,955 DUE TO OPERATING FUND 50,352 FUNDRAISING EXPENSES 274,592

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	COST OF ACCESS MEMBERSHIP 76,381

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Employer identification number

34-4428263

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		BLACK SWAMP GOL (event type)	20 MEN COOK (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	211,442	51,541	20,014	282,997
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	211,442	51,541	20,014	282,997
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	193,725	54,541	26,326	274,592
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				274,592
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				8,405

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION FINDLAY OHIO

Employer identification number 34-4428263

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL AID MEMBERSHIPS	163		76,381		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Employer identification number
34-4428263

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							▶ \$ _____					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AR MARKETING	FAMILY OF BOARD	11,604	SOCIAL MEDIA MANAGEM		No
(2) GREAT SCOTFRESH ENCOUNTER	BOARD MEMBER	2,166	FOOD/GIFT CARDS		No
(3) FINDLAY PUBLISHING	BOARD MEMBER	4,476	ADVERTISING		No
(4) H & O SERVICES	BOARD MEMBER	5,688	TRASH HAULING		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Employer identification number
34-4428263

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	8	2,200	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	51	37,720	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION
FINDLAY OHIO

Employer identification number

34-4428263

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>MISSION AND DELIVERING OUR CAUSE THE YMCA MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL THE YMCA IS A DIVERSE ORGANIZATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY FOR OVER 125 YEARS THE YMCA HAS BEEN SERVING OUR COMMUNITY AS THE LARGEST NOT FOR PROFIT ORGANIZATION IN OUR CITY THE MEMBERSHIP OF THE YMCA MIRRORS THE DIVERSITY AND SOCIAL -ECONOMIC STRUCTURE OF OUR COMMUNITY IT REPRESENTS THE HOPES AND DREAMS OF OUR CONSTITUENTS AND OUR PROGRAMS ARE DESIGNED IN DIRECT RESPONSE TO THE CHALLENGES AND COLLECTIVE NEEDS THAT OUR COMMUNITY FACES THE YMCA'S EMPHASIS IS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY EVERYTHING THE YMCA DOES IS DESIGNED TO NURTURE THE POTENTIAL OF CHILDREN AND TEENS (YOUTH DEVELOPMENT), IMPROVE HEALTH AND WELL-BEING (HEALTHY LIVING) AND MOTIVATE PEOPLE TO SUPPORT THEIR NEIGHBORS AND THE LARGER COMMUNITY (SOCIAL RESPONSIBILITY) OUR GROWING MEMBERSHIP IS OVER 8,600 STRONG, REPRESENTING 20% OF OUR CITY'S POPULATION THIS PAST YEAR, THE YMCA SERVED 12,143 PEOPLE IN OUR COMMUNITY 36% OF THESE WERE CHILDREN UNDER THE AGE OF 18 YEARS OLD WHO COME TO THE Y TO LEARN, GROW AND THRIVE FORTY FIVE PERCENT OF ALL YMCA PARTICIPANTS ARE FEMALE AND 5% OF ALL YMCA MEMBERS REFLECT A LOW-INCOME POPULATION OF OUR COMMUNITY THAT IS PROVIDED SCHOLARSHIP ASSISTANCE THAT ALLOWS FOR THEM TO TAKE PART IN YMCA PROGRAMS AND ACTIVITIES AT SLIDING SCALE RATES IN 2018, HUNDREDS OF INDIVIDUALS RECEIVED SCHOLARSHIP ASSISTANCE TO BE PART OF THE YMCA AMOUNTING TO 280,000 OF DIRECT FINANCIAL ASSISTANCE WE BRING MEN, WOMEN AND CHILDREN TOGETHER AND OUR SHARED COMMITMENT TO OUR COMMUNITIES ENSURES THE OPPORTUNITIES TO LEARN GROW AND THRIVE THE YMCA IS A VOLUNTEER ORGANIZATION A VOLUNTEER BOARD OF DIRECTORS, ELECTED BY THE MEMBERS OF THE YMCA PROVIDES GUIDANCE AND GOVERNANCE TO THE ORGANIZATION THEY ARE THE SOLE POLICY-MAKING BODY OF THE YMCA SEVERAL STANDING COMMITTEES OF VOLUNTEERS ASSIST THE YMCA BOARD OF DIRECTORS IN MAKING POLICY A STAFF OF YMCA PAID PROFESSIONAL DIRECTORS AND HUNDREDS OF PART TIME STAFF SERVES TO DELIVER SERVICES AND CARRY OUT POLICY DETERMINED BY THE BOARD OF DIRECTORS AS BEING BENEFICIAL TO THE COMMUNITY AND IN KEEPING WITH THE YMCA'S PURPOSE LAST YEAR, OVER 500 VOLUNTEERS PROVIDED HOURS OF SERVICE TO THE YMCA, AT A VALUE TO THE YMCA THAT ALLOWS PROGRAMS TO BE AFFORDABLE AND AVAILABLE TO ALL</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	HEALTHY LIVING IMPROVING THE NATION'S HEALTH AND WELL-BEING IN COMMUNITIES ACROSS THE NATION, THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WITH A MISSION CENTERED ON BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS AS A RESULT, MILLIONS OF YOUTH, ADULTS AND FAMILIES ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND WELL-BEING FOR THEIR SPIRIT, MIND AND BODY THE YMCA MAKES AVAILABLE TO THE COMMUNITY A WIDE RANGE OF FITNESS AND HEALTH WELLNESS PROGRAMS THESE INCLUDE EXERCISE PROGRAMS TARGETED FOR ALL AGE GROUPS, ARTHRITIS PROGRAMS, AND CARDIAC REHABILITATION PROGRAMS SPECIFICALLY DESIGNED TO ADDRESS THE NATION'S OBESITY CRISIS ARE THE YMCA'S HEALTHY LIVING AND OBESITY PREVENTION ACTIVITIES THE YMCA PARTNERS VERY CLOSELY WITH OUR LOCAL HEALTH DEPARTMENTS, BLANCHARD VALLEY HOSPITAL, SCHOOLS, UNIVERSITY OF FINDLAY AND THE MEDICAL COMMUNITY IN THE DELIVERY OF THESE SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>YOUTH DEVELOPMENT NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN THE YMCA BELIEVES THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT 'S WHY, THROUGH THE Y, MILLIONS OF YOUTH TODAY ARE TAKING A GREATER INTEREST IN LEARNING, MAKING SMARTER LIFE CHOICES, AND CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, THE PURSUIT OF HIGHER EDUCATION AND GOAL ACHIEVEMENT STATE LICENSED CHILDCARE THE YMCA OPERATES THE LARGEST CHILDCARE CENTER IN HANCOCK COUNTY, (MARY BRENNER CHILD DEVELOPMENT CENTER), SERVING 240 FAMILIES AND PROVIDING CARE FOR UP TO 254 CHILDREN EVERY DAY TWENTY PERCENT OF OUR CHILDREN COME FROM FAMILIES THAT LIVE AT OR BELOW THE POVERTY LEVEL THE YMCA PROVIDES HUNDREDS OF YOUTH DEVELOPMENT PROGRAMS TO OUR COMMUNITY EACH YEAR INCLUDING A FULL RANGE OF HEALTH/WELLNESS PROGRAMS, SPORTS PROGRAMS, YOUTH LEADERSHIP DEVELOPMENT PROGRAMS AND PERSONAL SAFETY PROGRAMS (SWIM LESSONS) DESIGNED TO KEEP OUR CHILDREN AND OUR COMMUNITY HEALTHY AND SAFE YMCA SUMMER DAY CAMPS SUMMER DAY CAMPING EXPERIENCES SERVED TO ENGAGE 1,600 YOUTH IN A HEALTHY AND CHALLENGING OUTDOOR EXPERIENCE ON A DAILY BASIS THROUGHOUT THE SUMMER MONTHS IN ADDITION TO THE PHYSICALLY AND MENTALLY CHALLENGING EXPERIENCE THAT CAMP PROVIDES FOR OUR YOUTH, IT ALSO PROVIDES FOR PARENTS AN ALTERNATIVE TO TRADITIONAL CHILDCARE SERVICES THAT'S PARTICULARLY ATTRACTIVE TO OLDER YOUTH IN ADDITION TO BEING ONE OF THE YMCA'S MOST ATTRACTIVE YOUTH DEVELOPMENT INITIATIVES, IT ALSO OVERLAPS WITH THE YMCA'S OTHER CORE PROGRAM OF SOCIAL RESPONSIBILITY, IN THAT IT ALLOWS WORKING PARENTS TO CONTINUE TO BE EMPLOYED THROUGHOUT THE SUMMER MONTHS WHILE THEIR CHILDREN ARE BEING PROVIDED FOR IN A HEALTHY AND WHOLESOME YMCA ATMOSPHERE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>SOCIAL RESPONSIBILITY GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS ACROSS THE COUNTRY, THE YMCA HELPS PEOPLE GIVE BACK AND ASSIST THEIR NEIGHBORS BY OFFERING OPPORTUNITIES TO VOLUNTEER, ADVOCATE AND SUPPORT PROGRAMS THAT STRENGTHEN COMMUNITY THE YMCA TAKES ON A MUCH BROADER ROLE AS A COMMUNITY LEADER WHEN IT STEPS OUTSIDE THE ROLE OF SERVING JUST ITS MEMBERS AND PROGRAM PARTICIPANTS AND TAKES ON PROJECTS THAT BRING BENEFIT TO THE COMMUNITY AT LARGE EXAMPLES OF SUCH SOCIAL RESPONSIBILITY COME WITH THE YMCA'S OPERATING THE RIVERSIDE COMMUNITY SWIMMING POOL AND THE FEEDING OF HUNGRY CHILDREN IN OUR SCHOOLS THROUGH THE YMCA FEED A CHILD PROGRAM IN 2018 THE YMCA CONTINUED ITS PARTNERSHIP WITH THE CITY OF FINDLAY FOR THE NINTH YEAR BY MANAGING THE RIVERSIDE CITY POOL SO THAT IT REMAINED OPEN TO OUR CITY'S RESIDENTS THIS SEASON OVER 20,200 SWIMMERS ATTENDED THE CITY POOL DURING THE SUMMER DURING THE SCHOOL YEAR OF 2017-2018, THE YMCA CONTINUED TO ADMINISTER THE FEED A CHILD PROGRAM WITH THE FINANCIAL SUPPORT OF OUR COMMUNITY, HANCOCK COUNTY UNITED WAY, THE HANCOCK COUNTY COMMUNITY FOUNDATION, OHIO LOGISTICS, GARNER TRANSPORTATION AND MARATHON PETROLEUM CO , 650 CHILDREN WERE PROVIDED OVER 140,400 MEALS ON WEEKENDS IN POVERTY-STRICKEN HOMES THE PROGRAM SERVES THOSE CHILDREN THAT WOULD OTHERWISE BE SERVED BY THE SCHOOL FREE AND REDUCED LUNCH PROGRAM DURING THE SCHOOL WEEK THE YMCA HEALTHY KIDS DAY EVENT HAD OVER 1,000 CHILDREN ATTEND PARTICIPATING IN ACTIVITIES WITH THE PROMOTION OF HEALTHY LIVING TO FAMILIES AND THE INSPIRATION FOR BEING ACTIVE ALL YEAR LONG AT THE YMCA COLLABORATIVE PARTNERSHIPS THE YMCA WORKS CLOSELY WITH AREA BUSINESSES AND CORPORATIONS AS WELL AS OTHER SOCIAL SERVICE PROVIDERS AND GOVERNMENT ORGANIZATIONS IN THE DELIVERY OF SERVICES COLLABORATIONS WITH THESE FOLLOWING PARTNERS TOOK PLACE IN 2018 UNITED WAY OF HANCOCK COUNTY UNIVERSITY OF FINDLAY FINDLAY CITY SCHOOLS HANCOCK COUNTY SCHOOLS OSU EXTENSION OFFICE 35 AREA SMALL BUSINESSES FINDLAY CITY HEALTH DEPARTMENT HANCOCK COUNTY HEALTH DEPARTMENT CHILDREN'S MENTORING CONNECTION CENTURY HEALTH HOPE HOUSE FOR THE HOMELESS OPEN ARMS DOMESTIC VIOLENCE BLANCHARD VALLEY HEALTH SYSTEMS BIRCHAVEN VILLAGE HELP ME GROW OWENS COMMUNITY COLLEGE THE COMMUNITY FOUNDATION CASA FINDLAY CITY DIVERSION PROGRAM FINDLAY CITY POLICE DEPARTMENT AREA MARKETING HANCOCK YOUTH SOCCER ASSOCIATION OHIO LOGISTICS COOPER TIRE MARATHON PETROLEUM CORPORATION FINDLAY COUNTRY CLUB 50 NORTH CITY OF FINDLAY BLANCHARD VALLEY CENTER CENTRAL CHURCH OF CHRIST FIRST METHODIST CHURCH E-FREE CHURCH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE YMCA IS A COMMUNITY SERVICE ORGANIZATION WHOSE MEMBERSHIP IS OPEN TO ALL, REGARDLESS OF GENDER, RACE, NATIONALITY, RELIGION, PHYSICAL OR FINANCIAL ABILITY THE YMCA PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO CANNOT AFFORD THE MEMBERSHIP RATES AND WELCOMES EVERYONE IN THE COMMUNITY TO JOIN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS OF THE YMCA ELECT THE MEMBERS OF THE GOVERNING BODY SINCE THE YMCA IS A PUBLIC CHARITY, THE MEMBERS DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ASSOCIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW UPON APPROVAL BY THE FINANCE COMMITTEE, THE FINANCE COMMITTEE MAKES A RECOMMENDATION THAT THE FORM 990 BE ACCEPTED AND BE SUBMITTED TO THE BOARD OF DIRECTORS AT THE NEXT MONTHLY BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	COMMITTEES OF THE BOARD OF DIRECTORS, DURING THE COURSE OF MAKING RECOMMENDATIONS TO THE BOARD OF DIRECTORS, DETERMINE IF A CONFLICT OF INTEREST IS PRESENT AND DOCUMENT SUCH CIRCUMSTANCE IN THEIR COMMITTEE MINUTES. THE COMMITTEE MEMBER INVOLVED IS REQUIRED TO ABSTAIN FROM VOTING AND IS SO NOTED IN THE COMMITTEE MINUTES. COMMITTEE REPORTS ARE SUBMITTED MONTHLY TO THE BOARD OF DIRECTORS. THESE REPORTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW AND MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR ANNUAL COMPENSATION TO THE EXECUTIVE DIRECTOR THE COMMITTEE USES WAGE AND SALARY GUIDELINES PROVIDED BY THE YMCA OF THE USA TO REVIEW SIMILARLY COMPENSATED CEO'S OF SIMILARLY SIZED YMCAS ACROSS THE COUNTRY AND TAKES INTO ACCOUNT RESEARCH PROVIDED SPECIFIC TO GEOGRAPHIC LOCATION THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE ARE INCORPORATED INTO THE BUDGET DEVELOPMENT PROCESS THAT IS SUBMITTED FOR THE BOARD OF DIRECTORS APPROVAL THESE RECOMMENDATIONS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL REAL ESTATE EXPENSES 24,955 DUE TO OPERATING FUND 50,352 FUNDRAISING EXPENSES 274,5 92 COST OF ACCESS MEMBERSHIP -76,381 RENTAL REAL ESTATE EXPENSES -24,955 DUE TO OPERATING FUND -50,352 FUNDRAISING EXPENSES -274,592 COST OF ACCESS MEMBERSHIP 76,381