

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

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

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

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

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

**J** Website: WWW.FINDLAYYMCA.ORG

**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

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

**D** Employer identification number  
34-4428263

**E** Telephone number  
(419) 422-4424

**G** Gross receipts \$ 6,617,493

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	21
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	390
<b>6</b> Total number of volunteers (estimate if necessary)	6	380
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	322,840	461,972
<b>9</b> Program service revenue (Part VIII, line 2g)	3,642,468	3,774,548
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,785	165,780
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,216	40,024
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,118,309	4,442,324
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	76,381	60,355
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,567,477	2,766,391
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶179,176		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,686,268	1,731,136
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,330,126	4,557,882
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-211,817	-115,558

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	9,559,907	9,499,590
<b>21</b> Total liabilities (Part X, line 26)	1,471,286	1,466,744
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	8,088,621	8,032,846

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
\*\*\*\*\*  
Signature of officer  
Date 2020-08-17  
PAUL WORSTELL CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date 2020-09-03	Check <input type="checkbox"/> if self-employed	PTIN P00025172
Firm's name ▶ RIDGE & COMPANY CPA INC			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 130 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 \$ 1,202,716 including grants of \$ ) (Revenue \$ 2,111,199 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 2,205,606 including grants of \$ 60,355 ) (Revenue \$ 1,518,536 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 617,445 including grants of \$ ) (Revenue \$ 144,813 )  
See Additional Data

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

**4e Total program service expenses** ▶ 4,025,767

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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 (22), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: 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.
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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL WORSTELL ..... CEO	40.00 .....	X		X				134,931	0	11,769
(2) MIKE BROWN ..... DIRECTOR OF	40.00 .....			X				54,989	0	8,721
(3) KURT HEMINGER ..... TRUSTEE	1.00 .....	X						0	0	0
(4) TONY HIXON ..... TRUSTEE	1.00 .....	X						0	0	0
(5) MIKE NEEDLER JR ..... PAST CHAIRMA	2.00 .....	X		X				0	0	0
(6) CHRISTY KISSEBERTH ..... SECRETARY	2.00 .....	X		X				0	0	0
(7) PAUL KRAMER ..... TRUSTEE	1.00 .....	X						0	0	0
(8) BRANDI LAURITA ..... TRUSTEE	1.00 .....	X						0	0	0
(9) BRAD LONGBERRY ..... TRUSTEE	1.00 .....	X						0	0	0
(10) LYDIA MIHALIK ..... TRUSTEE	1.00 .....	X						0	0	0
(11) BRIAN MILLER ..... TRUSTEE	1.00 .....	X						0	0	0
(12) CHRISTINA TERRY MURYN ..... TRUSTEE	1.00 .....	X						0	0	0
(13) PAUL PALMER ..... TRUSTEE	1.00 .....	X						0	0	0
(14) MADELINE PARMELEE ..... TRUSTEE	1.00 .....	X						0	0	0
(15) AMBER PATTERSON ..... TRUSTEE	1.00 .....	X						0	0	0
(16) CHRISTIAN PEDERSEN ..... VICE CHAIRMA	2.00 .....	X		X				0	0	0
(17) JJ PRESTON ..... CHAIRMAN	2.00 .....	X		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) KELLY SHROLL ..... TRUSTEE	1.00	X						0	0	0	
(19) JAMIE STALL ..... TREASURER	2.00	X		X				0	0	0	
(20) CHRIS WEBB ..... TRUSTEE	1.00	X						0	0	0	
(21) NATE WEIRAUCH ..... TRUSTEE	1.00	X						0	0	0	
(22) TOM ZACIEWSKI ..... TRUSTEE	1.00	X						0	0	0	
(23) LAURIE ZYDONIK ..... TRUSTEE	1.00	X						0	0	0	
<b>1b Sub-Total</b> . . . . . ▶											
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶											
<b>1d Total (add lines 1b and 1c)</b> . . . . . ▶								189,920			20,490

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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
<b>5</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	55,717				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	37,235				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	369,020				
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	<b>1g</b>	38,980				
	<b>h Total.</b> Add lines 1a-1f . . . . .			461,972			
<b>Program Service Revenue</b>	<b>2a</b> HEALTHY LIVING	Business Code		2,111,199	2,111,199		
	<b>b</b> YOUTH DEVELOPMENT			1,518,536	1,518,536		
	<b>c</b> SOCIAL RESPONSIBILITIES			144,813	144,813		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .			3,774,548			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			36,704		36,704	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>	64,842				
		<b>b</b> Less: rental expenses	<b>6b</b>	24,013			
	<b>c</b> Rental income or (loss)	<b>6c</b>	40,829				
	<b>d</b> Net rental income or (loss) . . . . .			40,829		40,829	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>	1,911,730	1,500			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,780,217	3,937		
	<b>c</b> Gain or (loss)	<b>7c</b>	131,513	-2,437			
	<b>d</b> Net gain or (loss) . . . . .			129,076	129,076		
<b>8a</b> Gross income from fundraising events (not including \$ 37,235 of contributions reported on line 1c). See Part IV, line 18 . . . . .							
	<b>8a</b>		326,195				
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	367,002				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-40,807		-40,807		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b>			40,002	40,002			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			40,002				
<b>12 Total revenue.</b> See instructions . . . . .			4,442,324	3,943,626			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	60,355	60,355		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	210,410	53,565	62,454	94,391
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,138,301	1,958,967	145,539	33,795
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	247,888	209,863	19,120	18,905
<b>10</b> Payroll taxes . . . . .	169,792	135,834	16,979	16,979
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	513	385	77	51
<b>c</b> Accounting . . . . .	13,556	10,167	2,033	1,356
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	10,305		10,305	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,518	69,821	418	279
<b>12</b> Advertising and promotion . . . . .	31,948	28,729	1,811	1,408
<b>13</b> Office expenses . . . . .	84,605	58,097	23,920	2,588
<b>14</b> Information technology . . . . .	86,391	69,113	8,639	8,639
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	432,976	428,402	4,574	
<b>17</b> Travel . . . . .	21,627	18,383	3,244	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	16,098	12,878	1,610	1,610
<b>20</b> Interest . . . . .	51,040	51,040		
<b>21</b> Payments to affiliates . . . . .	74,345	74,345		
<b>22</b> Depreciation, depletion, and amortization . . . . .	479,693	455,708	23,985	
<b>23</b> Insurance . . . . .	47,673	43,026	4,647	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DIRECT PROGRAM COSTS	216,361	225,434		-9,073
<b>b</b> EMPLOYEE RELATIONS	31,640	25,312	3,164	3,164
<b>c</b> MISCELLANEOUS	31,636	23,174	5,240	3,222
<b>d</b> EQUIPMENT RENT & MAINT.	30,211	13,169	15,180	1,862
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,557,882	4,025,767	352,939	179,176
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	52,628	<b>1</b>	45,337	
	<b>2</b> Savings and temporary cash investments . . . . .	259,303	<b>2</b>	180,874	
	<b>3</b> Pledges and grants receivable, net . . . . .	13,967	<b>3</b>	20,397	
	<b>4</b> Accounts receivable, net . . . . .	33,410	<b>4</b>	51,120	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	34,745	<b>9</b>	20,934	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	17,043,670			
	<b>b</b> Less: accumulated depreciation	9,187,855	8,105,393	<b>10c</b>	7,855,815
	<b>11</b> Investments—publicly traded securities . . . . .	1,060,461	<b>11</b>	1,325,113	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,559,907	<b>16</b>	9,499,590		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	160,994	<b>17</b>	142,108	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .	209,970	<b>19</b>	196,138	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,030,738	<b>23</b>	1,038,498	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	69,584	<b>25</b>	90,000	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,471,286	<b>26</b>	1,466,744	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions . . . . .	7,559,560	<b>27</b>	7,481,401	
	<b>28</b> Net assets with donor restrictions . . . . .	529,061	<b>28</b>	551,445	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>		
<b>32</b> Total net assets or fund balances . . . . .	8,088,621	<b>32</b>	8,032,846		
<b>33</b> Total liabilities and net assets/fund balances . . . . .	9,559,907	<b>33</b>	9,499,590		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,442,324
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,557,882
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-115,558
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,088,621
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	59,783
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,032,846

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-4428263

**Name:** YOUNG MENS CHRISTIAN ASSOCIATION  
FINDLAY OHIO

Form 990 (2019)

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**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.

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**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 189 FAMILIES AND PROVIDING CARE FOR UP TO 262 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 2,473 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.

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**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 2019 THE YMCA CONTINUED ITS PARTNERSHIP WITH THE CITY OF FINDLAY FOR THE TENTH YEAR BY MANAGING THE RIVERSIDE CITY POOL SO THAT IT REMAINED OPEN TO OUR CITY'S RESIDENTS. THIS SEASON OVER 28,600 SWIMMERS ATTENDED THE CITY POOL DURING THE SUMMER. DURING THE SCHOOL YEAR OF 2018-2019, 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., 600 CHILDREN WERE PROVIDED OVER 136,800 MEALS ON WEEKENDS IN POVERTY-STRIKEN 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 2019: 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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
YOUNG MENS CHRISTIAN ASSOCIATION  
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		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	293,032	325,295	369,588	322,840	461,972	1,772,727
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,531,806	3,467,294	3,572,513	3,670,075	3,814,550	18,056,238
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513		200,652	300,703	282,997	326,195	1,110,547
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,824,838	3,993,241	4,242,804	4,275,912	4,602,717	20,939,512
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						20,939,512

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6.	3,824,838	3,993,241	4,242,804	4,275,912	4,602,717	20,939,512
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,068	122,773	124,672	112,734	101,546	570,793
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.	109,068	122,773	124,672	112,734	101,546	570,793
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,933,906	4,116,014	4,367,476	4,388,646	4,704,263	21,510,305

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.350 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	97.200 %

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3.000 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	3.000 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

## Additional Data

**Software ID:**

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

OMB No. 1545-0047  
  
**2019**  
**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.**

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- a 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).**

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

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





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

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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		3,344
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			3,344
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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

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

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
YOUNG MENS CHRISTIAN ASSOCIATION  
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? . . . . .  Yes  No

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,187,223	1,285,207	1,152,401	1,132,971	1,242,619
<b>b</b> Contributions . . . . .	10,107	29,033	8,498	22,008	1,245
<b>c</b> Net investment earnings, gains, and losses	227,771	-64,635	185,572	62,277	-44,051
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	49,549	52,150	51,247	55,257	56,373
<b>f</b> Administrative expenses . . . . .	10,305	10,232	10,017	9,598	10,469
<b>g</b> End of year balance . . . . .	1,365,247	1,187,223	1,285,207	1,152,401	1,132,971

- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		497,367		497,367
<b>b</b> Buildings . . . . .		15,215,631	8,123,095	7,092,536
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,103,667	883,372	220,295
<b>e</b> Other . . . . .		227,005	181,388	45,617
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				7,855,815

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	90,000

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	4,870,791
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	59,783	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	439,344	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 499,127
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 4,371,664
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	10,305	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	60,355	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 70,660
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 4,442,324

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	4,926,566
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	439,344	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 439,344
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 4,487,222
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	10,305	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	60,355	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 70,660
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 4,557,882

**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	



## 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 24,013 DUE TO OPERATING FUND 48,329 FUNDRAISING EXPENSES 367,002



# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	COST OF ACCESS MEMBERSHIP 60,355

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL REAL ESTATE EXPENSES 24,013 DUE TO OPERATING FUND 48,329 FUNDRAISING EXPENSES 367,002

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	COST OF ACCESS MEMBERSHIP 60,355

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

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... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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) Total events
	<b>BLACK SWAMP GOL</b> (event type)	<b>20 MEN COOK</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	293,700	55,620	14,110	363,430
<b>2</b> Less: Contributions . . . . .	33,235	2,500	1,500	37,235
<b>3</b> Gross income (line 1 minus line 2) . . . . .	260,465	53,120	12,610	326,195
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	296,022	55,620	15,360	367,002
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				367,002
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-40,807

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

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

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

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

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

---

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

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

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

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

Return Reference	Explanation
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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

2019

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 noncash 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	237		60,355		
(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

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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	6,539	SOCIAL MEDIA MANAGEM		No
(2) GREAT SCOTFRESH ENCOUNTER	BOARD MEMBER	1,613	FOOD/GIFT CARDS		No
(3) H & O SERVICES	BOARD MEMBER	5,459	TRASH HAULING		No
(4) KRAMER ENTERPRISES	BOARD MEMBER	30,051	CLEANING SUPPLIES		No
(5) CITY APPAREL	FAMILY OF BOARD	18,796	CLOTHING		No
(6) BLANCHARD RIVER BROADCASTING	BOARD MEMBER	4,411	ADVERTISING		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://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	4	1,425	
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ) . . . . .	X	25	37,555	
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
<b>30a</b> 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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't 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
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**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](http://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 130 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 8,300 STRONG, REPRESENTING 20% OF OUR CITY'S POPULATION. THIS PAST YEAR, THE YMCA SERVED 12,597 PEOPLE IN OUR COMMUNITY. 29% OF THESE WERE CHILDREN UNDER THE AGE OF 18 YEARS OLD WHO COME TO THE Y TO LEARN, GROW AND THRIVE. FORTY FOUR PERCENT OF ALL YMCA PARTICIPANTS ARE FEMALE AND 7% 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 2019, HUNDREDS OF INDIVIDUALS RECEIVED SCHOLARSHIP ASSISTANCE TO BE PART OF THE YMCA AMOUNTING TO 185,000 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 380 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4A	<p>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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 LICENS ED CHILDCARE: THE YMCA OPERATES THE LARGEST CHILDCARE CENTER IN HANCOCK COUNTY, (MARY BRENNER CHILD DEVELOPMENT CENTER), SERVING 189 FAMILIES AND PROVIDING CARE FOR UP TO 262 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 2,473 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
FORM 990, PAGE 2, PART III, LINE 4C	<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 2019 THE YMCA CONTINUED ITS PARTNERSHIP WITH THE CITY OF FINDLAY FOR THE TENTH YEAR BY MANAGING THE RIVERSIDE CITY POOL SO THAT IT REMAINED OPEN TO OUR CITY'S RESIDENTS. THIS SEASON OVER 28,600 SWIMMERS ATTENDED THE CITY POOL DURING THE SUMMER. DURING THE SCHOOL YEAR OF 2018-2019, 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., 600 CHILDREN WERE PROVIDED OVER 136,800 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 2019: 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</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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	RENTAL REAL ESTATE EXPENSES 24,013 DUE TO OPERATING FUND 48,329 FUNDRAISING EXPENSES 367,002 COST OF ACCESS MEMBERSHIP -60,355 RENTAL REAL ESTATE EXPENSES -24,013 DUE TO OPERATING FUND -48,329 FUNDRAISING EXPENSES -367,002 COST OF ACCESS MEMBERSHIP 60,355