DLN: 93493168005459 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the

Treasury

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

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

		nue Service	I .						
A F	or the	e 2019 ca		eginning 01-01-2018 , and ending 1	2-31-2	2018			
		pplicable	C Name of organization Young Men's Christian Association	on of Greater Indianapolis			D Employe	er ident	tification number
	dress (me ch	change ange					35-0868	3211	
	tıal ret	-	Doing business as						
☐ Fin-	al returi	n/terminated					E Telephon	o numb	
		l return	Number and street (or P O box 615 N Alabama St 200	if mail is not delivered to street address) Roor	m/suite				
⊔ Ар	plication	on pending		TID on formation and TID on fo			(317) 26	56-962	2
			Indianapolis, IN 46204	country, and ZIP or foreign postal code					62.744.62
			F Name and address of name	a.m.a.l. a.66a.m	 -				63,744,192
			F Name and address of prin ERIC J ELLSWORTH	cipal officer	'	I(a) Is this	- '	:urn for	
			615 N Alabama St 200		١.	subord (b) Are al	dinates? Lsubordinat	es	□Yes ☑No
r Ta	y-even	npt status	Indianapolis, IN 46204			`´ ınclud	ed?		☐ Yes ☐No
) ◀ (insert no)					e instructions)
) W	ebsit	e:▶ indy	/mca org		'	H(c) Group	exemption	numbe	ir ▶
			✓ Corporation ☐ Trust ☐		\dashv_{L}	Year of forma	tion 1854	M Stat	e of legal domicile IN
K Forr	n of or	ganization	Corporation L Trust L .	Association L. Other >					· · · · · · · · · · · · · · · · · ·
Pa	art I	Sumi	mary				l		
	1 E	Briefly des	cribe the organization's missic	on or most significant activities					
			ION OF THE YMCA IS TO PUT (D BODY FOR ALL	CHRISTIAN PRINCIPLES INTO PRACTICE	THROU	JGH PROGRA	AMS THAT B	UILD F	HEALTHY SPIRIT,
ž	-	HIND, AND	J BODT TOR ALL						
Ē	-								
₹	-						_		
3				n discontinued its operations or disposed erning body (Part VI, line 1a)			of its net as	ssets 3	38
ಶ ∪್	l			rs of the governing body (Part VI, line 1b)			_	4	
<u> </u>	l		· · · · ·	n calendar year 2018 (Part V, line 2a) .			-	5	
Activities & Governance			• •	necessary)			•	6	-
			•	Part VIII, column (C), line 12			•	78	
	ı			from Form 990-T, line 34			_	71	
	 	Tree armer	area samess taxaste mesme	, , , , , , , , , , , , , , , , , , ,			or Year	7	Current Year
a .	8	Contribut	nons and grants (Part VIII, line	1h)		<u> </u>	7,136,3	316	6,780,513
Ę	l		- '	2g)			51,689,7		54,163,687
Ravenua	1	-	, ,	A), lines 3, 4, and 7d)			2,217,7	_	1,506,101
ď	1		• • • • •	nes 5, 6d, 8c, 9c, 10c, and 11e)			966,8		953,219
	1			(must equal Part VIII, column (A), line 12	.)		62,010,7		63,403,520
	_			X, column (A), lines 1–3)	/		7,325,7	791	8,088,481
	l		paid to or for members (Part IX		. ,	0			
S	1			e benefits (Part IX, column (A), lines 5-1	0)		30,155,4	17	31,319,422
Expenses	1			column (A), line 11e)	-,				
D G			aising expenses (Part IX, column (, ,,					
Щ	1		· · · · · · · · · · · · · · · · · · ·	nes 11a-11d, 11f-24e)			20,931,7	768	21,878,912
	18	Total exp	enses Add lines 13-17 (must	equal Part IX, column (A), line 25)			58,412,9	76	61,286,815
	1		less expenses Subtract line 18	• • • • • • • • • • • • • • • • • • • •			3,597,7		2,116,705
χ°			·			Beginning	of Current Y	ear	End of Year
Net Assets or Fund Balances								\perp	
Bal	ı		ets (Part X, line 16)				131,464,7		130,440,801
2 2	21	Total liab	ılıtıes (Part X, line 26)		•		29,124,6		28,967,352
Zű	22		s or fund balances Subtract li	ne 21 from line 20			102,340,0)85	101,473,449
	rt II		ature Block						a the best of my
				kamined this return, including accompany lete Declaration of preparer (other than					
any k	nowle	edge				•			
		*****	*			201	9-06-17		
Sign		Signati	ure of officer			Date			
Here		Randal	I Bordeau Sr VP of Finance/CFO						
			r print name and title						
		' P	rınt/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	t						ck	2005207	29
	- pare	er 🗏	ırm's name ► CROWE LLP	·	_		n's EIN ► 35-	0921680)
	On	ı ⊢	ırm's address ► 3815 Rıver Crossın	g Parkway Suite 3		Dha	ne no (317) 5	560-200	
	- • •	, I.	00			Pillo	e.nu (31/):	,03-096	-
			Indianapolis, IN 4						
				shown above? (see instructions)					Yes No
For P	aper	work Red	duction Act Notice, see the	separate instructions.		Cat No 1	1282Y		Form 990 (2018

Form	990 (2018)					Page 2						
Pa	statement	of Program Servi	ce Accomplis	hments								
	Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗆						
1	Briefly describe the o	organization's mission										
				unity service organizat dy for all " CONTINUED	ion The YMCA's mission is "to put ON SCHEDULE O	t Christian principles into						
2				vices during the year w	hich were not listed on	□ Yes ▼ No						
	•	ese new services on Sc				Lifes Lino						
3	•			changes in how it cond	ucts any program							
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services?											
	If "Yes," describe the	ese changes on Schedu	le O									
4	Section $501(c)(3)$ an		ons are required	to report the amount	largest program services, as med of grants and allocations to others							
	(Code) (Expenses \$	27.624.474	including grants of \$	4,009,707) (Revenue \$	22,675,568)						
	See Additional Data	, (· · · · · · · · · · · · · · · · ·			.,, , , , , , , , , , , , , , , , ,	, , ,						
4b	(Code) (Expenses \$	24,751,565	including grants of \$	2,012,281) (Revenue \$	28,787,401)						
	See Additional Data											
4c	(Code) (Expenses \$	3,498,876	ıncludıng grants of \$	2,066,493) (Revenue \$	2,138,972)						
	See Additional Data											
4d	Other program service											
	(Expenses \$	Inc	luding grants of	\$) (Revenue \$)						
4e	Total program serv	/ice expenses ▶	55,874,9	15								

15

16

18

19

21

Form 990 (2018) Page 3							
Pa	t IV Checklist of Required Schedules						
			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes				
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No			
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes				
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No			
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 162 If "Yes," complete Schedule D. Part VIII	11c		No			

10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

12a Did the organization obtain separate, independent audited financial statements for the tax year?

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

Form **990** (2018)

Yes

Yes

Νo

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

No

38

Part V

	Charlist of Barrised Cahadulas (continued)			rage 4
Pa	tiv Checklist of Required Schedules (continued)			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes Yes	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Νo

No

37

38

146

0

1a

1b

Yes

Yes

Form **990** (2018)

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file **7**c Yes **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Nο 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . Nο If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

10a

10b

11a

11b

12b

13b

13c

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

-orm	990 (2018)			Page (
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "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	·	onse to	lines ✓				
Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	38						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b	37						
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e 7a		No				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					

b Other officers or key employees of the organization . . . 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure

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

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

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

Form **990** (2018)

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

19

20

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

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

▶Randall Bordeau 615 N Alabama St Ste 200 Indianapolis, IN 46204 (317) 266-9622

year

Page 7

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

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

• 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

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

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Page **8**

	rt VII Section A. Officers, Direction	ctors, Trustees	s, Key	Emp	loye	es,	and	High	nest Compensate	ed Employees (c	ontini	ued)	Page c
(A) Name and Title		(B) Average hours per week (list any hours for related	Position than of	on (de	(C) o not ox, u in off tor/tr) t che inles ficer rust	eck moss pers and a ee)	ore son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	ar C	(F) Estima nount of compens from to	ted f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1033-MI3C)	2/1099-1113C)		relate rganiza	ed
See	Addıtıonal Data Table						_	\vdash					
											-		
								<u> </u>					
								\vdash					
		+						\vdash					
								_					
c ·	Sub-Total	Part VII , Section	Α.				>		1,247,237	0			253,143
2	Total number of individuals (includir of reportable compensation from the	g but not limited	to thos			bove		rece		00,000			
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>									employee on	3		No
4	For any individual listed on line 1a, i organization and related organizatio individual	ns greater than 9	150,00	0? <i>If</i>	"Yes,	," cc	omple	te Sc	hedule J for such		4	Yes	
5	Did any person listed on line 1a recesservices rendered to the organization									vidual for	5	165	No
Se	ection B. Independent Contrac	tors								<u> </u>		<u>'</u>	
1	Complete this table for your five hig from the organization Report comp										ensa	tion	
	· · · · · ·	(A)		,		9				(B)		(C	
Skilln	nan Corporation	and business addre	255						CONSTRUCT	ription of services TION		Compen 11,	504,582
	South Emerson Avenue												
	ing A ANAPOLIS, IN 46203												
Deen	n LLC								BUILDING 8 MAINTENAN	EQUIPMENT			452,240
	E 32ND STREET E 200												
	ANAPOLIS, IN 46226 Industrial Energy Solutions								MEDIA PRIN	T			379,110
	E Michigan St								MEDIATRIK	''			373,110
Suite													
	n Painting Inc								PAINTING C	ONTRACTOR			312,967
	Craig St												
	napolis, IN 46250												
Echol	Point Media								MEDIA PRIN	Т			308,527
	N Fulton Street napolis, IN 46202												
2	Total number of independent contractor		not lim	ited t	to the	ose	listed	abov	/e) who received m	ore than \$100,000	of		
(compensation from the organization $ ightle$	17											

Part		Statement of	Revenue									rage 3
				a respo	onse or note to any	line in th	nis Part VIII					🗹
						(4	A) evenue	Rel e:	(B) lated or xempt inction	Unre bus	C) elated iness enue	(D) Revenue excluded from tax under sections
	1 a	Federated campaig	ns	1a	730,354			re	venue			512 - 514
nts nts		• Membership dues		1b	l 0							
Giffs, Grants iilar Amounts		Fundraising events		1c	579,051							
s, c An		Related organizatio		1d	0							
활		Government grants (co		<u> </u>	1,483,371							
ıs, (imi		All other contributions,		1e	1,463,371 I							
ion r S	'	and similar amounts n	ot included	1f	3,987,737							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution in lines 1a - 1f \$		9,8	319							
a Co	ı	h Total. Add lines 1a	-1f		>		6,780,513					
					Business	Code	0,760,313					1
Program Service Revenue	2a	Healthy Living				813410	29,	643,565	29,64	3,565		
eve		Youth Development					22,	381,150	22,38	1,150		
ا بو	_ C	Social Responsibility				611600	2,	138,972	2,13	8,972		
۲ <u>۸</u>	Ī	-				624110						
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	d			_								
Jran	e	All		_				0		0		0 0
ည္ရွိ		All other program se			54,1	163,687		-				•
		Total. Add lines 2a-2			<u> </u>							
		investment income (ii imilar amounts) .			interest, and other	.	953,18	7				953,187
		income from investme			ond proceeds >							
	5 F	Royalties										
			(ı) Rea	l	(II) Personal							
	6a	Gross rents	7	35,450								
	b	Less rental expenses	<u>'</u>			1						
			_	25.450		_						
	С	Rental income or (loss)	′	35,450								
	d	Net rental income o	r (loss)			1	735,45	0				735,450
			(ı) Securit	ies	(II) Other							
	7a	Gross amount from sales of	4	37,829	125,850							
		assets other than inventory		,								
	L	Less cost or				4						
	D	other basis and sales expenses			10,765	5						
	c	Gain or (loss)	4	37,829	115,085	5						
		Net gain or (loss)			•	1	552,91	4				552,914
	8a	Gross income from f										
ıne		(not including \$ contributions reporte	579,051 ed on line 1c)	of								
Ş		See Part IV, line 18		а	75,084							
a		Less direct expense		b	288,978							
Other Revenue		Net income or (loss)			ents		-213,89	4				-213,894
\$	9a	Gross income from g See Part IV, line 19	amıng actıvıtı	es								
				а								
	b	Less direct expense	s	b								
		Net income or (loss)		activit	ies >							
	10a	Gross sales of invent returns and allowand										
				а	63,682							
	b	Less cost of goods s	sold	b	40,929							
	С	Net income or (loss)		inven	tory ►		22,75	3				22,753
		Miscellaneous	Revenue		Business Code							
	11	a Day Camps			561000	'		0	-561,746		561,746	
								_				
	b	Miscellaneous			900099		189,44	7				189,447
	C	Consulting/Managen	nent		900099	9	194,07	4			Ī	194,074
				_								
	-	All other revenue .					25,38	9	0		0	25,389
	е	Total. Add lines 11a	-11d		•		408,91	0				
	12	Total revenue. See	Instructions				63,403,52	0	53,601,941		561,746	2,459,320
							,	1	,		-/: .9	Form 990 (2018)

				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete 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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·	· .	
2 Grants and other assistance to domestic individuals See Part IV, line 22	8,088,481	8,088,481		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	758,370		758,370	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,721,944	22,774,755	1,365,748	581,441
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,552,487	1,305,671	193,889	52,927
9 Other employee benefits	2,051,849	1,836,932	140,455	74,462
10 Payroll taxes	2,234,772	2,054,758	128,854	51,160
11 Fees for services (non-employees)				<u> </u>
a Management				
b Legal	50,368	27,252	17,533	5,583
c Accounting	39,767	21,516	13,843	4,408
d Lobbying	38,064	,	38,064	-,
e Professional fundraising services See Part IV, line 17	33,001			
f Investment management fees	28,253		28,253	
- <u>-</u>	1,786,649	966,675	621,943	198,031
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	· ·	·	·	
12 Advertising and promotion	1,140,755	931,471	51,838	157,446
13 Office expenses	112,594	105,664	1,974	4,956
14 Information technology	1,115,685	1,068,319	44,903	2,463
15 Royalties				
16 Occupancy	6,914,874	6,599,956	296,525	18,393
17 Travel	738,276	481,809	211,375	45,092
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings				
20 Interest	619,327	619,327		
21 Payments to affiliates	553,632	489,063	46,705	17,864
22 Depreciation, depletion, and amortization	4,824,048	4,751,159	60,671	12,218
23 Insurance	570,270	570,270		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Program Supplies	2,367,148	2,260,293	30,437	76,418
b Bank Charges	860,089	847,862	12,227	
c				
d				
e All other expenses	119,113	73,682	39,424	6,007
25 Total functional expenses. Add lines 1 through 24e	61,286,815	55,874,915	4,103,031	1,308,869

Form **990** (2018)

Page **11**

17,221,020

260.254

2,265,195

28.967.352

84.256.625

9,389,776

7,827,048

101,473,449

130,440,801 Form **990** (2018)

0

0

0

Form 990 (2018)

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities

Assets or Fund Balances

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

	1	Cash-non-interest-bearing	8,050	1	8,175
	2	Savings and temporary cash investments	30,693,451	2	23,991,313
	3	Pledges and grants receivable, net	11,827,805	3	9,262,016
	4	Accounts receivable, net	1,396,717	4	4,973,773
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
ets	7	Notes and loans receivable, net	1,150,000	7	13,072,000
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	309,252	9	263,774
	10a	Land, buildings, and equipment cost or other			

S)		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	of section 501(c)(9) structions) Complete	4.450.000	6	40.07	
Assets	7	Notes and loans receivable, net	1,150,000	7	13,07		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	309,252	9	26		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	113,404,108			
	ь	Less accumulated depreciation	10b	51,527,672	67,814,110	10 c	61,87
	11	Investments—publicly traded securities .	12,699,388	11	11,40		
	12	Investments—other securities See Part IV, line	11 .	[12,531	12	57
	13	Investments—program-related See Part IV, line	11 .	. [0	13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[5,553,480	15	5,02
	16	Total assets.Add lines 1 through 15 (must equ	131,464,784	16	130,44		
	17	Accounts payable and accrued expenses			6,999,718	17	7,51
	18	Grants payable		18			

Ass	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges			309,252	9	263,774
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	113,404,108			
	b	Less accumulated depreciation	10b	51,527,672	67,814,110	10c	61,876,436
	11	Investments—publicly traded securities .	12,699,388	11	11,400,690		
	12	Investments—other securities See Part IV, line	12,531	12	570,437		
	13	Investments—program-related See Part IV, line	e 11 .	•	0	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			5,553,480	15	5,022,187
	16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	131,464,784	16	130,440,801
	17	Accounts payable and accrued expenses	6,999,718	17	7,518,134		
	18	Grants payable		18			
	19	Deferred revenue	1,767,614	19	1,702,749		

18,175,636

1,904,321

29.124.699

80.572.295

13,298,817

8,468,973

102,340,085

131,464,784

0

277.410

20

21

22

23

24

25

26

27

28

29

30

31 32

33

34

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 35-0868211

Name: Young Men's Christian Association of Greater Indianapolis

Form 990 (2018)

Form 990, Part III, Line 4a:

The YMCA of Greater Indianapolis staff and volunteer leadership firmly believe that all kids deserve to discover their God given gifts. YMCA programs cultivate values, interpersonal skills and relationships that lead to positive behaviors, better health and educational achievement. * The YMCA Before and After School program fosters growth and development in children, their parents and their families. Kids develop moral and ethical behavior, self-esteem and leadership skills. Parents can go to work knowing their children will thrive in a safe, supportive environment. For parents who cannot afford the full program fee, the Y provides an "income-based" sliding scale. In 2018, the YMCA Before and After School Program served 9,892 children from 127 different schools. Participating students represented 125 public schools in 14 school districts and two private schools. Of the children served, 27% qualified for a reduced or waived program fee. * YMCA Pre-School Programs provide a half-day of enrichment, academics and socialization for three to five year olds. In 2018, 994 kids participated in the Y's Pre-School Programs. Of those, 31% received financial assistance. * YMCA Camping and Outdoor education programs promote spiritual awareness, mental development, physical well-being, social growth and a respect for the environment. In 2018, 6,377 day campers were active at locations across central Indiana and more than 1,107 overnight campers enjoyed the YMCA's Flat Rock River Camp at the Ruth Lilly YMCA Outdoor Center. Over 4,675 children from more than 60 schools participated in outdoor/environmental education programs. Assistance through the YMCA's sliding-scale fee helped. 171 day campers and 316 overnight campers and 316 overnight campers participate in the Y's outdoor camping experiences. * YMCA Aguatics Programs provide summing and water safety skills.

Center Over 4,675 children from more than 60 schools participated in outdoor/environmental education programs. Assistance through the YMCA's sliding-scale fee helped 1,771 day campers and 316 overnight campers participated in outdoor/environmental education programs. Assistance through the YMCA's sliding-scale fee helped 1,771 day campers and 316 overnight campers participated in outdoor/environmental education programs. Assistance through the YMCA's sliding-scale fee helped 1,771 day campers and 316 overnight campers participated in outdoor/environmental education programs provide swimming and water safety skills. The YMCA provided financial assistance to 1,107 of those participants. In addition, the YMCA offered SPLASH, a free, presummer program teaching swimming and water safety for youth in the community. YMCA Youth Sports programs promote self-worth and increase self-esteem. Every sport focuses on full and equal participation. Every child plays in every game. Win or lose, YMCA Youth Sports programs emphasize development of skill, health and fitness, safety, cooperation and respect for others. In 2018, over 8,999 children and teens enrolled in our Youth Sports programs including soccer, basketball, T-Ball and baseball leagues. Of those enrolled, 1,498 received financial assistance.

Form 990, Part III, Line 4b:

Indianapolis The American College of Sports Medicine ("ACSM") annually ranks the top 50 metropolitan areas of the country in terms of healthy environments and personal health of residents. Using ACSM's standards, the Y is measuring its progress toward a goal of being in the top 10 metropolitan areas. In 2011 and 2012 the YMCA formed a coalition of community organizations - health, government, corporate - to address challenges in the Indianapolis area. At this time there are 115 organizations meeting on a regular basis to develop solutions for the community. The YMCA continues to impact and improve healthy living in central Indiana by providing space for people to participate

in wellness programs, learn more about healthy living and improve their lives. Over 183,776 people in the Indianapolis area are members or participants in Y programs. The

In 2010 the Board of Directors of the YMCA of Greater Indianapolis adopted a goal to improve the health and wellbeing of the citizens in the metropolitan area of

in Ys across the nation. In addition, the Y adopted the LIVESTRONG program to help those with cancer recover faster

YMCA is open to all ages, abilities and income levels. Financial assistance policies help low and moderate-income level families afford membership and participate in wellness programs. There is a sliding-scale fee for any household with income of \$55,000 or less per year. Wellness and healthy living services provided to the community include. * Cardiovascular exercise, strength training, stretching and relaxation. * Individual programs such as one-on-one coaching and personal training. * Group programs and classes such as yoga, Pilates, aerobic exercise, dance and martial arts. * Team sports such as racquetball, basketball, volleyball and softball. * Community gathering opportunities and exercise programs for those 65 and older. * Adult classes that include exercise for those with chronic illness like arthritis and heart disease. * Welcoming

opportunities and exercise programs for those 65 and older * Adult classes that include exercise for those with chronic illness like arthritis and heart disease * Welcoming and comfortable exercise and program areas tailored to beginners * Programs for children and teens including swimming lessons, camping, gymnastics, dance, martial arts and team sports * Safe places for children to grow and learn * Prenatal exercise and parent-child exercise classes * Gathering spaces to build community with others * Programs to engage the entire family to strengthen the family unit The YMCA provides support for people seeking to prevent the onset of Type II diabetes The YMCA of Greater Indianapolis, working in collaboration with the Indiana University School of Medicine, is credited with an award winning Diabetes Prevention Program now established

Form 990, Part III, Line 4c:

education, and help parents stay employed Teen activities are among the most rapidly growing YMCA programs. Interaction with teens helps prevent the crime and violence that plaques so many neighborhoods. In 2018, the YMCA assisted teens and children through meaningful programs like. * Teen Leadership Camps and Counselor in Training

Programs, Y Teen Zone, Y Leaders Clubs, YMCA Youth and Government, Teen Job Skills Development, Teen Wellness, and Generation Y, an after school program for middle school aged kids * A Y Achievers-College Readiness Program offering 362 at-risk middle and high school aged kids the help needed to stay in school and gain access to

school aged kids * A Y Achievers-College Readiness Program offering 362 at-risk middle and high school aged kids the help needed to stay in school and gain access to college and technical schools * Avondale Meadows YMCA staff counseled over 1,507 kids held at the Marion County Juvenile Detention Center * "From Day One" summer programs designed to help middle school students make a successful transition to high school and beyond

The YMCA of Greater Indianapolis offers the resources our communities need to address pressing social issues. Programs help kids who receive welfare, provide childcare and

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation hours per amount of other is both an officer and a week (list from related from the compensation

	any hours		direct	or/t	ruste	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Jeff Harrison	1 0	x		x				0	0	0
Chair		^		_^						O
Andrew Buroker	1 0	x		x				0	0	0
Vice-Chair		^		_^				0	0	0
Tom Denarı	1 0	х		x				0	0	
Vice-Chair		^		^						0

0

0

0

0

0

Chair		_ ^	X		U	
Andrew Buroker	1 0	х	х		0	
Vice-Chair		^	<		0	
Tom Denarı	1 0	×	х		0	
Vice-Chair		^	۲		0	
Bill Brooks	1 0	×	х		0	
Secretary		^	^		U	

Χ

Χ

Х

Χ

Χ

Χ

0

0

0

0

0

ol

10

1 0

10

10

10

10

.....

......

......

......

......

and Independent Contractors

Doug Gettelfinger

Treasurer

Cliff Allen

Board Member

Karen Amstutz

Board Member

Quinn Buckner

Board Member

Stephen Corbitt

Board Member

Thomas Crouch

Board Member

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a compensation week (list from the from related

and Independent Contractors

Board Member

Zach Gordon

Board Member

Board Member

Board Member

Darren S Kay

Board Member

Tom Kılıan Jr

Board Member

Rhonda Kıttle

Board Member

Ken Johnson

Jill Hall

	any hours		direct		rust		•	organization (W-	organizations	from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations			
Cheri Lynn Dick	1 0								0				
Board Member		×							0	0			
John Dietz	1 0								0				
Board Member		×						١	U	0			
Vicky Lynn Erwin	1 0								0				
Board Member		X							U	0			
Craig Fenneman	1 0												

o

0

0

0

0

0

0

0

0

......

......

......

......

......

......

10

1 0

10

10

10

10

Х

Х

Х

Χ

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation

director/trustee)

employee

any hours

for related

organizations

below dotted

line)

Individual trustee or director

Χ

Х

Х

Х

Χ

Х

Х

1 0

1 0

10

10

10

1 0

10

10

10

10

......

......

......

......

......

Institutional

Trustee

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

Daniel Lopez
Board Member
Teresa S Lubbers
Board Member

Robert C McDonald

Board Member

Ryan McKeown

Board Member

Board Member

Polly G Nicely

Board Member

Deborah Oatts

Board Member

Tricia A Rake

Board Member

Isadore Rivas

Board Member

Board Member

Ken Scott

John Merrill

and Independent Contractors

Former Highest compensated employee

organization (W-

2/1099-MISC)

0

0

0

0

0

0

0

organizations

(W- 2/1099-

MISC)

from the

organization and

related

organizations

0

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from related from the compensation

and Independent Contractors

Cheryl E Watson

Board Member

Board Member

Ken Zagzebskı

Board Member

Michael Barth

Aman Brar

Board Member (term ended 4/24/2018)

Board Member (term ended 8/1/2018)

Bart York

	any hours	(lirect	or/t			-	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Sharıq Sıddıquı	10	Х						0	0	C
Board Member										
Kevin Speer	1 0	Х						0	٥	C
Board Member								_	_	
Dale Stackhouse	1 0	X						0	0	
Board Member		^						0	٥	C
Sue Tempero	10	×							0	
Board Member		^								C
Doug Walker	1 0	×						0	0	C
Board Member		^						١	١	

10

10

10

10

10

Χ

Х

Χ

Х

Χ

......

......

......

......

0

0

0

0

0

0

0

0

0

0

0

ol

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a compensation week (list from the from related from the

and Independent Contractors

Jay Chu

Eric J Ellsworth

President & CEO

Senior Vice President & CFO

Senior Vice President & COO

Senior Vice President & CDO

Senior Vice President of Membership & Marketing

Janet Allaby

Gregg Hiland

James P Wood

Ginger D Plexico

Board Member (term ended 4/24/2018)

	any hours	· '	direct	or/t	rust	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Dena Cushenberry	1 0	х						0	0	
Board Member (term ended 4/24/2018)										
John Jewett	1 0	×						0	O	
Board Member (term ended 8/24/2018)		^						Ĭ	,	
Jım Parker	1 0	х						0	0	
D 1 1 ()	I	I ^	1	1	1	1	l	ı	ı	

Х

Х

Х

Χ

Χ

0

300,696

175,737

149,612

139,707

132,294

50,379

39,096

42,850

41,473

33,564

John Jewett	1 0	,			0	
Board Member (term ended 8/24/2018)		^			U	
Jım Parker	1 0				0	
Board Member (term ended 4/24/2018)		_ ^			0	
Romona Powell	1 0	1				
Board Member (term ended 2/15/2018)		×			0	

Х

10

40 0

40 0

40 0

40 0

40 0

......

......

.......

and Independent Contractors (A) (B) (C) (D) (E)
Name and Title Average Position (do not check more Reportable Reportable **(F)** Estimated

398

115,527

	hours per week (list any hours for related organizations below dotted line)	0 =	ne bo	ox, u n off or/ti	inles ficer ruste	s pers and a ee)	son	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
Christopher Butler Vice President - Operations	40 0					×		118,884	0	30,471
·				-						
La Veda D Howell Senior Vice President of Talent & Chief People Officer	40 0					×		114,780	0	14,912
·	40.0				Γ					

David J Kleiman

Vice President - Information Systems

SCHEDU Form 990 90EZ)		Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018 Open to Public
epartment of the		ion	► Go to	www.irs.gov/Form	990 for the late	est information	Employer identific	Inspection
oung Men's Ch	nristian Assoc	ation of Greate	r Indianapolis					cation number
Part I	Reason f	or Public (Charity Stat	us (All organization	s must comple	ete this part.) S	35-0868211 See instructions.	
e organiza	tion is not a	private foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)		
լ 🗆 .	A church, co	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2 🔲	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 D	A hospital o	r a cooperati	ve hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
	A medical re name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	inter the hospital's
	_	tion operated iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
_			•	governmental unit de	scribed in secti	on 170(b)(1)(A	\)(v).	
			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	ınıt or from the gener	al public described in
3 🗆 ·	A communit	y trust descr	ıbed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	Π)		
				escribed in 170(b)(1) ee instructions Enter				lege or university or
	from activit investment	es related to income and i	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).	
	more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
	Type I. A s organizatior	upporting org	janization opei	ated, supervised, or coappoint or elect a majo	ontrolled by its s	supported organiz	zation(s), typically by	
	managemer	it of the supp		pervised or controlled in ation vested in the sare and C.				
		-	-	supporting organizatio	•	· ·	, -	ated with, its
'	Type III no functionally	on-function integrated	ally integrate he organization	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
			•	ved a written determir	•		pe I, Type II, Type II	I functionally
ш	ıntegrated,	or Type III n		integrated supporting		•		
Provide	e the follow	ng informati	on about the s	pported organization(s)			_
` '	ime of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		janization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
		<u>'</u>						
+al								
otal				 nstructions for	Cat No 1128!		 Schedule A (Form 9	

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and stop here. The organization qualifi 33 1/3% support test—2017. If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	_			and mic 15 i5 55 1	, s to or more, enec	
	box and stop here. The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	—2017. If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· -
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

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

Part III

437,250

290,384,740

290,821,990

6,135,509

6,135,509

411,982

667,854

298,037,335

97 43 %

97 69 %

2 06 %

1 85 %

▶□

▶□

(f) Total

Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 14,781,675 8,326,187 12,212,394 7,136,316 6.780.513 49,237,085 membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services 42,849,830 44,036,398 48,255,704 51,087,809 53,601,941 239.831.682 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or 162,223 298,021 551,875 382,875 358,229 1,753,223 business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 57,793,728 60,740,683 290,821,990 52,660,606 61,019,973 58,607,000 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 18,060 113,811 92,838 88,190 124,351 437,250 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the

greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b

Section B. Total Support Calendar year

> Amounts from line 6 Gross income from interest,

Add lines 10a and 10b

Net income from unrelated

line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital

assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

11, and 12)

business activities not included in

from line 6)

10a

С

11

14

15

16

17

20

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

- 18,060

(a) 2014

57,793,728

855,367

855,367

7,398

180,223

58,836,716

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

the organization fails to qualify under the tests listed below, please complete Part II.)

113,811

(b) 2015

52,660,606

953,997

953,997

51,414

15,733

53,681,750

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

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,

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

92,838

(c) 2016

61,019,973

1,285,095

1,285,095

217,411

39,428

62,561,907

88,190

(d) 2017

58,607,000

1,352,413

1,352,413

100,939

243,023

60,303,375

(e) 2018

60,740,683

1,688,637

1,688,637

34,820

189,447

62,653,587

Schedule A (Form 990 or 990-EZ) 2018

15

16

17

124,351

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

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			
	cupper unity or gamma units (community)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		\vdash	
u	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations	110		
	ection b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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		\sqcup	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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	2		
	organization			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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)	1		
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j		
		1	\vdash	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	c	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		\vdash	
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26		

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2018

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Page 8						
	Section A, lines 1, 2, Part IV, Section D, lin	rmation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, nes 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See					
Facts And Circumstances Test							
990 Sched	lule A, Supplemer	ntal Information					
Retu	urn Reference	Explanation					
Schedule A,	Part III, Line 12	DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 180223 0, COLUMN B - 15733 0, COLUMN C - 39					

428 0, COLUMN D - 243023 0, COLUMN E - 189447 0, COLUMN F - 667854 0,

Schodula A (Form 990 or 990-E7) 2019

Other Income

SCHEDULE C

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.

OMB No 1545-0047

DLN: 93493168005459

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • 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 **Employer identification number** Young Men's Christian Association of Greater Indianapolis 35-0868211 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) 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 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV 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 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 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? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018 Cat No 50084S

Grassroots ceiling amount

Return Reference

Description of the Activities Reported

Schedule C, Part II-B, Line 1

on Lines 1a through 1i

For (each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	.)(,	(b)
ror e activi		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
С	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		38,064
j	Total Add lines 1c through 1i		,	38,064
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912		,L	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		, [
d	3 - 3 - 3 - 3		·	
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), or	rsection	1
	501(c)(6).			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		1	
a	Current year	2a	ı	
b	Carryover from last year	2b	<u> </u>	
С	Total	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	<u> </u>	
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
₽	art IV Supplemental Information			
	ovide 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), structions), and Part II-B, line 1 Also, complete this part for any additional information	, Part II-/	A, lines 1 a	and 2 (see
4	decions/, dua - dien o, mie 2 - mas, eemperson and participation a			

Daniels that was spent on lobbying

Explanation

The YMCA of Greater Indianapolis pays Faegre Baker & Daniels for various lobbying activities. The amount reported for other lobbying activities (\$38,064) is the YMCA's portion of amounts paid to Faegre Baker &

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

DLN: 93493168005459 OMB No 1545-0047

Open to Public **Inspection**

	me of the organization				Emp	oloyer identificat	tion nu	mber
rou	ng Men's Christian Association of Greater Indianapolis				35-0	0868211		
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye				r Acc	counts.		
	complete if the organization answered Te	(a) Donor a				(b)Funds and otl	ner acco	unts
	Total number at end of year					. ,		
	Aggregate value of contributions to (during year)							
i	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
i	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			ts held in donor ad	vised 1	funds are the	☐ Ye	s 🗆 No
	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?						_	s 🗆 No
Pa l	rt III Conservation Easements. Complete if t	he organization ans	swer	ed "Yes" on Forn	n 990	, Part IV, line 7		<u> </u>
	Purpose(s) of conservation easements held by the orga					,		
	Preservation of land for public use (e.g., recreation	on or education)		Preservation of an	histor	ically important la	nd area	
	Protection of natural habitat		_	Preservation of a c		, .		
		'		Preservation of a C	.erune	a mstoric structur	e	
	Preservation of open spaceComplete lines 2a through 2d if the organization held a	auglified concernation	n con	tribution in the for	m of a	concentation		
•	easement on the last day of the tax year	i qualified conservatio	II CON		III OI a	Held at the E	nd of th	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified histor	ıc structure ıncluded ı	n (a)		2c			
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ured after 7/25/06, ar	nd no	t on a historic	2d			
l	Number of conservation easements modified, transferred tax year ▶	ed, released, extingui	shed,	or terminated by	the or	ganızatıon durıng	the	
	Number of states where property subject to conservation	on easement is locate	d ► _			_		
i	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		g, ıns	pection, handling o	of viola	ations,	s [] No
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of viol	ation	s, and enforcing co	onserv			ne year
ı	Amount of expenses incurred in monitoring, inspecting, \$ \\$, handling of violation	s, and	d enforcing conserv	vation	easements during	the yea	ar
}	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?) above satisfy the red	quirei	ments of section 1	70(h)(4)(B)(ι) ☐ Ye .	s [] No
l	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the orga				atement, and		
ar	t III Organizations Maintaining Collections		l Tre	asures, or Oth	er Sii	milar Assets.		
	Complete if the organization answered "Ye							
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, edi	ucatio	n, or research in f				s of
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items							
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
(i	i)Assets included in Form 990, Part X					> \$		
!	If the organization received or held works of art, histor following amounts required to be reported under SFAS				ncıal g	jain, provide the		
а	Revenue included on Form 990, Part VIII, line 1					▶ \$		

b Assets included in Form 990, Part X

Par		Organizations Ma	<u>aintain</u> ing Col	lections of	Art, His	<u>tori</u> cal	<u>Treas</u>	ures, o	r Other	<u>Similar A</u>	ssets (cont	inued)	
3		g the organization's acq s (check all that apply)											
а		Public exhibition				d [Loa	n or exch	ange prog	rams			
b		Scholarly research				e _	Oth	er					
c		Preservation for future	e generations										
4	Provi Part :	de a description of the XIII	organization's col	lections and e	explain hov	v they fu	rther th	ne organiz	zation's ex	empt purpo	ose in		
5		ng the year, did the orga ts to be sold to raise fur								ılar	☐ Yes	□ N	lo
Par	rt IV	Escrow and Cust Complete if the ord X, line 21.			on Form	990, Pa	rt IV,	line 9, o	r reporte	d an amou	unt on Forr	n 990,	Part
1a		e organization an agent ded on Form 990, Part 1		an or other in	termediary	for con	ributio	ns or othe	er assets I	not	☐ Yes	☑ N	ю
ь	If "V4	es," explain the arrange	ment in Part VIII	and complete	e the follow	wina tahl	_			Δ	mount		_
C		nning balance	ment in Fait XIII	and complet	e the follow	virig tabi	=		1c		inounc		_
d	_	ions during the year							1d				_
e		ibutions during the year	-						1e				_
f		ng balance							1f				_
				000 0	V I 34								_
2a		he organization include									_	∐ N	0
b		es," explain the arrange											
Pa	rt V	Endowment Fund	ds. Complete if										
	Poguna	ung of vone balanco		(a)Current	year 69,550	(b) Prior y	ear 17,078		ears back 18,835,784	(d)Three ye	ars back (e) ,540,970	Four yea	rs back 571,163
	-	ning of year balance .			91,239		07,327	-	1,531,155		9,422	20,	48,705
		butions			01,344		09,110		1,331,133		-980,807		667,439
		vestment earnings, gair	is, and losses		56,513		50,215		162,105		206,955		145,675
		or scholarships	•	1	.50,513		30,213		102,103		200,933		143,073
		expenditures for facilities of the second se	=5	4	50,149	4	05,028		382,114		515,886		592,204
f	Admin	istrative expenses .			8,700		8,722		8,160		10,960		8,458
g	End of	year balance		20,7	44,083	23,5	69,550		21,117,078	18,	,835,784	20,	540,970
2 a b c	Board Perm Temp The p	de the estimated perce d designated or quasi-e ianent endowment corarily restricted endow percentages on lines 2a here endowment funds	ndowment ► 37 3 % wment ► 0 , 2b, and 2c shou	62 7 %) % d equal 100%	/o					r the			
Ja		nization by	not in the posses	SION OF THE OF	garnzacion	tilat are	neia a	iiu auiiiiii	istered for	i tile		Yes	No
	(i) u	nrelated organizations									3a(i)		
		elated organizations .									3a(ii))	No
b		es" on 3a(II), are the re	-		•						3b		
1		ribe in Part XIII the inte			s endowm	ent fund							
Pai	rt VI	Land, Buildings, Complete if the or			on Form	000 Ba	r+ T\/	lino 11a	Sac For	·m 000 Da	ort V lino 1		
	Descr	iption of property	(a) Cost or oth (investme	ner basis I	(b) Cost or o					epreciation		Book valu	е
12	Land					2	.325,468	3				:	2,325,468
	Buildin						608,17	_		28,885,476			7,722,69
		nold improvements		+			162,52	_		8,099,777			7,062,74
		ment					152,87	+		14,542,419			4,610,458
							155,066	_		,5 .2, 115			155,066
~	Julei						,00	- 1					,000

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities.	Complete if the organizat	ion answe		o 550, 1 d.c 17, 215.
See Form 990, Part X, line 12. (a) Description of security or call (including name of security)		(b) Book value	Cost o	c) Method of valuation or end-of-year market value
1) Financial derivatives				
2) Closely-held equity interests . 3)Other				
A)				
3)				
:)				
0)				
:)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line	12)			
Trivestments—Program Related Complete if the organization answer		art IV line	11c See For	m 990 Part V June 13
(a) Description of investment		ook value	(0	c) Method of valuation
.)			Cost o	or end-of-year market value
2)				
3)				
, N)				
5)				
· ·)				
· ')				
3)				
·				
9)				
9) ntal. (Column (h) must equal Form 990, Part X, col (R) line 3	3)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	zation answered 'Yes' on For	n 990, Part	IV, line 11d Se	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1		m 990, Part	IV, line 11d Se	e Form 990, Part X, line 15 (b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organi	zation answered 'Yes' on For	n 990, Part	IV, line 11d Se	
Otal. (Column (b) must equal Form 990, Part X, col (B) line and Cart IX Other Assets. Complete if the organical control of the organical control o	zation answered 'Yes' on For	n 990, Part	IV, line 11d Se	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 2 art IX Other Assets. Complete if the organi	zation answered 'Yes' on For	n 990, Part	IV, line 11d Se	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organi	zation answered 'Yes' on For	m 990, Part	IV, line 11d Se	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 2 Other Assets. Complete if the organical columns of the complete in the organical columns of the columns of t	zation answered 'Yes' on For	m 990, Part	IV, line 11d Se	
otal. (Column (b) must equal Form 990, Part X, col (B) line 2 art IX Other Assets. Complete if the organi)))	zation answered 'Yes' on For	m 990, Part	IV, line 11d Se	
Other Assets. Complete if the organical control of the organical contro	zation answered 'Yes' on For	m 990, Part	IV, line 11d Se	
Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) line 2 Part IX Other Assets. Complete if the organical Column (b) line 2 Part IX Other Assets. Complete if the organical Column (b) line 2 Part IX Other Assets. Complete if the organical Column (b) line 2 Part IX Other Assets. Complete if the organical Column (b) line 2 Part IX Other Assets. Complete if the organical Column (b) line 2 Part IX Ot	zation answered 'Yes' on For	m 990, Part	IV, line 11d Se	
Other Assets. Complete if the organical control of the organical contro	zation answered 'Yes' on Ford (a) Description	n 990, Part	IV, line 11d Se	
Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Part IX Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the	zation answered 'Yes' on Ford (a) Description (B) line 15)			(b) Book value
Other Assets. Complete if the organical complete in the organical comp	(a) Description (B) line 15) organization answered 'Yes' on Form			(b) Book value
Other Assets. Complete if the organical National Column (b) must equal Form 990, Part X, col (B) line 2 (a) Description of liabilization.	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organi Other Liabilities. Complete if the See Form 990, Part X, Col Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability is prederal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organical in the organical	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 2 art IX Other Assets. Complete if the organi))))))))) otal. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organical in the complete of the complete o	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organical in the organical	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 2 Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value
Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 22 Other Assets. Complete if the organical Column (b) must equal Form 990, Part X, col (B) line 22 Other Liabilities. Complete if the See Form 990, Part X, line 25.	(a) Description (B) line 15) organization answered 'Yes' on Form	es' on Forr		(b) Book value

Part XI

а

b

C

Part XII

5

1

2

b

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

-2,185,145

55,286,786

8,116,734

63,403,520

53,968,277

798,196

53,170,081

8,116,734

61.286.815

Schedule D (Form 990) 2018

Subtract line **2e** from line **1** .

а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1					

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Subtract line 2e from line 1

Add lines 2a through 2d . .

Return Reference

Other (Describe in Part XIII)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Add lines **4a** and **4b**

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

2c 2d

28,253 8.088.481 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

468,289

329,907

28,253

8,088,481

2e

3

4c

5

-2,043,050

170.269

-312.364

4c

2e

3

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 35-0868211

Name: Young Men's Christian Association of Greater Indianapolis

Supplemental Information

Supplemental Information	
Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	The YMCA of Greater Indianapolis acts as the fiscal agent for the Indiana State Alliance o f YMCAs. The YMCA of Greater Indianapolis deposits dollars paid by Indiana YMCA's into a c ustodial fund and pays a monthly retainer out of the custodial fund on behalf of the India na YMCAs. A monthly retainer is paid to Faegre Baker & Daniels for lobbying activities. The alliance also conducts regular training and education events for the YMCAs of the state of Indiana.

Cappiemental Imemuation		
Return Reference	Explanation	
Schedule D, Part V, Line 4 Intended uses of endowment funds	The Young Men's Christian Association of Greater Indianapolis (YMCA) holds investments, pe rmanently restricted gifts, the beneficial interest in a perpetual trust, and permanently restricted pledges receivable in its endowment. The YMCA intends to hold these funds in pe rpetuity and use the interest and dividend income from these funds to support the exempt m ission programs of the organization. A portion of the YMCA's endowment funds are represent ed by an interest in a perpetual trust in which the YMCA has no discretionary authority on the management of the fund. In addition, the YMCA Foundation of Greater Indianapolis, a related tax-exempt organization, holds endowment funds for the purpose of administrative ma	

ributions to support the YMCA's programs

nagement and efficiencies, including investment monitoring and control, and providing dist

Supplemental Information

Supplemental Imormation	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The YMCA is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code Accordingly, no provision for federal or state income taxes has been made. Current accounting standards require that the YMCA disclose the amount of potential benefit or obligation to be realized as a result of an examination performed by a taxing authority. For the years ended December 31, 2018 and 2017, management has determined the YMCA does not have any tax positions that result in any uncertainties regarding the possible impact on the YMCA's financial statements. The YMCA does not expect the total amount of unrecognized tax benefits to significantly change in the past 12 months. The YMCA recognizes interest and/or pe

tits to significantly change in the next 12 months. The YMCA recognizes interest and/or pe nalties related to income tax matters in income tax expense. The YMCA did not have any amo

unts accrued for interest and penalties at December 31, 2018 and 2017

Supplemental Information

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Cost of goods sold - 40929 Special events expense - 288978 Beneficial interest in trust642271

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Assistance provided to individuals - 8088481

S

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Cost of goods sold - 40929 Special events expense - 288978

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Assistance provided to individuals - 8088481

_

Employer identification number Name of the organization Young Men's Christian Association of Greater Indianapolis 35-0868211 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

DLN: 93493168005459 OMB No 1545-0047

Open to Public

Inspection

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3					
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No						
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No						
13	Indicate the percentage of gaming activ	vity conducted in									
а	The organization's facility			13a		%					
b	An outside facility			13b		%					
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords							
	Name ►										
	Address ►										
15a	.5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?										
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$											
С	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										
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No						
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$								
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor								
	Return Reference		Explanation								

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493168005459 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Young Men's Christian Association of Greater Indianapolis 35-0868211 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	led Dat	a -	DLN: 934	9316	58005	459			
Sch	edule J	Comp	ensat	ion Information	OM	1B No	1545-0	0047			
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest									
		C	ompensa	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	2018				
	▶ Attach to Form 990.										
	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/For</u> i	<u>11990</u> for	instructions and the latest inform	nation.		to Pul ectio				
Nar	ne of the organiza				Employer identificat						
You	ng Men's Christian A	ssociation of Greater Indianapolis			35-0868211						
Pa	rt I Questi	ons Regarding Compensation									
							Yes	No			
1a		piate box(es) if the organization providection A, line 1a Complete Part III to p									
	First-class	or charter travel		Housing allowance or residence for	personal use						
	_	companions	님	Payments for business use of person							
		ification and gross-up payments	片	Health or social club dues or initiation							
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	feur, cner)						
b		tes in line 1a are checked, did the orga Il of the expenses described above? If			ent or reimbursement	1b					
2		tion require substantiation prior to rein es, officers, including the CEO/Executiv			. 1-2	2					
	directors, truste	es, officers, including the CEO/Executiv	e Directo	r, regarding the items checked in line	· Ia'						
3		f any, of the following the filing organi			ne						
	_	EO/Executive Director Check all that a d organization to establish compensati		•	n Part III						
		•									
		ition committee ent compensation consultant	✓	Written employment contract Compensation survey or study							
		of other organizations	7	Approval by the board or compensa	tion committee						
		-	_								
4	During the year related organiza	did any person listed on Form 990, Pa tion	ırt VII, Se	ction A, line 1a, with respect to the f	ling organization or a						
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No			
b		receive payment from, a supplement		ified retirement plan?		4b		No			
c	Participate in, o	receive payment from, an equity-base	ed comper	nsation arrangement?		4c		No			
	If "Yes" to any o	f lines 4a-c, list the persons and provide	de the app	olicable amounts for each item in Part	: III						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orgar	izations	must complete lines 5-9							
5		d on Form 990, Part VII, Section A, lin									
	compensation c	ontingent on the revenues of	·								
а	The organization	۶				5a		No			
b	Any related orga					5b		No			
	-	5a or 5b, describe in Part III									
6		d on Form 990, Part VII, Section A, lin ontingent on the net earnings of	e 1a, dıd	the organization pay or accrue any							
а	The organization	۶۱				6a		No			
b	Any related orga					6b		No			
_	•	6a or 6b, describe in Part III									
7	payments not d	d on Form 990, Part VII, Section A, lin escribed in lines 5 and 67 If "Yes," desc	ribe in Pa	rt III	1	7		No			
8		nts reported on Form 990, Part VII, pa Itial contract exception described in Re			escribe						
_					_	8		No			
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the r	eputtable	presumption procedure described in	kegulations section	9					
For I		ction Act Notice, see the Instruction	ne for Fo	orm 990 Cat No 5	i0053T Schedule 1		2 990)	2018			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (A) Name and Title (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Eric J Ellsworth 293,558 (i) 0 7,138 17,379 351,075 33,000 President & CEO 0 0 0 0 0 0 (ii) 2 Janet Allaby 173,150 (i) 0 2,587 0 22,015 17,081 214,833 Senior Vice President & CFO 0 0 0 0 0 0 0 (ii) 3 Gregg Hiland 142,994 (i) 0 6,618 19,196 23,654 192,462 0 Senior Vice President & COO 0 0 0 0 0 0 0 (ii) 4 James P Wood 138,616 (i) 0 1,091 17,839 23,634 181,180 0 Senior Vice President & CDO 0 0 0 0 0 0 (ii) 5 Ginger D Plexico 131,332 0 0 (i) 962 16,550 17,014 165,858 Senior Vice President of 0 0 0 0 0 0 0

(ii) Membership & Marketing

Page Page Page Page Page Page Page Page									
Part III Supplemental Inform	art III Supplemental Information								
Provide the information, explanation, or	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation								

Schedule 1 (Form 990) 2018

ef	ile GRAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN: 93	34931	6800	5459	
	te: To capture the full cont	tent of this docum	ent, please selec	t landscape mode	(11" x 8.	5") wł	nen p	orinting.			ı					
	hedule K	Sui	pplemental I	nformation o	on Tax-Exempt Bonds						OMB No 1545-0047					
(F	orm 990)	wered "Yes" to Form	990, Part	VI, line	24a. F		criptions,			2	01	8				
				and any additional		in Par	tⅥ.									
	artment of the Treasury rnal Revenue Service			Attach to Form 990 for a second se		nforma	tion.						n to Pu spectio			
	ne of the organization	Creater Indiananalis								Emplo	yer iden	tıficatıon	number	ı		
You	ing Men's Christian Association of	Greater Indianapolis								35-08	68211					
Pa	art I Bond Issues									•						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price (f) Descript		(f) Descripti	escription of purpose (g) D		efeased	(h) ((i) Pool			
												behalf of issuer		financing		
										Yes	No	Yes	No	Yes	No	
A	Indiana Finance Authority	35-1602316	000000000	08-30-2013	10,1	00,000	Educa	ational Facili	ties		X		X		Χ	
В	Indiana Finance Authority	35-1602316	000000000	11-06-2014	16,0	00,000	Educa	ational Facili	ties		Х		×		Х	
Pa	art II Proceeds									<u> </u>						
						A		E	3	C	:			D		
1	Amount of bonds retired					2,131	1,162		6,595,568							
2	Amount of bonds legally defea						0									
3	Total proceeds of issue					10,100	,000									
4	Gross proceeds in reserve fund	ds					0		0							
5	Capitalized interest from proce						0		0							
6	Proceeds in refunding escrows						0									
7	Issuance costs from proceeds					100	,000		77,000							
8	Credit enhancement from proc						0		0							
9	Working capital expenditures f						0 0									
10	Capital expenditures from prod					10,000,000 15,923,000										
11	Other spent proceeds						0		0							
12	Other unspent proceeds					0 0										
13	Year of substantial completion			i i	2013 2015											
					Yes	No	<u> </u>	Yes	No	Yes	No		Yes	1	No	
14	Were the bonds issued as part	of a current refunding	jissue [?]			Х			Х							
15	Were the bonds issued as part	of an advance refundi	ing issue?			Х			Х							
16 Has the final allocation of proceeds been made?			Х			X										
17					X			X								
Ð	proceeds?															
	Trivate Business e					Α			3	(:			D		
					Yes	No	<u>, </u>	Yes	No	Yes	No		Yes	-	No	
1	Was the organization a partne financed by tax-exempt bonds	?	<u> </u>			Х			X							
2	Are there any lease arrangement property?	ents that may result in	private business use			х			Х							
Eas	Panerwork Peduction Act Not	ica caa tha Instruct	ions for Form 000		<u></u>	+ No 50	11025					chadula	V (Ear	000	\ 2018	

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Arbitrage

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

C

d

6

Part IV

c

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Х

Х

Χ

Χ

No

Х

Х

Х

Α

Yes

Χ

Yes

Χ

No

Χ

Χ

X

No

Х

Χ

0 %

0 %

0 %

C

No

Yes

Χ

Χ

Yes

Α

No

Explanation

Yes

Χ

Х

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

No

Χ

0 %

Yes

Χ

Yes

No

No

Yes

No

Page 3

No

D

D

No

Yes

Schedule K (Form 990) 2018

Yes

art IV	Arbitrage (Continued)		
			Α
		Ves	No

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied?

requirements of section 148? . . .

Return Reference

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

efile GRAPHI	C print - [OO NO	T PROCES	S As	Filed Data -					DL	N: 93	4931	680	05459
Schedule L (Form 990 or 990	-EZ) ▶ C	omplet	e if the org	anizatio	ons with Ir	s" on Form 9	90, Part IV, li	nes 2	25a, 2	25b, 20		MB No	1545	5-0047
			27, 28a,	, 28b, or ► At	· 28c, or Form 99 tach to Form 990 irs.gov/Form990	0-EZ, Part V 0 or Form 99	/, line 38a or 4 90-EZ.	юь.				20	1	8
Department of the Trea	I					_					(Open Ins	to P pecti	
Name of the org Young Men's Christ		n of Gre	ater Indianapol	lıs				Er	mplo	yer ide	ntifica	ation r	numb	er
Down T. Even	aa Banafi	. T	anationa (:01(-)(2)t	F01/-\/4\	d F01/-1/20)			8211				
			,		01(c)(3), section ! on Form 990, Part		, , , ,	_		, ,	ne 40b			
1 (a) Name of c	disqualit	fied person	(b) Relationship be	etween disqua organization	alıfıed person an	nd		escript ansacti			_	rected?
						or yarnızacıon			LI	arisacti	011	-	es	No
Cor	nplete if the orted an am (b) Relation	organi nount oi onship	n Form 990, (c) Purpose	Part X, II (d) Lo	" on Form 990-EZ, ne 5, 6, or 22 an to or from the rganization?	(e)Original principal amount	38a, or Form 99 (f)Balance due	(g) defa) In nult?	Appro boal comm	h) ved by rd or nittee?	(i) Wri	tten nent?
				То	From			Yes	No	Yes	No	Yes		No
Total					•	▶ \$								
					terested Perso		. 27							
(a) Name of Inter	•	on (b)	nization an Relationship erested perso organizat	p betwee on and th			(d) Type o	of assi	stand	ce	(e) Pu	rpose (of ass	ıstance
										_				
For Danerwork Ded	uction Act N	lotice s	ee the Instru	ctions for	Form 990 or 990-I	F 7 . C	at No 50056A		اءع	hodula '	/Ea==	. 000 -	- 000	-EZ) 201

Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line 288	a, 28D, 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' revenues?	
				Yes	No
(1) WALKER & ASSOCIATES INSURANCE (W&A)	DOUG WALKER IS A BOARD MEMBER OF THE YMCA AND IS A GREATER THAN 35% OWNER OF W&A	·	W&A PROVIDES INSURANCE SERVICES TO THE YMCA and represents total insurance premium paid to the insurance broker		No

Explanation

Schedule I (Form 990 or 990-F7) 2018

Supplemental Information Part V Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493168005459
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.qov/Form990 for the latest information.			ons on n.	OMB No 1545-0047 2018 Open to Public Inspection	
	명해호ation cian Association of Greater Indianapolis e O, Supplemental Informatio	n		Employer identi 35-0868211	ification number
Return Reference			Explanation		
Form 990, Part I, Line 6 Volunteers	Volunteers willingly accept the response vital to our success. In 2018, the 0 volunteers providing over 34,700 undraisers, event organizers, policy	e Indianapolis metropol hours as youth sports o	itan area benefited from 5,20 coaches, adult mentors, tutors, f		

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	What started as a program to provide wholesome alternatives for young men has expanded int o a movement that serves all people and reaches deep into the heart of local neighborhoods across central Indiana The YMCA of Greater Indianapolis provides outreach services to diverse populations struggling with tough issues like poverty, a lack of quality education, and character-building recreation for youth during out-of-school time. Y programs also improve community health and reduce lifestyle-related chronic diseases. The YMCA of Greater I ndianapolis is made up of 15 centers which serve the counties of Marion, Hamilton, Hendric ks, Shelby, Johnson, Boone and Hancock with a total population of nearly 2.2 million people. YMCA CORE VALUES Our core values unite YMCAs around the world in a movement with a shared cause, shared beliefs and essential principles that guide our behavior, interactions with others and decision-making process. The four values of the YMCA include. *Caring Show ing a genuine concern for others. *Honesty Being truthful in what you say and do.* Respect Following the golden rule to do unto others as you would have them do to you. *Respons ibility Being accountable for your promises and actions All values are under the umbrella of faith in God. In 2018, the YMCA strengthened the Indianapolis metropolitan area by. *Creating an environment for 185,474 people of all ages, faiths, races, backgrounds, and abilities to work toward building character, experience the joy of helping others and establish healthirer lifestyles. *Developing partinerships with local hospital and healthcare organizations to leverage resources, serve more people and provide comprehensive health and wellness programs and services. *Collaborating with more than 300 churches, schools and other community groups and organizations to extend program opportunities into surrounding counties and urban neighborhoods, *Offering \$8,088,481 million in financial assistance and subsidized programs to more than 36,312 individuals who would otherwis

Return Explanation
Reference

Employees

Form 990, In 2018, the average number of active employees was Full-time
Part V, Line 297 Part-time 2,445 Seasonal/summer
2a Number of 111 Average number of total employees 2,742

committee

Return Reference	Explanation
	Per the organization's bylaws, the board of directors, by resolution, shall appoint an Exe cutive Committee consisting of at least nine and not more than 21 directors. The Executive
•	Committee shall have and exercise the authority of the board of directors in the manageme
oad	Int of the organization, except as limited by statute of otherwise reserved to the board of

broad authority to a trustees

Return Reference

The Finance Committee reviews the Form 990 in detail. The Form 990 is then distributed to

Part VI, Line
11b Review
of form 990
by governing
body

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The Conflict of Interest Policy covers all staff and policy volunteers. Upon hire all staff f members are asked to sign the Conflict of Interest Policy Acknowledgement and Disclosure. Statement All policy volunteers are asked to sign the statement upon initiation of their volunteer assignment. All full time staff members are required to update and sign the disclosure statement annually. Policy volunteers on our Board of Directors and Board of Trust ees are required to update and sign the disclosure statement annually. Human Resources Man agement reviews the staff disclosure statements. The Vice President of Human Resources in conjunction with the appropriate Center Executive determine whether a conflict exists. Staff members with conflicts of interest do not participate in any decisions surrounding the identified area of conflict. The Sr. Vice President/CFO reviews the volunteer disclosure statements and prepares the list of conflict of interest transactions for review by the Board of Directors. The Board of Directors is made aware of the process and the list is reviewed by senior leadership and provided to the Board upon request. No changes in relationships of board members were noted from prior year.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Executive Compensation Committee meets in early March each year to review the CEO's ac complishments against agreed upon goals set for the previous year. Using the organization's Ment Increase and/or Incentive Pay Guidelines, along with Recommended Salary and Compensation Range data approved by the Leadership Development and Executive Compensation Committees, the Executive Compensation Committee agrees upon the performance level achieved and the corresponding ment increase and/or incentive pay amounts. The Executive Compensation Committee's recommendation is then approved at the next Executive Committee Meeting. Artic le VIII of the Bylaws of the Association establishes the authority of the Executive Commit tee to act as the Board of Directors in the management of the Association. Comparability diata is supplied by YUSA, as well as data supplied by Sullivan Cotter and Associates, Executive Compensation Consultants (an independent compensation consultant). This data is used to compare the YMCA's officers' and key employees' salaries with like positions in the top 30 YMCAs (the North American Urban Group YMCAs). Additionally the salaries are compared with like positions in both the for-profit general industry sector and the not-for-profit sector. Documentation of these decisions is kept by the Executive Compensation Committee. This process was last undertaken in April 2018 for all positions listed below. CEO & President -Chief Financial Officer. Chief Operating Officer. Chief Development Officer. Sr. Vic. e. President of Leadership Development. Sr. Vice President of Membership and Marketing. Community Vice President Information Systems.

Return Explanation
Reference

Form 990,	See narrative for Form 990, Part VI, Section B, Line 15a
Part VI, Line	
15b Process	
to establish	
compensation	
of other	
employees	

Return Reference

Form 990, The organization makes its governing documents and conflict of interest policy available t

Part VI, Line
19 Required
documents
available to
the public

o the public upon request The organization's financial statements are not available to th
e public

Revenue

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

Return Explanation
Reference

ĺ	Form 990,	Vending Income - Total Revenue 25389, Related or Exempt Function Revenue , Unrelated Bus
	Part VIII, Line	iness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 25389,
	11d Other	
	Miscellaneous	
	Revenue	

990 Schedule O, Supplemental Information

Return Explanation

Form 990, Part XI, Line 9 Other changes in net assets or fund balances	

SCHEDULE R
(Form 990)

As Filed Data Related

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

Schedule R (Form 990) 2018

Employer identification number

DLN: 93493168005459OMB No 1545-0047

Open to Public Inspection

Young Men's Christian Association of Greater Indianapolis							35-0	368211				
Part I Identification of Disregarded Entities Complet	e if the organ	ızatıon answ	ered "Yes"	on Form	n 990, Part	IV, line 3						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year asset		ssets (f) Direct contentit		
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.		te if the org	anızatıon a	nswered	l "Yes" on F	orm 990	, Part IV	/, line 34 b	ecause	it had one or r	nore	
(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domic or foreign o	c) nicile (state n country) (Exempt C		section	Public ch (if section	(e) blic charity status section 501(c)(3))		(f) Direct controlling entity		5) 512(b) ntrolled ity?
(1)YMCA Real Estate Corporation 5315 Lafayette Rd Indianapolis, IN 46254 82-5418160	Real Estate		IN		501(c)(2)				The Young Men's Christian Association of Greater Indianapolis		Yes	No

Cat No 50135Y

		(state or foreign country)	controlling entity	income(relat unrelated excluded fro tax under sections 51 514)	om	e end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	Percent owners
							Yes	No		Yes	No	
										\square		
										H		
										H		
ations Taxable as a C rganizations treated as	 Corporation a corporation	or Trus	t Complete st during th	 If the orga ne tax year	l Inization ans	 	on Fo	 orm 9!	90, Part IV,	line	34	
(a) Name, address, and EIN of Primary activity related organization	(c) Legal domicile (state or foreign country)				(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Percei	ntage	(13	(ı) ction 5 3) con entit 'es
											_	\downarrow
											\perp	
											+	
	rganizations treated as	(b) Primary activity L do (state	(b) (c) Primary activity Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust)	(b) (c) (d) (e) (f) Share of total domicile (state or foreign	rganizations treated as a corporation or trust during the tax year. (b) Primary activity Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (C corp, S corp, or trust)	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (e) Type of entity (C corp, S corp, or trust) (g) Share of total income year assets	(b) (c) (d) Type of entity Coperation or trust during the tax year. (b) (c) Legal Direct controlling Type of entity Corp., Scorp., or trust) Corp., Scorp., or	(b) (c) (d) (d) (e) (f) (g) (h) Primary activity (state or foreign (state or foreign)) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile entity (C corp, S corp, or trust) (C corp, S corp, or trust) (13

Schedule R (Form 990) 2018					Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Y	es" on Form 990, Par	t IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	ed organizations listed in	Parts II-IV?		П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
f c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered r	elationships and tra	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount in	ıvolved	
(1)YMCA REAL ESTATE CORPORATION	A	81,735	FAIR MARKET VALUE			
		l	1			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	al end-of-year	(h) f Disproprtiona ar allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990)) 2018

