SCANNED MAY 1 3 2021

4	,			Exempt Organizati	on Bus	siness	Inc	ome T	ax Re	turn		OMB No. 15	45-0047
	Form	990-T	"	(and proxy						(1)	_	00	-
			Ear asia	endar year 2019 or other tax year b				and ending	• •	1910		201	<u>.</u> 9
	Donardon		POI Cale	► Go to www.irs.gov/Form			•	_		_; 20 lon	'	•	
	•	ent of the Treasury Revenue Service	▶Do s	not enter SSN numbers on this fo								n to Public Ir (c)(3) Organiz	
		heck box if	-	Name of organization (•						r identificati	
		ddress changed pt under section	┨	YOUNG MEN'S CHRISTIAN		_			•			es' trust, see i	
		n(C)(03)	Print	Number, street, and room or suite	no. If a P.O	. box, see ir	rstructio	ons.			3	35-0868211	
	□ 40	· <u></u>	Type	615 N ALABAMA ST, 200						E		business ac	tivity code
	□ 40	_	.,,,,,	City or town, state or province, co	untry, and Z	IP or foreign	n postal	code			(See instr	uctions.)	
	52	9(a)		INDIANAPOLIS, IN 46204								561000	_
	C Book at en	value of all assets d of year		roup exemption number (Sec									
		133,040,336		heck organization type 🕨 [<u></u> 501	(c) trust	_ 🗆 4	01(a) tru	st 🗆 C	Other trust
				organization's unrelated trad				1				or first) un	
				MGMT AGREEMENTS FOR I									
			•	at the end of the previous s	entence,	complete	Parts	s I and II,	complet	te a Sch	edule M	for each	additional
				complete Parts III-V.									
			-	e corporation a subsidiary in a			•	m-subsidi	ary contro	olled grou	ι ρ ?	► ⊔ Yes	₃ ☑ No
				and identifying number of the RANDALL BORDEAU	e parent c	corporation	on. ►	Tol	nahana n	umbar 1		(317) 266	0622
				le or Business Income		<u></u> -	-	(A) In:		umber I	penses	- ') Net
		Gross receipts	•		ol	<u> </u>		(4) (1)		(0) 2	фольсь	- (0,	<u> </u>
	b	Less returns a		· · · ——	c Bal	lance 🕨	1c		0				
	2			Schedule A, line 7)	→		2		0			 	
	3	•	•	t line 2 from line 1c			3		0			1/	0
	4a	•		me (attach Schedule D) .			4a		0	<u> </u>		/	0
	b			4797, Part II, line 17) (attach			4b		0			1	0
	c	Capital loss de				•	4c		0		/		0
	5			a partnership or an S co					,				
		statement)					5		0			1	0
	6	Rent income (Schedu	ule C)			6		<u>/Ó</u>	·		0	0
	7	Unrelated deb	t-financ	ced income (Schedule E) .			7		/ 0			0	0
	8	Interest, annuities	, royalties	s, and rents from a controlled organ	nization (Sch	nedule F)	8		0		1	0	0
À	9	Investment incom	ne of a s	ection 501(c)(7), (9), or (17) organi	zation (Sch	edule G)	9		0		1	0	0
A .	10	Exploited exer	mpt act	tivity income (Schedule I) .			10		0			0	0
Ž	11	Advertising inc	come (S	Schedule J)		/	11		0			0	0
۲	12			structions; attach schedule)			12		584,427				584,427
ഗ	13			3 through 12			13		584,427	<u> </u>		0	584,427
	Part			Taken Elsewhere (See in		s for limit	tation	s on ded	uctions.	(Deduc	tions m	ust be dir	ectly
				the unrelated business inco		- 10					144		
	14 15	Salaries and w		cers, directors, and trustees				: : : :	· · ·		. 14	_ +	0 248,995
	16			/ ance / .		RE	CE	<u>VED</u>		• • •	. 16		240,993
	17						160		. S		. 17		0
	18	Interest (attacl	 h sched	dule) (see instructions)	: : : : [g	NO\	$1/(2^{\circ}3)$	2020	၂၄၂		. 18		0
	19	Taxes and lice	enses .			3 1			\\ \text{\ti}\\\ \text{\tex{\tex		. 19		0
	20			Form 4562)		.00	חבו	N .11T:	20		0		
	21	Less deprecia	tion cla	nimed on Schedule A and els	ewhere o	nretum	ULI	N, U	ta -		0 211	Ь	0
	22			/									0
	23			erred compensation plans									0
	24	Employee ben	nefit pro	ograms							. 24		16,088
	25	Excess exemp	ot exper	nses (Schedule I)							. 25		0
	26			osts (Schedule J)									0
	27			tach schedule)									246,781
	28			dd lines 14 through 27 .									511,864
	29	/		axable income before net op	_							<u> </u>	72,563
	30 /			perating loss arising in tax			/ /		nuary 1,	2018 (s	1 1		
	1						! .Z 1) - (· · /1	$\frac{30}{2}$	<u> </u>	70.500
	<u> 31</u>			axable income. Subtract line	30 from I	ine 29	MOW.	7.1.	<u> </u>	<u> (.)</u>) 31		72,563
							^-4			_			/001

Form	990-T	(2019)	
		160101	ł

Part	Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
32	Total of unrelated business taxable income computed from all directated dates of businesses (see	do	72,563
	Amounts paid for disallowed fringes	32 33	72,303
33	Automic paid for distinctives unigged	-	
34	Charitable contributions (see instructions for limitation rules)	34	0
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	72,563
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	0
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35]	37	72,563
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	epter the smaller of zero or line 37	39	71,563
Part	Y Tax Computation	7	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) []	40	15,028
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	15,028
Part		1,50	10,020
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form (116) . 46a		
	Other credits (see instructions)	1 1	
Ь	General business credit. Attach Form 3800 (see instructions)	1	
C		1	
d		1-00-	0
. e	Total credits. Add lines 46a through 46d	46e	15,028
47	Subtract line 46e from line 45		15,028
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	50	15,028
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		
51a	Payments: A 2018 overpayment credited to 2019	- 1	
Ь	2019 estimated tax payments		
C	Tax deposited with Form 8868	ļ ļ	
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	 	
e	Backup withholding (see instructions)	<u> </u>	
f	Credit for small employer health insurance premiums (attach Form 8941)	[]	
9	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136 ☐ Other ☐ 0 Total ► 51g 0	 	
52	Total payments. Add lines 51a through 51g	52	17,175
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ▶	54	0
55		55	2,147
<u>_56</u>	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ 2,147 Refunded ▶	56	0
Part '			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	gn coun	try
	here > .		
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	in trust?	. /
	If "Yes," see instructions for other forms the organization may have to file.		
<u>5</u> 9	Enter the amount of tay exempt interest reasized or approad during the tay year.		0
	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penaltice of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my know	ledge and belief, it is
Sign	Under penalties of perium declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and controllers. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Vay the IRS	discuss this return
_	Under penalties of Perium declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and controllers. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SR VP OF FINANCE/CFO	Viay the IRS	discuss this return eparer shown below
Sign Here	Under penalties of Perium declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and controllers. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SR VP OF FINANCE/CFO	Viay the IRS	discuss this return
Here	Under penalties of perjunit declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SR VP OF FINANCE/CFO Title Print/Type preparer's name Preparer's signature Date Case	May the IRS with the pre see Instructi	discuss this return eparer shown below
Here Paid	Under penalties of perjunit declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SR VP OF FINANCE/CFO Title Print/Type preparer's name Preparer's signature Date 11/13/2020 or to the companying schedules and statements, and to the best of true, correct, and companying schedules and statements, and to the best of true, correct, and companying schedules and statements, and to the best of true, correct, and companying schedules and statements, and to the best of true, correct, and companying schedules and statements, and to the best of true, correct, and companying schedules and statements, and to the best of true, correct, and correct and companying schedules and statements, and to the best of true, correct, and correct and	Viay the IRS	discuss this return sparer shown below ons)? [Yes No
Here	Under penalties perjury declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SR VP OF FINANCE/CFO Title Print/Type preparer's name RACHEL SPURLOCK Preparer's signature RACHEL SPURLOCK Complete and Statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and complete and statements, and to the best of true, correct, and correct and statements, and to the best of true, correct, and correct and statements, and to the best of true, correct, and correct and statements, and to the best of true, correct, and correct and statements, and to the best of true, correct, and correct and cor	May the IRS with the pre see Instructi	discuss this return paperer shown below lons)?

Schedule A—Cost of Good	is Sold. Ent	er method of i	nvent	ory va	luation >		· · · · · · · · · · · · · · · · · · ·				
1 Inventory at beginning o	of year	1	0	6	Inventory a	at e	end of year		6		0
2 Purchases		2	0	7	Cost of g	00	ds sold. Subtract li	ne			
3 Cost of labor	[3	3	0		6 from line	5.	. Enter here and in Pa	art			
4a Additional section 263	A costs		ĺ		I, line 2 .			.	7		0
(attach schedule)	4	a	0	8			of section 263A (w			Yes	No
b Other costs (attach sche	edule) 4	b	0		property p	ro	duced or acquired fo	or re	sale) apply		
5 Total. Add lines 1 through		5	0				zation?				
Schedule C—Rent Income (see instructions)	(From Rea	l Property and	d Per	sonal	Property I	Le	eased With Real Pi	rope	erty)		
Description of property	-										
(1)		.									
(2)											
(3)		.									
(4)											
	2. Rent receive	d or accrued									
(a) From personal property (if the perconal property is more than 1 more than 50%)		(b) From real a percentage of rent 50% or if the rent	for per	sonal pro	perty exceeds		3(a) Deductions directions 2(a) a				е
(1)				•			•				
(2)											
(3)											
(4)											
Total	0	Total				0	(b) Total deductions.				
(c) Total income. Add totals of col	lumns 2(a) and	2(b). Enter					Enter here and on pag	je 1,			
here and on page 1, Part I, line 6, c	olumn (A) .	<u> </u>				0	Part I, line 6, column (B) ▶			0
Schedule E-Unrelated De	bt-Finance	d Income (see	instr	uctions	s)	_	3. Deductions directly of	****	etad with as alle	saabla ta	
1. Description of deb	t-financed prope	erty		cable to	come from or debt-financed	_		anced	property (b) Other de		
				pro	perty	L.	(attach schedule)		(attach sc	hedule)	
(1)						L.					
(2)						L					
(3)						L					
(4)						L		_			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)		4 di	olumn vided dumn 5		7. Gross income reportable (column 2 × column 6)	9 (8. Allocable of column 6 × tota 3(a) and	al of colu	
(1)					<u>%</u>			\perp			
(2)					%						
(3)	_		ļ		%	$oxed{oxed}$		\perp			
(4)	·····				%	L		\perp			
							inter here and on page t Part I, line 7, column (A)		inter here and Part I, line 7, o		
Totals					▶	L		0			0
Total dividends-received deducti	ions included i	n column 8 .			<u></u>		<u> ▶</u>				0
									Form §	90-T	(2019)

		Evamet	Controllog	Organizations			ctions)	
		Exempt	Controlled	i Organizations			1	
1. Name of controlled organization	2. Employer lentification number		elated income instructions)	4. Total of specified payments made	5. Part of colum included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)			*				<u> </u>	
(3)								
(4)								
Nonexempt Controlled Organizati	ions	1	_					
				-	10. Part of colum	nn 9 that is	11. D	eductions directly
7. Taxable Income	8. Net unrelated in (loss) (see Instruct			ital of specified yments made	included in the o organization's gre	controlling	connec	cted with income in column 10
(1)								-
(2)								•
(3)						-		_
(4)								
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11. here and on page 1, line 8, column (B).
Totals				•		(اه	0
Schedule G-Investment Inc	ome of a Sect	ion 501	c)(7), (9),	or (17) Organi	zation (see ins	tructions	5)	
1. Description of Income	2. Amount o		3. dire	Deductions city connected ach schedule)	4. Set-aside (attach sched	rs .	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)								
(2)		,						
(3)				· -		T		
(4)								
<u></u>	Enter here and Part I, line 9, 0	on page 1 column (A)	,	-	<u> </u>			re and on page 1, ne 9, column (B).
Totals			0					0
Schedule I-Exploited Exem	pt Activity Inc	ome, Ot	her Than	Advertising Ir	icome (see inst	tructions	s)	-
Description of exploited activity	2. Gross unrelated business inco from trade of business	rme con	Expenses directly nected with aduction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			_			<u> </u>		
(2)						-		
(3)			_					
(4)								1
	Enter here and page 1, Part line 10, col. (I, pag A). line	here and on ge 1, Part I, 10, col (B).		,			Enter here and on page 1, Part II, line 25.
Totals		0 ctions\	0	<u>'I</u>				0
Schedule J-Advertising Inc			Conceli	dated Pagin				
Part I Income From Per	iodicais nepoi	red on a	CONSOI			1		7 Successional marking
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col. 3) if a gain, compute cols. 5 through 7.	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						1		
(2)						1	<u> </u>	
(3)								
(4)		<u> </u>						
	•	0	0	0				0

Totals, Part II (lines 1-5)

Total. Enter here and on page 1, Part II, line 14

(4)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col. costs (column 6 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising 2 minus col. 3). If minus column 5, but advertising costs Income costs a gain, compute cols 5 through 7. income not more than column 4). (1) (2) (3) 0 0 0 Totals from Part I Enter here and on Enter here and on Enter here and

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name

2. Title

3. Percent of time devoted to business

4. Compensation attributable to unrelated business

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(8)

(9)

(9)

page 1, Part I,

line 11, col. (B).

page 1, Part I,

line 11, ∞l. (A).

Form **990-T** (2019)

96

on page 1, Part II, line 26.

0

0

Form 990T Part I, Line 12	Other Income		
	Description		Amount
ELI LILLY & ROCHE DAY CAMPS			
(1) PROGRAM FEES	-		584,427
		Total for Part I, Line 12	584,427

Form 990T Part II, Line 27

Other Deductions

Description	Amount
ELI LILLY & ROCHE DAY CAMPS	
(1) CONTRACT SERVICE FEES	34,642
(2) SUPPLIES	29,563
(3) TRAVEL & MEETINGS & TRAINING	9,151
(4) OTHER EXPENSES INCLUDING INSURANCE, NATIONAL DUES, RECRUITING, ACCOUNTING, MARKETING & MANAGEMENT OVERSIGHT	146,107
(5) PAYROLL TAX	23,442
(6) OCCUPANCY	2,376
(7) PROFESSIONAL FEES	1,500
Total	246,781

	Date		Amount
06/15/2019			6,400
		Totals	6,400

Estimated Tax Payments

Form 990T Part V, Line 51b

Return Reference - Identifier	Explanation
FORM 990-T, SECTION H - ORGANIZATION'S PRIMARY UNRELATED	ADMINISTRATIVE AND SUPPORT SERVICES FOR DAY CAMP PROVIDED FOR CHILDREN OF EMPLOYEES OF CERTAIN COMPANIES AT COMPANIES' RESPECTIVE LOCATIONS.

Supplemental Information

Form 990-T