Department of the

DLN: 93493319005360

2019

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Treasu		enue Service		s.gov/Form990 for instructions and	the late	est inform	ation.		Inspection
				ginning 01-01-2019 , and ending 1	12-31-2	019			
		applicable: change	C Name of organization Young Mens Christian Associatio	n of Monroe County Inc			D Employe 35-1384		ication number
□ Na □ Ini		nange	Doing business as				33 130	1033	
		rn/terminated							
		d return ion pending	Number and street (or P.O. box 2125 S Highland Avenue	if mail is not delivered to street address) Roc	om/suite		E Telephon (812) 3:	e number 32-5555	
			City or town, state or province, Bloomington, IN 47401	country, and ZIP or foreign postal code			G Gross re	ceipts \$ 6,	.222,586
			F Name and address of prin- Jason Winkle	cipal officer:	Н	l(a) Is this	a group ret	turn for	
			2125 S Highland Avenue Bloomington, IN 47401		н		dinates? subordinat	es	□Yes ☑No □Yes □No
I Ta	x-exe	mpt status:	☑ 501(c)(3) □ 501(c)()	◀ (insert no.) ☐ 4947(a)(1) or ☐ 52	27			ist. (see	instructions)
J W	ebsi	te:▶ ww	w.monroecountyymca.org		— н	l(c) Group	exemption	number	>
K Forr	n of o	organization	: 🗹 Corporation 🗌 Trust 🔲 ,	Association Other ►	L,	Year of forma	tion: 1 977	M State	of legal domicile: IN
Pa	art I	Sum	mary		l e				
Activities & Governance		Put Christ		n or most significant activities: ugh programs that build a healthy spirit lopment, & healthy living.	t, mind,	& body for	all. Build fo	undation	s of community
Ň O K	2	Check th	is box $\blacktriangleright \Box$ if the organization	discontinued its operations or disposed	d of more	e than 25%	of its net a	ssets.	
೨ ≈ಶ				rning body (Part VI, line 1a)				3	7
S a	l			s of the governing body (Part VI, line 1b	•		•	4	7
Ĭ.	5	Total nur	nber of individuals employed ir	n calendar year 2019 (Part V, line 2a)			•	5	612
Act	l		·	necessary)			•	6	268
	l			Part VIII, column (C), line 12				7a	0
	b	Net unre	lated business taxable income	from Form 990-T, line 39				7b	0
				413		Pric	or Year		Current Year
3	l		tions and grants (Part VIII, line	,			274,5		425,621
Rəvenue	l	-	•	2g)			5,327,6	_	5,553,786
æ	l		, , ,	A), lines 3, 4, and 7d)			105,2 195,6	_	27,971 181,110
	ı			must equal Part VIII, column (A), line 1:	2)		5,903,0		6,188,488
	_		nd similar amounts paid (Part I	, , , , , , , , , , , , , , , , , , , ,			183,6		191,533
	l		paid to or for members (Part IX	, , , ,			103,0	0	0
s	l		•	e benefits (Part IX, column (A), lines 5-1	10)		3,691,7		3,872,974
Expenses	l	•		olumn (A), line 11e)	,		<u> </u>		0
D 64			raising expenses (Part IX, column (• • • • • • • • • • • • • • • • • • • •					
型	l			nes 11a-11d, 11f-24e)	_		2,490,7	786	2,512,479
	18	Total exp	enses. Add lines 13–17 (must	equal Part IX, column (A), line 25)			6,366,1	192	6,576,986
	19	Revenue	less expenses. Subtract line 18	3 from line 12			-463,1	.46	-388,498
Net Assets or Fund Balances						Beginning	of Current Y	ear	End of Year
Ass (l		ets (Part X, line 16)				24,090,9	945	23,916,357
to DE	l		ilities (Part X, line 26)		•		2,713,8	_	2,594,570
			ts or fund balances. Subtract li	ne 21 from line 20			21,377,0)47	21,321,787
Under	edge	alties of p		ramined this return, including accompar lete. Declaration of preparer (other than					
		*****	*			วกาเ	0-11-14		
Sign		Signat	ure of officer			Date			
Here		Shann	on Kane CFO						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date	Ch-		PTIN	
Paid	t						employed	0131609	· · · · · · · · · · · · · · · · · · ·
Pre	par	er F	Firm's name			Firm	n's EIN ▶ 35-	0921680	
Use	Or	ıly ြ	Firm's address 🟲 135 N Pennsylvania	a Street Suite 200		Pho	ne no. (317) (532-1100	
			Indianapolis, IN 4	6204			. ,		
May t	he IF	RS discuss		shown above? (see instructions)				✓ Y	′es □ No

-01111	990 (2019)			Page
Pai	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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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? <i>If "Yes," complete Schedule D,</i> Part	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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	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.			
	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
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			

	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 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14-	Did the organization maintain an office ampleyees or agents outside of the United States?	1/12		N _o

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Nο **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

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	Charlist of Barring d Cabadrilas (continued)			Page 4		
Pa	Checklist of Required Schedules (continued)	- 1	Yes	No.		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes			
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? <i>If "Yes," complete Schedule J</i>	23		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No		
26	officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III					
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes			
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		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
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				
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	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>		
1 =	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25		Yes	No		
	Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
_	(gambling) winnings to prize winners?	1c	Yes			

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	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? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
1.	Enter the number of veting members of the governing hady at the and of the tay year.	$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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 more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
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		No
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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
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	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: State the name, address, and telephone number of the person who possesses the organization's books and records: Shannon Kane 2125 S Highland Avenue Bloomington, IN 47401 (812) 332-5555			
			orm 00	n (2019)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee." 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
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Name and title Estimated Average Position (do not check more Reportable Reportable 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 any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensated employee Individual trustee or director organizations MISC) MISC) related Institutional below dotted organizations employee line) Trustee 4.0 (1) Kit Klingelhoffer Х Χ 0 PRESIDENT 3.0 (2) Lee Carmichael Χ 0 TREASURER 2.0 (3) Isaac Redden 0 0 Χ ASSOCIATION BOARD MEMBER 2.0 (4) Missy Santa Χ 0 0 ASSOCIATION BOARD MEMBER 2.0 (5) Ron Remak 0 X 0 ASSOCIATION BOARD MEMBER 2.0 (6) Scott Rink 0 0 0 Х ASSOCIATION BOARD MEMBER 2.0 (7) Skip Harrell Х O 0 ASSOCIATION BOARD MEMBER 53.0 (8) Jason Winkle Χ 109,789 0 31.180 CEO 48.0 (9) Shannon Kane Χ 93,612 0 23,490 Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	(A) Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t ch unle: ficer	and a	son	Repo compo fro orgai	(D) ortable ensation m the nization	(E) Reportable compensatio from relate organization	on d ns	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- ISC)	(W-2/1099 MISC)	-	organizati relat organiza	ed	
c	Sub-Total	art VII, Section	Α.				>			203,401		0		54,670	
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos					rec			100,000	-			
													Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .											3		No	
4	For any individual listed on line 1a, is organization and related organization										m the				
5	individual											4		No	
	services rendered to the organization		ete Sch	eauie	JTC	or su	icn pei	rson	• •	• • •		5		No	
1	ection B. Independent Contract Complete this table for your five high	est compensate										mpen	sation		
	from the organization. Report compe	(A) and business addre		year	end	iing	with o	or Wit	inin the d		(B) scription of services		(C Comper		

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

compensation from the organization \blacktriangleright 0

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
					respo	onse or note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
								function revenue	revenue	tax under sections 512 - 514
s s	1a	Federated campa	aigns	· . [1a	0				
ant	ŀ	b Membership dues	s.	. [1 b	0				
جَ جَ	(c Fundraising even	nts .	· • L	1c	60,042				
ifts, ar A	(d Related organiza	tions		1 d	0				
£, 6	6	e Government grants	(con	tributions)	1e	0				
Contributions, Gifts, Grants and Other Similar Amounts		 All other contribution and similar amounts above 	s not	included	1f	365,579				
흡	9	Noncash contributio	ns in	cluded in	1g	20,719				
Son	١,	h Total. Add lines :	1a-1	f		. •	405 504			
						Business Code	425,621			
	2a	Healthy Living				713940	4,464,229	4,464,229		
e e						713940	1,037,080	1 027 000		
ven	b	b Youth Development				624110	1,037,080	1,037,080		
Program Service Revenue	С	Social Responsibility				624190	52,477	52,477		
Š						024190				
<u> 3</u>	d									
ram										
go.	е									
	f	All other program	serv	rice revenue.			0	0	0	0
	g	Total. Add lines 2	2a-2	f	•	5,553,786		L		
		Investment income			nds, i		47,001		0	47,001
		imilar amounts) . Income from invest		 nt of tax-exen	npt bo	ond proceeds				
		_			-		•) (0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a	1	53,784	1				
	b Less: rental expenses 6b 20,963 c Rental income			-						
			3	_						
	С	or (loss)	6с	1	32,821	ı.	0			
	d	Net rental income	or	(loss)			132,821			132,821
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a			1,50	0			
	b	Less: cost or other basis and sales expenses	7b			-20,53	0			
	С	Gain or (loss)	7c		C	22,03	o			
	d	Net gain or (loss)					-19,030			-19,030
Other Revenue	8a	Gross income from fur (not including \$ contributions reported See Part IV, line 18	d on	60,042 of						
Şe (8a 8b	20,939 23,317				
er		Less: direct expen Net income or (los				<u> </u>		3		-2,378
ŧ			,				1			,
	9a	Gross income from See Part IV, line 19								
	h	Less: direct expen			9a 9b	0	_			
		: Net income or (los								
		•								
	10a	Gross sales of inve returns and allowa	ento	ry, less	40-	15,603				
	b	Less: cost of good			10a 10b	·	_			
		Net income or (los						5		5,255
ŀ		Miscellaneo	_		TV CITE	Business Code				
	11	a Other Income				90009	9 15,995	15,995		
	b	Facility Rental				71394	0 18,180			18,180
	С	Locker Rental				71394	0 11,237			11,237
	ام	All other revenue		_					0	0
		Total. Add lines 1				•				
	12	Total revenue. S	ee ir	nstructions -			45,412	?		
			11		•		6,188,488	5,569,781	0	193,086 Form 990 (2019)

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> \square</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	440	440		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	191,093	191,093		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	248,568	54,129	149,860	44,579
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	3,020,991	2,606,486	289,290	125,215
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	132,205	121,602	6,754	3,849
9 Other employee benefits	214,217	189,871	16,288	8,058
10 Payroll taxes	256,993	211,231	32,849	12,913
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	27,800	12,510	14,734	556
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,610	13,610	0	0
12 Advertising and promotion	171,072	119,750	42,768	8,554
13 Office expenses	394,029	317,676	16,532	59,821
14 Information technology	138,067	46,608	89,387	2,072
15 Royalties	0	0	0	0
16 Occupancy	674,823	611,238	47,249	16,336
17 Travel	18,041	7,803	5,502	4,736
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	31,354	22,691	8,477	186
20 Interest	69,525	68,532	993	0
21 Payments to affiliates	95,998	47,999	47,999	0
22 Depreciation, depletion, and amortization	729,826	709,592	18,505	1,729
23 Insurance	116,727	107,129	8,444	1,154
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.)	220,727	201/225	5,	1,10
a Fundraising	20,719	0	0	20,719
b Dues and subscriptions	10,888	5,445	4,900	543
С				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	6,576,986	5,465,435	800,531	311,020
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Forn	า 990	(2019)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,000	1	1,000
	2	Savings and temporary cash investments .		[1,473,859	2	1,376,676
	3	Pledges and grants receivable, net			31,172	3	39,880
	4	Accounts receivable, net			19,064	4	44,159
	5	Loans and other payables to any current or forn key employee, creator or founder, substantial c entity or family member of any of these persons	ontribu	tor, or 35% controlled	0	5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$			0	6	0
S	7	Notes and loans receivable, net			0	7	0
set	8	Inventories for sale or use			5,206	8	10,308
Assets	9	Prepaid expenses and deferred charges	70,035	9	70,479		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	30,701,380			
	ь	Less: accumulated depreciation	10b	10,535,629	20,591,904	10 c	20,165,751
	11	Investments—publicly traded securities .			1,898,705	11	2,208,104
	12	Investments—other securities. See Part IV, line	11 .		0	12	
	13	Investments—program-related. See Part IV, line	11 .	. [0	13	
	14	Intangible assets		[0	14	0
	15	Other assets. See Part IV, line 11		[0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	24,090,945	16	23,916,357
	17	Accounts payable and accrued expenses			102,641	17	122,865
	18	Grants payable			0	18	0
	19	Deferred revenue			511,947	19	496,187
	20	Tax-exempt bond liabilities			2,068,530	20	1,950,060

	11	Investments—publicly traded securities .	1,898,705	11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,090,945	16	
	17	Accounts payable and accrued expenses	102,641	17	
	18	Grants payable	0	18	
	19	Deferred revenue	511,947	19	
	20	Tax-exempt bond liabilities	2,068,530	20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
iabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	

0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . 24 30,780 25,458 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . 2,713,898 26 2,594,570 Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 20,248,779 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions . 1,128,268 28 Organizations that do not follow FASB ASC 958, check here ▶

Net Assets or Fund Balances 20,193,069 1,128,718 complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0 29 0 0 0 30 Paid-in or capital surplus, or land, building or equipment fund . . . 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances . 21,377,047 32 21,321,787

33

Total liabilities and net assets/fund balances

23,916,357

Form 990 (2019)

24,090,945

33

3h

Form 990 (2019)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 35-1384859

Name: Young Mens Christian Association of Monroe County Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Preschool, Holiday Break Day and Dance Programs.

YMCA Child Watch and Preschool The YMCA offers a quality childcare program to our members. We believe play is an essential part of a happy life and a powerful tool in a child's healthy development. Our directed play program integrates a variety of themes involving movement, crafts, games, and storytelling. The staff is trained and prepared to guide the children in activities where social skills are developed to help them learn how the world works. Our Play and Learn Child Watch, included in membership, had 35,766 child visits in 2019. We believe the early years of a child's life are of critical importance in his or her development. In our preschool programs, we strive to encourage healthy growth in spirit, mind, and body, through positive character development and movement based activities within a safe and nurturing environment. We encourage

whole child development, which includes the support and resources of and for parents, teachers, family, and the community. In 2019, 1,968 children were enrolled in our

YMCA Youth and Adult Sports The YMCA Youth and Adult Sports Programs promote an appreciation of one's own worth. Whatever the sport, the focus is on full and equal participation of all; every child plays in every game. Win or lose, YMCA Youth Sports programs emphasize development of skill, health and wellness, safety, cooperation, self-esteem, and respect for others. In 2019, over 1.430 children enrolled in our Youth Sports Programs, which include soccer, basketball, T-Ball, volleyball, gymnastics, martial

arts, and racquetball. In addition, we had over 390 adults enroll in racquetball, basketball, and volleyball programs.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c:

YMCA Camping YMCA Day Camps help campers develop self-confidence, self-respect, socialization, and a healthy lifestyle while participating in fun, active games that challenge the spirit, mind, and body. Financial assistance is available for those who cannot afford the customary fees. We encourage the participation of all individuals and

will make accommodations for those campers with special needs. In 2019, the YMCA had 6,752 registrations in our day camp programs.

efil	e GR/	APHIC pri	nt - DO NOT PROCES	S As Filed Data -	DLN: 9	DLN: 93493319005360				
SCI	HED	ULE A	Dubli	c Charity Statu	is and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99		Complete if the	e organization is a sec 4947(a)(1) nonex Attach to Form	tion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2019		
		f the Treasury	► Go to <u>www</u>	<u>.irs.gov/Form990</u> for i	instructions and	the latest info	ormation.	Open to Public Inspection		
Nam	e of th	he organiza	tion lation of Monroe County Inc				Employer identific	ation number		
							35-1384859			
	rt I		for Public Charity St a private foundation beca				See instructions.			
1	ga≥		onvention of churches, o	•	•	• •	(Δ)(i).			
2		,	scribed in section 170(
3			or a cooperative hospital		,	, ,				
4		·	esearch organization ope	_			•	nter the hospital's		
•	Ш	name, city,		rated in conjunction with	i a nospital descr	ibed iii sectioii .	170(b)(1)(A)(III). L	inter the hospital's		
5			ation operated for the ber (iv). (Complete Part II.)	nefit of a college or unive	ersity owned or o	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local governmen	t or governmental unit d	escribed in sectio	on 170(b)(1)(<i>f</i>	۱)(v).			
7			ation that normally received (b)(1)(A)(vi). (Comp		ts support from a	governmental u	ınit or from the gener	al public described in		
8			ty trust described in sec t	•	(Complete Part I	I.)				
9			ural research organization ant college of agriculture					ege or university or a		
10	✓	from activit	ation that normally receivites related to its exempt income and unrelated busies section 509(a)(2).	functions—subject to cerusiness taxable income (I	rtain exceptions,	and (2) no more	than 331/3% of its su	upport from gross		
11		An organiza	ation organized and opera	ated exclusively to test fo	or public safety. S	See section 509	(a)(4).			
12		more public	ation organized and opera ly supported organizatio through 12d that descri	ns described in section !	509(a)(1) or se	ction 509(a)(2). See section 509(a			
a		Type I. A so	supporting organization on n(s) the power to regular Part IV, Sections A and	perated, supervised, or o	controlled by its s	upported organi	zation(s), typically by			
b		Type II. A manageme	supporting organization nt of the supporting orga plete Part IV, Sections	supervised or controlled nization vested in the sa						
С		Type III f	unctionally integrated. organization(s) (see instr	A supporting organization				ated with, its		
d		Type III n	on-functionally integrated. The organization. integrated. The organization. You must complete	ated. A supporting organation generally must satis	nization operated sfy a distribution	in connection wi	th its supported organ			
e		Check this	box if the organization re or Type III non-function	ceived a written determi	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		of supported organization		-					
g	Provi	de the follow	ing information about the	e supported organization	(s).					
	(i) N	Name of supp organization		(ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document? (see instructions)						
					Yes	No				
Tota			tion Act Notice, see the		Cat. No. 1128!	<u> </u>		<u> </u> 90 or 990-EZ) 2019		

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Part III

	(Complete only if you o						er Part II. If
	the organization fails t	o qualify under	the tests listed l	below, please co	omplete Part II.)	
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	700,094	622,466	768,217	274,554	425,621	2,790,952
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,982,985	6,251,288	6,540,872	5,344,914	5,569,781	29,689,840
3	Gross receipts from activities that are not an unrelated trade or business under section 513	54,605	38,328	37,682	38,003	45,020	213,638
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	6,737,684	6,912,082	7,346,771	5,657,471	6,040,422	32,694,430
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	7,500	7,500	7,500	0	22,500
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0	0	0	0	0	0
c	Add lines 7a and 7b.	0	7,500	7,500	7,500	0	22,500
8	Public support. (Subtract line 7c from line 6.)		,	,	,		32,671,930
S	ection B. Total Support						

Calendar year

1975.

9

С

12

14

15

16

17

18

20

10a

Gross income from interest, dividends, payments received on

Add lines 10a and 10b.

11. and 12.). .

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

Net income from unrelated business activities not included in 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 2018 Schedule A, Part III, line 15. .

Section D. Computation of Investment Income Percentage

(or fiscal year beginning in) ▶ Amounts from line 6. . .

(a) 2015

6,737,684

199,180

199,180

6,936,864

Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2018 Schedule A, Part III, line 17

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

(b) 2016

6,912,082

202,228

202,228

7,114,310

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,

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹 b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

(c) 2017 7,346,771

224,756

224,756

7,571,527

(e) 2019

6,040,422

200,825

200,825

6,241,247

Schedule A (Form 990 or 990-EZ) 2019

15

16

17

18

(f) Total

32,694,430

1,046,871

1,046,871

33,741,301

96.83 %

96.89 %

3.10 %

3.05 %

(d) 2018

5,657,471

219,882

219,882

5,877,353

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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. 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 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
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
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.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	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		
S	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	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?	1		
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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	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.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 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) 1 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 d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 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) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 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) Enter greater of line 2 or line 3 4 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

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		110 2013	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013

details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

Additional Data

Software ID:	19010655
Software Version:	2019v5.0

EIN: 35-1384859

Name: Young Mens Christian Association of Monroe County Inc

Page 8

Part VI

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493319005360

OMB No. 1545-0047

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.

Schedule D (Form 990) 2019

Internal Revenue Service

(Form 990)

1

6

5

6

Open to Public ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Young Mens Christian Association of Monroe County Inc 35-1384859 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☑ Protection of natural habitat Preservation of a certified historic structure ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 10 42.0 2b Number of conservation easements on a certified historic structure included in (a) 0 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 249,817 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

d Equipment

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

	edule D (Form 990) 2019					Page 2
Par	t III Organizations Maintaining Co					
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records,		following that are a	significant use of its	collection
а	✓ Public exhibition		d 🗌 Loa	n or exchange prog	rams	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's co Part XIII.	ollections and explain h	now they further t	he organization's ex	empt purpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than t					s 🗸 No
Pai	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		m 990, Part IV,	line 9, or reporte	d an amount on F	Form 990, Part
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					es 🗌 No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:		Amount	
С	Beginning balance	·	-	1c		
d	Additions during the year					
e	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on F	orm 990. Part X. line i	21. for escrow or o	custodial account lia	bility? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s 🗆 No
b	If "Yes," explain the arrangement in Part XII				_	
	art V Endowment Funds.	in one of the or	CPICHICAL TICE DOC	provided in raice,		
	Complete if the organization ans	wered "Yes" on For				
_		(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
	Beginning of year balance	1,995,591	2,078,093	1,848,892 42,812	1,765,323 19,765	1,787,955
	Contributions	371,629	-34,884	231,997	100,383	-7,792
	Net investment earnings, gains, and losses Grants or scholarships	0	0	0	0	0
	Other expenditures for facilities	, i		0	· ·	
Ū	and programs	50,346	59,278	45,608	36,579	34,542
f	Administrative expenses	0	0	0	0	0
g	End of year balance	2,329,180	1,995,591	2,078,093	1,848,892	1,765,323
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a)) held as:		
а	Board designated or quasi-endowment >	68.65 %				
b	Permanent endowment ► 24.97 %					
c	Temporarily restricted endowment ► 6	.38 %				
	The percentages on lines 2a, 2b, and 2c sho	•				
3а	Are there endowment funds not in the posse organization by:	ession of the organizat	ion that are held a	nd administered for		Yes No
	(i) unrelated organizations				<u> </u>	a(i) No
b	(ii) related organizations	ne listed as required o	n Schedule P2		<u> </u>	a(ii) No 3b
4	Describe in Part XIII the intended uses of th					
	rt VI Land, Buildings, and Equipme		· ····································			
	Complete if the organization ans	wered "Yes" on For				
	Description of property (a) Cost or o (investm		or other basis (other	(c) Accumulated d	epreciation ((d) Book value
	·	·				
	Land		1,532,80	_		1,532,803
	Buildings		27,798,39		9,395,999	18,402,394
C	Leasehold improvements		409,21	7	368,292	40,925

960,967

189,629

20,165,751

771,338

Part VII		Dort TV 1	ine dal	. Soo Farm 000	Davit V. Harr	12
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	Part IV, II (b) Book value	ne 11		d of valuation	า:
(1) Financia	ıl derivatives	, uide				
	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F) (G)						
(G) (H)						
	(1)					
Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 110	c. See Form 990,	Part X, line	13.
	(a) Description of investment			(b) Book value	Cost or en	od of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4) (E)						
(5)						
(6) (7)						
(8)						
	To (b) worst and Some OOO But V and (D) line (2)					
Part IX						
	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, III	ne 11d	. See Form 990, Pai) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	imn (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV lin	 ne 11e	or 11f See Form	990 Part X	line 25
1.	(a) Description of liability	. G. C. IV, 111	.0 110	J. 11115CC 101111		Book value
(1) Federal (5)	income taxes					
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>		25,458
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Checl					

Part XI

2

а

b

e

b

C 5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

3

4

Schedule D (Form 990) 2019

Page 4

370,859

191,093

6,188,488

6,423,514

37,621

6,385,893

191,093

6.576.986

Schedule D (Form 990) 2019

5,997,395

Recoveries of prior year grants d Other (Describe in Part XIII.)

Add lines 4a and 4b .

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

Net unrealized gains (losses) on investments

Donated services and use of facilities . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Add lines 2a through 2d

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

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.

Total expenses and losses per audited financial statements

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 . . .

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

Supplemental Information

Donated services and use of facilities . .

Prior year adjustments

Other losses

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . .

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 .

2d

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

2a

2b

2c

2a

2b

2c

2d

4a

4b

Explanation

2e 4a 4b 191,093

3 Reconciliation of Expenses per Audited Financial Statements With Expenses per Reti

333.238

6.310

31.311

6,310

31,311

191,093

2e

3

4c

С			
;			
urı	n.		

chedule D (Form 990) 2019		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655
Software Version: 2019v5.0

EIN: 35-1384859

Name: Young Mens Christian Association of Monroe County Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part II, Line 9 Conservation easements financial reporting	The conservation easements were part of a land purchase made on December 30, 2010. The pur chased land is recorded on the Balance Sheet. Of the purchased land, 42.15 acres are consi dered to be a conservation easement. There is no footnote in the 2019 financial statements related to accounting for conservation easements.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	Prominent and most striking within this 80' wide stone, aluminum and steel composition is a 16' tall striding figure with a multicolor interior. Because the figure is perforated, s paced and layered the colors, the imagery within and the background landscape constantly s hift and change as the viewer moves around the piece. The striding figure is positioned so that is the first thing seen as members of the Y arrive at the stop sign on Innovation Co urt. The figure is a powerful archetype that is intend to speak to the ideals of a healthy spirit, mind and body. It is a stylized image moving forward, resolute and positive. And, it is supported physically and visually by a composition of monumental stones that move a long the landscape of the hilltop island.

Cumplemental Information

Supplemental Information		_
Return Reference	Explanation]
Schedule D, Part V, Line 4 Intended uses of endowment funds	The Monroe County YMCA has established an endowment fund to provide resources for the YMCA in future years. The primary purpose of the endowment fund is to grow the fund over the I ong term. The fund's objective is to enhance the Monroe County YMCA's goal of strengthenin g youth development, healthy living, and social responsibility by supplementing the YMCA's projects, programs, and services. No part of the income generated by the endowment fund shall be used for the YMCA's annual operating budget.	

Supplemental Information		
Return Reference	Explanation	
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The YMCA is exempt from income taxes on income from related activities under Section 501 (c) (3) of the U.S. Internal Revenue Code and corresponding state tax law. Accordingly, no provision has been made for federal or state income taxes. Additionally, the YMCA has been determined not to be a private foundation under Section 509 (a) of the Internal Revenue C ode. The YMCA is however subject to income taxes on income generated from activities that are unrelated to its exempt purpose. 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, 2019 and 2018, management thas determined the YMCA does not have any uncertain tax positions that would impact the YMCA's financial statements. The YMCA does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. The YMCA recognizes interest and/or penalties related to income tax matters in income tax expense. The YMCA did not have any amounts accrued for interest and penalties at December 31, 2019 and 2018.	

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	COGS - 10348 Rental Expenses - 20963

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Scholarships - 191093

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	COGS - 10348 Rental Exense - 20963

-

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Scholarships - 191093

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319005360 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Young Mens Christian Association of Monroe County Inc 35-1384859 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 10 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 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990, Part IV, line 18	Page 2 3, or reported more
	than \$15,000 of fundraising e	vent contributions and			
	gross receipts greater than \$!	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Gala (event type)	(event type)	(total number)	col. (c))
Revenue					
	1 Gross receipts	80,981			80,981
	2 Less: Contributions	60,042			60,042
	3 Gross income (line 1 minus line 2)	20,939	0		
	4 Cash prizes	20,533			0
"	5 Noncash prizes	0			0
nsea	6 Rent/facility costs	0			0
Direct Expenses	7 Food and beverages	12,607			12,607
ect -	8 Entertainment	575			575
ă	9 Other direct expenses	10,135			10,135
	10 Direct expense summary. Add lines 4 t			•	23,317
Par	11 Net income summary. Subtract line 10		s" on Form 990 Part I	>	-2,378
Par	t III Gaming. Complete if the organism on Form 990-EZ, line 6a.		s" on Form 990, Part I	► V, line 19, or reported	
	Gaming. Complete if the organization		s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		
Revenue	Gaming. Complete if the organization	anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
s Reversie	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
s Reversie	TIII Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
s Reversie	1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		i more than \$15,000 (d) Total gaming (add
s Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		i more than \$15,000 (d) Total gaming (add
s Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
s Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000 (d) Total gaming (add
s Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo Yes % No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000 (d) Total gaming (add
s Reversie	faming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	(a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	d more than \$15,000 (d) Total gaming (add
	faming. Complete if the organization form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3		
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио			
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes				
13	Indicate the percentage of gam	ning activity conducted in:							
а	The organization's facility .			13a			%		
b	An outside facility			13b			%		
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:					
	Name •								
	Address >								
15a			m the organization receives gaming		·∏yes	Пио			
b	If "Yes," enter the amount of g	If "Yes," enter the amount of gaming revenue received by the organization \(\bigs\) \(\bigs\) and the amount of gaming revenue retained by the third party \(\bigs\) \(\bigs\).							
c	If "Yes," enter name and addre	ss of the third party:							
	Name •								
	Address ▶								
16	Gaming manager information:	Gaming manager information:							
	Name ▶								
	Gaming manager compensation ► \$								
	Description of services provided	d ▶							
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions:								
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио			
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3				
		pt activities during the tax year							
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.		
	Return Reference		Explanation						

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Schedule I

(Form 990)

Department of the

Treasury

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2019

DLN: 93493319005360

Open to Public Inspection

Name of the organization						Employer identific	cation number
Young Mens Christian Association	of Monroe County	Inc				35-1384859	
Part I General Information	ation on Grants	and Assistance				•	
Does the organization main the selection criteria used t	itain records to sub o award the grants:	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ No
2 Describe in Part IV the orga							
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sections3 Enter total number of other							
For Paperwork Reduction Act Notic	e, see the Instructio	ns for Form 990.		Cat. No. 5005	 5P	Scl	hedule I (Form 990) 2019

(2) Program Assistance

(3) Cardiac Rehab

(1) Membership Assistance

Schedule I (Form 990) 2019

Part III

(3)

(4)

(5)

(6)

(7)

Part IV

grant funds.

Return Reference

Schedule I, Part I, Line 2 Procedures for monitoring use of Explanation

REVIEWED FOR ALL ASSISTANCE DOLLARS.

recipients 335

125

18

146.313 38,186

(c) Amount of

cash grant

6,594

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

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

(d) Amount of

noncash assistance

INDIVIDUALS APPLY FOR ASSISTANCE BY COMPLETING AN APPLICATION. THE APPLICATIONS ARE REVIEWED AND ASSISTANCE IS AWARDED BASED ON FINANCIAL

NEED. FUNDS AWARDED TO INDIVIDUALS FOR FINANCIAL ASSISTANCE ARE RAISED THROUGH OUR ANNUAL CAMPAIGN, DESIGNATED CONTRIBUTIONS, AND THE

IGALA SIGNATURE EVENT. THE INDIVIDUAL DOES NOT RECEIVE THE ASSISTANCE DIRECTLY. THEY PAY THE DIFFERENCE BETWEEN THE ASSISTANCE AWARDED AND THE ACTUAL COST. SEPARATE GENERAL LEDGER ACCOUNTS ARE SET UP TO TRACK DOLLARS RAISED AND DOLLARS AWARDED. REPORTS ARE PREPARED AND

(e) Method of valuation (book, FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

DLN: 93493319005360 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Young Mens Christian Association of Monroe County Inc 35-1384859 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (i) Pool (e) Issue price (g) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No MONROE COUNTY INDIANA 35-1732462 06-14-2012 2.750,000 TO PROVIDE FUNDS FOR THE COST Х Χ Χ OF THE POOL RENOVATION PROJECT. Part II **Proceeds** C D 771.578 2 3 2,750,000 5 6 7 45,000 8 9 10 2,705,000 11 12 13 2013 Yes No Yes Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Part III **Private Business Use** Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2019 Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

Yes

Α

Nο

Χ

Χ

0 %

В

No

Yes

Χ

Χ

Yes

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

C

No

Yes

C

No

Yes

counsel to review any management or service contracts relating to the financed property?

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

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

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

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

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

Exception to rebate?

hedge with respect to the bond issue?

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

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

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?

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

the GIC satisfied?

requirements of section 148? . . .

	res	NO	res	NO	res
gross proceeds invested in a guaranteed investment contract		Х			

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

No

Yes

No

Yes

Χ

Page 3

No

D

D

No

Yes

Yes

No

Yes

Nο

DLN: 93493319005360 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Young Mens Christian Association of Monroe County Inc 35-1384859 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ (______) Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

chedule M (Form 990) (2019)					
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization				
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
	Schedule M (Form 990) (2019)				

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 35-1384859

Name: Young Mens Christian Association of Monroe County Inc

37

15

Gift Cards) Other ▶ (

Food)

Wine)

Event Tickets

Other ▶ (

Other ▶ (

Other ▶ (

Household Items)

Part 1, Lines 25-28				
	(a)	(b)	(c)	(d)
	Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on	Method of determining noncash contribution amounts
			Form 990, Part VIII, line 1a	
Other ▶ (Х	31	3,540	Cost

Χ

Χ

Χ

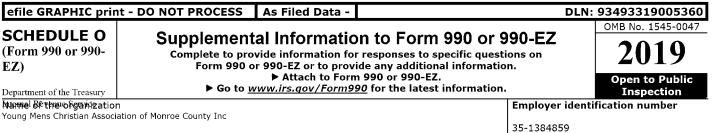
Χ

8,218 Cost

4,616 Cost

3,789 Cost

556 Cost



Return Reference	Explanation
Form 990, Part III, Line 1 Other Program Services	At the Y, strengthening community is our cause. Every day we work side-by-side with our ne ighbors to ensure everyone, regardless of age, income or background, has the opportunity t o learn, grow and thrive. In 2019, our Y served 24,672 individuals through membership, pro grams, health and wellness events, volunteer opportunities, health screenings, and facilit y usage from diverse communities throughout Bloomington and Monroe County and provided \$19 1,093 in membership and program financial assistance. As our nation continues to face seri ous chronic and community challenges, the Y is in Monroe County making a difference in the areas of: Youth Development: Youth are taking a greater interest in learning, making smar ter life choices, and cultivating the values, skills and relationships that lead to positi ve behaviors, the pursuit of higher education and goal achievement. Healthy Living: Thousa nds of adults and youth receive the support, guidance and resources needed to achieve bett er health and well-being. Moving for a Healthier You is a program which focuses on partici pants exercising while making healthy lifestyle changes. Main goals of the program are to increase activity while making food choices that are healthy. It takes place in a group se tting. Building Better Balance is a community based program incorporating the Indiana Univ ersity (IU) School of Public Health students and the Monroe County YMCA membership. Buildi ng Better Balance addresses the multiple dimensions that contribute to balance and mobility issues. It is designed to empower people who have issues of falling and/or developing a lack of confidence to move and function in many different environments. Social Responsibil ity: The Y helps people give back and assist their neighbors by offering opportunities to volunteer, advocate and support programs that strengthen community. Through the Y, individ uals and policymakers are able to address many of the most critical social issues their community. Through the Y, individ uals and policymak

Return

Reference	
Form 990, Part III, Line 1 Other Program Services	Active Living Coalition, All Options, American Association of Retired Persons, American H eart Association, American Red Cross, Arthritis Foundation, Big Brothers Big Sisters, Boys and Girls Club, Boy Scouts, Bradford Woods, Bruce's Welding, Care Source, Centerstone, Ci ty and County Parks & Recreation, Civil Air Patrol, College Internship, Cook Inc., Departm ent of Child Services in Monroe County, Dimension Mill, Family Solutions, Fish and Wildlif e Services, Force Fitness, GOAL, Greater Bloomington Chamber of Commerce, Home Owners Asso ciation, Hopebridge Autism Therapy Center, IMA/Premier Healthcare LLC, Indiana Quarries and Stone Carvers, Indiana Swimming Foundation, IU Credit Union, IU Foundation, IU Health BI oomington, IU Speech and Hearing Clinic, IU Tai Chi Program, LEL Home Services, Life Desig ns, Lighthouse Christian, Meadowood, Moms and Babies, Monroe County Health Department, Mon roe County Library, Monroe County NOW, Nature's Way, Oliver Winery, Personal Quality Care, Police and Fire Departments, Psi lota Xi, REACH, Redbud Hills, Special Olympics, Stepping Stones, Stone Belt, Transitional Services, US Armed Services, Wonder Lab, YOGI Swim Club, Young Life and Youth Services. Our community faces great challenges. The Y continues to help reinvigorate our communities through collaborations with school districts, residents, educators, and other community organizations to ensure the needs of children and families in disadvantaged communities are better met. In 2019 the Y stepped up to the challenge by: * Providing \$191,093 in full or partial scholarships to 1,071 individuals, including yout h, families, and adults who would otherwise not have been able to afford to participate. W e did this through designated contributions and contributions to the YMCA's Y for All Camp aign.

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 2,301,821 including grants of \$ 191,533)(Revenue \$ 4,603,025) The following is a listing of Specific Program Descriptions and Program Service Accomplishments at our YMC A: YMCA Aquatics In addition to providing specific swimming and water safety skills, YMCA Aquatics programs promote teamwork, self-confidence, and leadership. These programs are of fered at fees affordable to the community at large, with financial assistance for those who can't afford the full fee. In 2019, more than 2,129 children, teens, and adults learned how to be safer around water through YMCA swim lessons and water safety programs. YMCA Fam ily Enrichment The YMCA is proud to be a family organization. We give families a safe, rel lable and affordable place to go and enjoy time together. Recreational opportunities such as Community Open Houses let families spend time together. Health and wellness programs, S afe Sitter classes, birthday parties, family yoga, and family preschool programs all provi de opportunities for families to learn more about a healthy lifestyle. As always, all are welcome to our programs, including individuals with special needs. Thanks to our Parents N ight Out program 335 children gave their parents a marriage-strengthening "date night". Mo re than 425 visits per month are made to the Zone - a safe, social, wellness area for yout h ages 7 to 12. Our ENERGIZE program is a unique outreach opportunity where we educate children during the academic day as it pertains to choosing nutritious foods and healthy acti vities in a fun, creative environment. We work hand in hand with the teachers and principa Is. We strive to be in every 4th grade classroom in the Monroe County Community School Cor poration's 12 elementary schools. One focus is on teaching the basics for MyPlate. Youth I earn how to fill their plates with healthy color and try new foods. Our other focus is on Healthy Living where kids find fun ways to exercise. In 2019 we worked with over 900 stude nts from 32 different classrooms within Monroe Count

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	membership with the Y. Wellness Coaches are available to all members. They help acclimate new members into our facility which includes an orientation to all our cardiovascular and strength equipment, as well as defining policies and providing program opportunities. The YMCA of the USA Medical Advisory Committee believes we should encourage youth to embrace physical activity and regularly participate in physical fitness programs which include a s trength training component. In 2019, 214 members worked with a Wellness Coach or were part icipants in our YMCA Strength Training Program. Our Personal Training program allows membe rs to work one-on-one with a nationally certified personal trainer. This trainer creates a personalized program to focus on individual needs and goals. In 2019, over 823 people par ticipated in our Personal Training program. YMCA Group Exercise Our YMCA Group Exercise in structors provide state-of-the-art exercise instruction that significantly contributes to each member's health and wellness goals. Our purpose is to develop and conduct fun, energe tic, and highly motivational classes for all fitness and skill levels. These classes inclu de aquatics, land and body/mind. In 2019, 2,689 people participated in our YMCA Group Exer cise programs. With a total of 84 membership value added classes, we saw a total of 49,392 visits of members to our free classes. There is something for everyone here at the Y. In 2019, 2,565 people participated in the Yoga, Tai Chi, and Pilates programs. Yoga was also made available to the staff of various schools in the Monroe County Community School Corpo ration through the Y's outreach program. Exercise is important in comprehensive healthcare management for an individual with arthritis and related diseases. The Arthritis Aquatics Basic Program provides range of motion exercises for each major body part. Exercises improve flexibility, strength, coordination, balance, joint nutrition, and performance of daily activities. The Basic classes are all included in members

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	munity agencies received Y membership access and opportunities. YMCA Adult Health and Card iovascular Care The Healthy Hearts & Active Lives Program encompasses the Cardiopulmonary Rehab, W.I.S.E. (Cancer Recovery), and Y-Fitness for Life Programs. These classes are a me mber benefit with no additional charge to the YMCA member. In the Cardiopulmonary Rehab program, emphasis is placed on Phase III and Phase IV cardiopulmonary rehabilitation and lif elong exercise maintenance. The program is a collaboration between IU Health Bloomington H ospital and the Monroe County YMCA. For 39 years the program has emphasized exercise, educ ation, counseling, and discovering how to live a healthier life. Services include a staff that is supported by volunteer physicians, a Paramedic or Registered Nurse, a Clinical Exe rcise Physiologist, and several exercise specialists. In 2019, approximately 15 people per month participated in the Cardiopulmonary Rehab Phase III/IV Program. The Y-Fitness for Life program is medically based for individuals who need organized fitness for health and w ellness. In 2019, we served over 5 participants each month of the year. The Half Marathon/ Endurance Training program incorporates group training with an emphasis on going long dist ances and competing in a half or full marathon. With individual and group instruction, the athlete is able to adapt to various training situations that include improving walking/ru nning economy, resistance training specifically for walking and running, group camaraderie, sport specific nutrition, and the Run/Walk and Walk/Run Method of training. In 2019, 66 participants were enrolled in the Half Marathon Training. The Triathlon/Endurance Training incorporates aspects of the three sports - swimming, biking, and running. Training involve all distances of the triathlon from sprint to ironman. YMCA/USA Triathlon certified coa ches introduce proper techniques, principles, and practices, while incorporating lots of fun and challenges. In 2019, 12 participants were enrolle

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Association Board is ultimately responsible for all financial and policy decisions. There are two Committees - Finance Committee, and development Committee. All committees report to the Association Board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	The organization does not have committees with the authority to act on behalf of the governing body.

Return Reference	Explanation	
Form 990, Part VI, Line 11b Review of form 990 by governing body	Staff prepared the Form 990 and the CFO performed a detailed review. The 990 was also reviewed by the tax side of our audit firm. Prior to the Form 990 being filed electronically, it was e-mailed to the Association Board for their review and staff from the tax side of our audit firm provided an oral report to the Association Board, CEO, and CFO. The Association Board serves as the Audit Committee.	

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Reference	Explanation
Form 990, Part VI. Line	The Young Men's Christian Association of Monroe County, Inc. has a Conflict of Interest Policy that is completed by all directors and officers when they first begin their position and then again annually. The conflict of interest policies are reviewed by the CFO
12c Conflict	and then potential conflicts are brought to the attention of the audit committee. The audit committee determines by majority vote of
of interest	disinterested persons whether a disclosed interest may result in a conflict of interest.

Evalanation

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The CEO reports to the Association Board. The Association Board is responsible for annually conducting a performance evaluation of the CEO and setting the salary for this position. The Association Board provides feedback into the CEO's annual review. The CEO receives a 360 degree evaluation from the other Monroe County YMCA management staff and the Committee and Task Force members. The staff and governance evaluations are submitted to the Executive Administrative Assistant. The Executive Administrative Assistant compiles all information and presents the results of the evaluations to the Association Board. The Association Board President meets with the CEO to present the full evaluation. The written evaluation documents the deliberation process.

Return

Reference	'
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The CEO is responsible for annually conducting a performance evaluation of the CFO, COO, and Development Director. In addition to the annual performance evaluation, salary survey work is performed gathering comparative data from organizations in our community, both for profit and not for profit, as well as other YMCA's for the positions chosen to be researched for that year. In 2018 A SALARY SURVEY WAS CONDUCTED FOR THE CEO and CFO positions. The end result of the annual performance evaluation process is a written, signed document representing the past year of work and the deliberation process. The above salaries are part of the Professional Salary line presented to the Association Board in the overall budget approval process.

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Requests for documents should be made to the CFO. The documents will be PROVIDED TO THE REQUESTER AS SOON AS POSSIBLE. The following documents will be made available upon request Form 1023, Application For Recognition of Exemption Under Section 501(C)(3) of the Internal Revenue Code - Form 990, Return of Organization Exempt From Income Tax - Determination Letter - Audited Financial Statements - Conflict of Interest Policy - Key Governing Documents - Articles of Incorporation - By Laws The Form 990 is made available to the public via The Guidestar website, www.guidestar.org. A financial report, as well as contribution, scholarship, and membership information is published in our Annual Report that is POSTED TO OUR WEBSITE.

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- 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: ;