

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
La Crosse Area Family Young Men's Christian Association Inc

Doing business as
La Crosse Area Family YMCA Inc

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1140 Main Street

City or town, state or province, country, and ZIP or foreign postal code
La Crosse, WI 54601

D Employer identification number
39-0806172

E Telephone number
(608) 782-9622

G Gross receipts \$ 12,175,281

F Name and address of principal officer:
BILL SOPER
1140 Main Street
La Crosse, WI 54601

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.LAXYMCA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1883

M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO STRENGTHEN THE FOUNDATIONS OF OUR COMMUNITY.

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

3 Number of voting members of the governing body (Part VI, line 1a)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1,241
6 Total number of volunteers (estimate if necessary)	1,500
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	910,053	2,273,134
9 Program service revenue (Part VIII, line 2g)	9,486,191	9,211,386
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,625	73,049
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	310,438	221,599
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,779,307	11,779,168
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,558,113	6,952,457
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 313,043		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,122,972	4,251,642
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,681,085	11,204,099
19 Revenue less expenses. Subtract line 18 from line 12	98,222	575,069
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	25,286,997	25,726,599
21 Total liabilities (Part X, line 26)	6,374,984	6,054,562
22 Net assets or fund balances. Subtract line 21 from line 20	18,912,013	19,672,037

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-09-14
Sara Koopman Chief Operating Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2018-06-15	Check <input type="checkbox"/> if self-employed	PTIN P01468300
Firm's name ▶ Hawkins Ash CPAs LLP			Firm's EIN ▶ 39-0912608	
Firm's address ▶ 500 S Second Street Suite 200 La Crosse, WI 546014029			Phone no. (608) 784-7737	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,609,600 including grants of \$) (Revenue \$ 4,155,565)
See Additional Data





4b (Code:) (Expenses \$ 2,584,856 including grants of \$) (Revenue \$ 5,055,821)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 9,194,456

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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 	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	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		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? If "Yes," complete Schedule D, Part VIII		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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
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 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question ID, question text, and response fields. Includes sections for employee reporting (2a-3b), foreign accounts (4a-4b), prohibited transactions (5a-5c), contributions (6a-6b), and various organizational requirements (7a-7h, 8, 9, 10, 11, 12a, 13, 14a-14b, 15, 16).

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (24), 1b (24), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 16 rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Rows include: 10a (No), 10b, 11a (No), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Sara Koopman 1140 MAIN STREET LA CROSSE, WI 54601 (608) 782-9622

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes a row for 'See Additional Data Table'.

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

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

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	303,399	0	40,855

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0			
	b Membership dues	1b 0			
	c Fundraising events	1c 75,004			
	d Related organizations	1d 0			
	e Government grants (contributions)	1e 0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,198,130			
	g Noncash contributions included in lines 1a - 1f:\$	1g 40,386			
	h Total. Add lines 1a-1f		2,273,134		

Program Service Revenue			(A)	(B)	(C)	(D)
	Business Code					
2a Healthy Living	813410		5,055,821	5,055,821		
b Youth Development	813410		4,155,565	4,155,565		
c Social Responsibility			0	0		
d						
e						
f All other program service revenue.			0	0	0	0
g Total. Add lines 2a-2f.		9,211,386				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			56,004			56,004	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	6a					
			(ii) Personal	6a				
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	0	0			
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	314,509	155			
			(ii) Other	7a				
		b Less: cost or other basis and sales expenses	7b	297,619	0			
		c Gain or (loss)	7c	16,890	155			
	d Net gain or (loss)			17,045	155		16,890	
	8a Gross income from fundraising events (not including \$ 75,004 of contributions reported on line 1c). See Part IV, line 18		8a		87,470			
		b Less: direct expenses	8b		98,494			
		c Net income or (loss) from fundraising events			-11,024			-11,024
	9a Gross income from gaming activities. See Part IV, line 19		9a					
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold		10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a MISCELLANEOUS	900099		113,460	113,460				
b MERCHANDISE SALES	900099		109,912	109,912				
c VENDING MACHINE INCOME	900099		9,251	9,251				
d All other revenue			0	0	0	0		
e Total. Add lines 11a-11d			232,623					
12 Total revenue. See instructions			11,779,168	9,444,164	0	61,870		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
5 Compensation of current officers, directors, trustees, and key employees	338,525	84,632	173,307	80,586
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,562,594	4,545,142	874,153	143,299
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	312,971	224,529	78,123	10,319
9 Other employee benefits	287,490	216,879	60,387	10,224
10 Payroll taxes	450,877	353,875	81,118	15,884
11 Fees for services (non-employees):				
a Management				
b Legal	17,320	14,722	2,598	
c Accounting	16,010	13,608	2,402	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,290		10,290	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	230,216	225,008	4,570	638
12 Advertising and promotion	151,284	101,464	22,893	26,927
13 Office expenses	1,300,121	1,200,201	77,220	22,700
14 Information technology	7,099	7,099		
15 Royalties				
16 Occupancy	565,473	509,589	55,884	0
17 Travel	97,153	72,786	24,367	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,061	6,863	20,198	0
20 Interest	250,248	248,836	1,412	0
21 Payments to affiliates	159,660	159,660	0	0
22 Depreciation, depletion, and amortization	938,409	910,257	28,152	
23 Insurance	132,376	111,799	18,111	2,466
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs	261,800	187,507	74,293	0
b Bad Debt Expense	87,122	0	87,122	0
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	11,204,099	9,194,456	1,696,600	313,043
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,041,424	1	1,076,112
	2 Savings and temporary cash investments	460,338	2	570,831
	3 Pledges and grants receivable, net	2,618,527	3	3,228,455
	4 Accounts receivable, net	146,430	4	9,270
	5 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	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	16,954	8	8,439
	9 Prepaid expenses and deferred charges	23,230	9	3,681
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,052,227		
	b Less: accumulated depreciation	10b 8,665,478	19,711,941	10c 19,386,749
	11 Investments—publicly traded securities	779,840	11	886,657
	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	488,313	15	556,405
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,286,997	16	25,726,599	
Liabilities	17 Accounts payable and accrued expenses	606,827	17	667,175
	18 Grants payable	0	18	0
	19 Deferred revenue	253,712	19	321,793
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	5,514,445	23	5,065,594
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	6,374,984	26	6,054,562
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,790,827	27	14,508,569
	28 Net assets with donor restrictions	4,121,186	28	5,163,468
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	18,912,013	32	19,672,037	
33 Total liabilities and net assets/fund balances	25,286,997	33	25,726,599	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,779,168
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,204,099
3	Revenue less expenses. Subtract line 2 from line 1	3	575,069
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,912,013
5	Net unrealized gains (losses) on investments	5	184,955
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,672,037

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 39-0806172
Name: La Crosse Area Family Young Men's Christian Association Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Youth Development: We believe that all kids deserve the opportunity to discover who they are and what they can achieve. That's why, through the La Crosse Y, thousands of youth are cultivating the values, skills and relationships that lead to positive behaviors, better health and educational achievement. Some highlights in the area of Youth Development: Childcare: Our YMCA provides high quality child care by providing comprehensive activities for preschool and school age children drawing on diverse members of the community. We provide both full and part time options to serve a wide range of family scheduling needs. Woven into the fabric of the YMCA mission is a commitment to strengthening families. YMCA childcare programs relieve the burden of balancing work and family and make it possible for parents of children in our care to remain gainfully employed, knowing that their children are thriving in a safe, developmentally sound environment. The YMCA provides a variety of activities that emphasize parent education and helps parents learn more about how to raise healthy, happy children who develop self-esteem and moral and ethical values. So that every child can lead a healthy life we have implemented national Healthy Eating and Physical Activity Standards so that we can be an overall healthy childcare option. Every child in our programs receives fresh fruits and vegetables everyday in their breakfast and snack meals and enjoys physical activity each day. Children have the opportunity to grow stronger and be ready for learning when their bodies and minds are healthy and active. We believe in meeting the needs of families in our community. In 2019 our School Age Childcare Program and Summer School Age Childcare Programs provided care for 1,631 children. Our full time childcare center provided care for 85 children. Strengthening Mental Health & Mental Health Awareness: Thanks to the continued generous support from Gundersen Lutheran Medical Foundation and generous donors, our full time Mental Health Director continues bringing awareness to mental health. Our Mental Health Director is charged with improving mental health awareness in the community while continuing the teen mental health work at our Community Teen Center. La Crosse received an 8-year grant from the Medical College of Wisconsin focused on impacting mental health in our county. The work of this project, named Better Together (bettertogetherlacrosse.org/), aligns well with our strategic plan and our Mental Health Director is an active member of the Better Together Steering Committee. A primary activity of Better Together includes collective impact work around creating a resilient and trauma-informed community. We have several leaders on our Director team who are involved with this important and ongoing work. Better Together is also working with our Mental Health Director on evaluation and development of a Mental Health Toolkit, a resource for leaders to use to develop their team's mental health literacy. This relationship is strong and vital as we continue to move the needle on our community's mental health. In 2019, our Mental Health Director conducted 29 youth consultations, 26 adult consultations, made 12 referrals, provided 1,758 hours of training to 155 adults, and spent 270 on the mental health toolkit pilot program. The Y's adapted programs: Our Inclusion program is a cornerstone to all we do at the Y. The work is so important, it is included in our mission, FOR ALL. Our work within the Inclusive and Adaptive Department is to provide recreational opportunities for all. With Inclusion being a cornerstone of every Y across the US, our goal is to encourage individuals with diverse abilities to register for programs outside of our specific-disability programming. We are transitioning towards "for all" programs that will allow everyone, regardless of ability, to participate in activities together. We truly believe allowing all members to play, and recreate together it enhances the quality of life for all of those involved. Our Participant Care Assessments help us address those individuals who may need extra support and adaptive methods to ensure they feel included. We are also equipped to provide one-on-one services to our participants with the help of our large volunteer base. Whether it is adapted gymnastics, basketball, Miracle League Baseball, or aquatics, all of our programs are built towards accomplishing our participant's goals. Goals that go beyond mastering a sports skill, but also goals built around social, cognitive, and emotional outcomes. Our adaptive programs are ultimately the stepping stones to creating an inclusive environment within the hundreds of programs we offer each year. Community Teen Center: It's More Than Just a Place: Over the last thirteen years, our Y Community Teen Center has been positively impacting adolescent mental health by building a model that includes mental health awareness, literacy, and self-advocacy. This is incorporated into all aspects of our environment, culture, and adult practices. For example, we have created a physical environment that is safe, predictable, attractive to teens, and contains visual reminders and resources that pertain to the importance of caring for your mental health. The adult practices include training our staff to know how to recognize typical adolescent developmental tasks as well as signs of concern, how to respond effectively to these concerns, and how to refer youth appropriately when needs are beyond our scope. The model is based on strengths, resilience, social-emotional development, and positive psychology. We believe that all teens can succeed and it is our responsibility to provide the opportunity for them. The Teen Center provides a place for teens to feel a sense of belonging which impacts their mental health. The YMCA Community Teen Center is a safe, tobacco, alcohol and drug-free drop-in center for teens 8th-12th grades. The Center offers free activities that are engaging, attractive to young people and make use of their talents, energy and creativity. The Center offers skill-building and recreational opportunities and is staffed by positive, caring adults who are trained to work with adolescents. Gymnastics Program: Great things continue to happen in the Vinger Gymnastics Center at the Houser YMCA. Since the center opened in 2016, enrollment has been very strong. In fact, our annual enrollment in 2015 before the new center opened was 2,810 children and teens. In 2019, enrollment in our gymnastics program was 7,451. Sports and Play: In 2019 we had enrollment in our sports programs of 1,718. Our youth activity and sports programs are for children ages 3 - 17. This includes basketball, soccer and baseball classes and leagues for all ages, well as martial arts and activity camps like geo-caching and fishing. Childwatch: Our Y's Childwatch areas, which provide quality drop-in childcare for children while their parents are exercising, improve the health and well-being of families by providing quality care. In 2019, our Child watch programs experienced more than 92,556 safe visits. Arts and Humanities Programs: Arts and Humanities classes had annual enrollment of more than 1,541 children participating in dance and art programming. Music programs had enrollment of 286. The Dahl Aquatic Center and Rundle Aquatic Centers: continue to be popular destinations at our YMCAs, with more than 166,450 visits annually. In addition to providing swimming lessons, water fitness activities, and family time, our Aquatics departments provide community outreach programs around water safety for various community organizations. Education on basic water rescue, lifejacket fitting, open water swimming, river awareness and backyard pool safety is taught. In 2019, we had swimming lesson enrollment of 5,778 at our two pools. In addition, 185 young people participated on our WAVE swim team.

Form 990, Part III, Line 4b:

Healthy Living: Throughout our community, the Y is a leading voice in health and well-being. With a mission centered on balance, the Y brings families closer together, encourages good health and fosters connections through fitness, sports, fun and shared interests. As a result, thousands of youth, adults and families in our community are receiving the support, guidance and resources needed to achieve greater health and well-being for their spirit, mind and body. Some highlights in the area of Healthy Living:

Family Time: We believe that families that play together stay together. Recognizing the need for quality family time we offer several parent/child classes. Our parent/child classes are designed to give mom and/or dad an opportunity to interact with their child/ren through activity. Whether it's Family Strength Training, Parent/Child Soccer or Mommy and Me Cooking, our parent/child programs encourage open dialogue and learning together.

Health, Well-Being & Fitness: The R.W. Houser Wellness Center and Cleary Family Wellness Centers continue to be popular destinations at our Y's with nearly 419,326 visits in 2019.

Health & Fitness Classes: Fitness classes continue to be a great way for members of all ages to get engaged and active, with 144,898 visits in 2019.

YMCA Special Events: designed to improve the health and well-being of our community by engaging people of all ages through walks, runs, and more served more than 4,500 people in 2019.

Food Forest: We continue to be very proud of the work with the community's first food forest located at the Dahl YMCA. The mission of the Community Food Forest at the Y is to increase access to healthy food in our community through an urban, easily-replicable model. Our vision for the Food Forest is to grow food together, rehabilitate our local ecosystem and provide educational opportunities for healthier residents and families.

2019 Food Forest Highlights: Number of Volunteers engaged = 279 Number of Organizations Engaged = 43 Number of participants in food forest related activities (cooking Classes/FF events) = 1079

Program Initiatives LIVESTRONG at the YMCA is a health and well-being program designed to address the specific wants, needs and interests of those impacted by cancer. Our Y helps cancer survivors through the program. This work is important because medical studies show that moderate levels of appropriate physical activity can reduce fatigue, boost self esteem and improve muscle strength and physical endurance in individuals following cancer treatment. Physical activity has also been shown to reduce the risk for cancer reoccurrence. Our goals for the LIVESTRONG at the YMCA are to provide the same evidence-based curriculum as we have been since 2011, while continuing to incorporate more mindfulness, mental health topics, and breathing techniques. We continue to find ways to continue to engage our Alumni base and we plan to hold our 1st ever alumni celebration this summer with live music, catered food, and a short mile walk. This will be a chance for them to bring their family and friends, connect with other survivors and raise awareness and support for the program. In 2019, we served 111 participants in the LIVESTRONG program, and 109 LIVESTRONG Alumni participants. When a cancer survivor joins the LIVESTRONG at the YMCA Program, they do so knowing that our Instructors will guide them safely through a workout program that allows our survivors to become stronger, gain functional ability and connect emotionally with other cancer survivors.

Diabetes Prevention Program: The YMCA's Diabetes Prevention Program is a lifestyle modification program that helps people reduce their risk for type 2-diabetes by helping them learn about eating healthier, increasing physical activity and other behavior changes. This program is available to anyone in the community who is at risk for developing diabetes. In 2019, classes impacted 18 participants in this life-changing program.

Form 990, Part III, Line 4c:

Social Responsibility: Our Y has been listening and responding to our communities' most critical needs for nearly 135 years. Whether developing skills or emotional well-being through education, welcoming and connecting diverse demographic populations, or preventing chronic disease and building healthier communities through collaborations with community partners, the Y fosters the care and respect all people need and deserve. Through the Y, hundreds of volunteers and donors as well as community leaders are empowering one in four of our community residents to be healthy, confident, connected and secure. Some highlights in the area of Social Responsibility: Volunteerism: More than 1,200 volunteers contribute more than 8,000 volunteer hours annually in support of the YMCA. Giving: In 2019, through donations, fundraising, grants, and special events, a total of \$828,434 in public support was provided to the YMCA. These dollars ensure that the Y remains affordable and accessible to everyone in the community by providing the funding needed to support the financial assistance program. Addressing Hunger - Reducing Hunger We have identified the neighborhood food deserts and schools with the highest free and reduced meal status and through census data so that we can outreach in these neighborhoods at youth gathering places to serve meals year-round and throughout the summer months. By offering free meals to all youth 18 and under at local parks, libraries, housing complexes, the Y and Boys and Girls Clubs we are meeting the basic need of nutrition which in turn helps in the development of youth and helps support families. Our strategic plan has identified this as priority for the 2020-2022 strategic plan cycle. We are not only increasing during the week but ensuring weekend meals, evening meals and diverse locations where youth have easy accessibility. In 2019 through the Y, we provided more than 200,000 healthy snacks and meals to children in the community. FINANCIAL ASSISTANCE PROGRAM The Y continues to ensure that our programs and activities are affordable and accessible to everyone in the community. In 2019, we provided a total of \$1,168,518 in direct financial assistance to children, teens, and families. This included assistance to 20% of the members we served in 2019. That was a combination of \$734,268 in membership assistance, \$154,773 in youth programming assistance, and \$279,477 in childcare assistance to families. Capital Expansion: Our YMCA relies on the generosity of the community when we wish to make significant capital investments in our facilities or when we introduce the Y to a new community. In 2003 and 2004, a capital campaign was launched which raised \$9.3 million in funding to construct the R.W. Houser YMCA in Onalaska. In 2009, \$500,000 was raised in the community to construct the Miracle Baseball facility. In 2014, a campaign was launched to add 40,000 square feet of new space at our R.W. Houser YMCA including a second gymnasium, a new fitness studio, an expanded wellness center, a large multi-purpose room with a teaching kitchen, and a gymnastics center. The same campaign added approximately 25,000 square feet of new space at our Dahl Family YMCA facility including a new wellness center, a new fitness studio, a group cycling studio, and a Healthy Living Center - a new space created in partnership with Gundersen Health System. The Healthy Living Center includes exam and consultation rooms, an exercise area for cancer patients and physical therapy, a lounge for our cancer survivorship program, and a large classroom and teaching kitchen. This new Healthy Living Center is designed to move people from medically based care to Y supervised care, with an emphasis helping people adopt a long term healthy lifestyle. In 2019, through the Health Living Center partnership, there were 6,984 visits to this new and innovative area. In 2019 a capital campaign was launched to remodel the locker rooms at the Dahl YMCA and to add a warm water pool to the Houser Y. The projects are designed to significantly improve the barrier free accessibility at both Y locations. By the end of 2019, \$2,513,500 was donated toward the project costs. Support for Veterans Through the work of three of our staff members who are military veterans (Christopher Matt, Lee Walraven, and Carl Klubertanz), we continued our Wellness Warriors program, a program to support veterans in their quest for improved physical and mental health. Programing is provided at no cost thanks to grant dollars and support from the local American Legion. Additionally, Y memberships are provided to families at no cost.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS BUTLER SECRETARY	1.0	X		X				0	0	0
JIM WARREN PRESIDENT	1.0	X		X				0	0	0
PAUL BAGNIEFSKI TREASURER	1.0	X		X				0	0	0
BARB ERICKSON DIRECTOR	1.0	X						0	0	0
BARBARA BENSON TRUSTEE	1.0	X						0	0	0
BRENDA MURRAY DIRECTOR	1.0	X						0	0	0
CARRIE LEONARD DIRECTOR	1.0	X						0	0	0
CHRISTINA FLISRAM DIRECTOR	1.0	X						0	0	0
CLARA GELATT DIRECTOR	1.0	X						0	0	0
DAR ISAACSON TRUSTEE	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE SKOGEN TRUSTEE	1.0	X						0	0	0
DENNY FORD DIRECTOR	1.0	X						0	0	0
DON WEBER TRUSTEE	1.0	X						0	0	0
ERIC WHEELER TRUSTEE	1.0	X						0	0	0
EVAN HOFFMAN DIRECTOR	1.0	X						0	0	0
GARY KASTNER DIRECTOR	1.0	X						0	0	0
HARRY DAHL TRUSTEE	1.0	X						0	0	0
JACKIE KUEHLMANN DIRECTOR	1.0	X						0	0	0
JANIE MORGAN DIRECTOR	1.0	X						0	0	0
JASON GILMAN DIRECTOR	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAY ELLINGSON DIRECTOR	1.0	X						0	0	0
KIM ZINDA DIRECTOR	1.0	X						0	0	0
KRIS MUELLER DIRECTOR	1.0	X						0	0	0
LARRY BODEN DIRECTOR	1.0	X						0	0	0
LINDA LYCHE TRUSTEE	1.0	X						0	0	0
MARK DAVY DIRECTOR	1.0	X						0	0	0
MATT GOBEL DIRECTOR	1.0	X						0	0	0
NANCY QUINLISK TRUSTEE	1.0	X						0	0	0
PAT STEPHENS DIRECTOR	1.0	X						0	0	0
RON HOUSER TRUSTEE	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE CHRISTIANSEN DIRECTOR	1.0	X						0	0	0
STEVE TANKE TRUSTEE	1.0	X						0	0	0
TERRY COWGILL DIRECTOR	1.0	X						0	0	0
TOM BREWER DIRECTOR	1.0	X						0	0	0
BILL SOPER CEO/EXECUTIVE DIRECTOR	50.0			X				196,524	0	40,855
SARA KOOPMAN COO	40.0			X				106,875	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
La Crosse Area Family Young Men's Christian Association Inc

Employer identification number
39-0806172

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 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 business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,991,636	1,253,270	823,494	910,053	2,273,134	9,251,587
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	7,772,640	8,253,374	9,169,625	9,486,191	9,211,386	43,893,216
3 Gross receipts from activities that are not an unrelated trade or business under section 513	40,208	39,184	31,413	30,396	87,470	228,671
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	11,804,484	9,545,828	10,024,532	10,426,640	11,571,990	53,373,474
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,209,550	264,262	46,194	101,587	201,736	3,823,329
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.	3,209,550	264,262	46,194	101,587	201,736	3,823,329
8 Public support. (Subtract line 7c from line 6.)						49,550,145

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	11,804,484	9,545,828	10,024,532	10,426,640	11,571,990	53,373,474
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61,897	51,350	70,965	73,377	56,004	313,593
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	61,897	51,350	70,965	73,377	56,004	313,593
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	144,160	210,639	266,020	315,125	232,623	1,168,567
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,010,541	9,807,817	10,361,517	10,815,142	11,860,617	54,855,634

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	90.33 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	85.55 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.57 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.58 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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.

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
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 . See instructions.			
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 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - OTHER, COLUMN A - 144160.0, COLUMN B - 210639.0, COLUMN C - 266020.0, COLUMN D - 315125.0, COLUMN E - 232623.0, COLUMN F - 1168567.0;

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

Name of the organization La Crosse Area Family Young Men's Christian Association Inc

Employer identification number 39-0806172

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	779,947	867,613	736,822	763,258	782,498
b Contributions	0	7,751	2,266	5,485	6,290
c Net investment earnings, gains, and losses	154,776	-73,036	135,683	47,013	-15,116
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	40,040	14,089	0	71,852	3,100
f Administrative expenses	8,026	8,292	7,158	7,082	7,314
g End of year balance	886,657	779,947	867,613	736,822	763,258

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 1 %
 - b** Permanent endowment ▶ 54 %
 - c** Temporarily restricted endowment ▶ 45 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		393,771		393,771
b Buildings		25,290,112	7,224,037	18,066,075
c Leasehold improvements				
d Equipment		1,224,568	854,255	370,313
e Other		1,143,776	587,186	556,590
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				19,386,749

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 0

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,042,559
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	184,955	
b	Donated services and use of facilities	2b	88,726	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			2e 273,681
3	Subtract line 2e from line 1			3 11,768,878
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,290	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			4c 10,290
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 11,779,168

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

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

1	Total expenses and losses per audited financial statements		1	11,282,535
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	88,726	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			2e 88,726
3	Subtract line 2e from line 1			3 11,193,809
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,290	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			4c 10,290
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 11,204,099

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 39-0806172

Name: La Crosse Area Family Young Men's Christian Association
Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENT IS TO PROVIDE CONTINUING SUPPORT FOR THE MISSION OF THE EXEMPT PURPOSE OF THE ORGANIZATION.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	U.S . GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZES A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE, IF INCURRED.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization La Crosse Area Family Young Men's Christian Association Inc

Employer identification number 39-0806172

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	Annual Dinner (event type)	Maple Leaf (event type)	2 (total number)	(add col. (a) through col. (c))
1 Gross receipts	49,281	95,187		144,468
2 Less: Contributions	42,986	31,500		74,486
3 Gross income (line 1 minus line 2)	6,295	63,687	0	69,982
4 Cash prizes				
5 Noncash prizes		214	294	508
6 Rent/facility costs		1,503	468	1,971
7 Food and beverages	15,096	2,293	442	17,831
8 Entertainment	25,450			25,450
9 Other direct expenses	7,844	34,052	14,167	56,063
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				101,823
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-31,841

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
La Crosse Area Family Young Men's Christian Association Inc

Employer identification number
39-0806172

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BILL SOPER CEO/EXECUTIVE DIRECTOR	(i)	196,524	0	0	29,501	11,354	237,379	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	Rotary Club dues paid for Bill Soper's membership. Not treated as taxable compensation.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: La Crosse Area Family Young Men's Christian Association Inc. Employer identification number: 39-0806172

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Aleesha Torres	Daughter of Steven Christiansen, Director	41,177	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization

La Crosse Area Family Young Men's Christian Association Inc

Employer identification number

39-0806172

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 1 Additional Organization's Mission</p>	<p>Our Cause: Annually, more than 30,000 people - nearly half of them children and teens - come to the La Crosse Area Family YMCA to receive the support and resources they need to learn, grow and thrive. The Y is the community's leading nonprofit committed to strengthening our community through youth development, healthy living and social responsibility. We are a powerful association of men, women, and children joined together by a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility. We believe that lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. That's why, at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors in our community to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. The Y provides accessibility, support and opportunities that empower people and communities to learn, grow and thrive. The Y nurtures the potential of every child and teen, improves the nation's health and well-being, and provides opportunities to give back and support neighbors. There is no other nonprofit quite like the Y. That's because throughout our community we have the presence and partnerships to not just promise, but to deliver, lasting personal and social change. * The Y is community centered. For more than 137 years, our Y has been listening and responding to our community. * The Y brings people together. We connect people of all ages and backgrounds to bridge the gaps in community needs. * The Y nurtures potential. We believe that everyone should have the opportunity to learn, grow and thrive. Our Y is and will always be, dedicated to building healthy, confident, connected and secure children, adults, families and communities. Every day, our impact is felt when an individual makes a healthy choice, when a mentor inspires a child and when a community comes together for a common good. Several years ago, as a result of a comprehensive strategic planning process, our Y reaffirmed its commitment to the health and well-being of the community and expanded our efforts outside the walls of our Ys. This led to the launch of many programs designed to improve the health and well-being of the community but programs which are intentionally subsidized by the Y. Some of these programs included in this expanded effort are LIVESTRONG for cancer survivors, mental health support for teens and adults, our community teen center, mental health training for our staff team, the development of a community food forest, inclusion programs for children of all abilities, addressing hunger issues for children and families, and more. Through the life changing and community changing initiatives that our YMCA has launched and sustained, including our mental health work, our inclusion and adaptive programs including our Miracle Base</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 Additional Organization's Mission	<p>ball League, LIVESTRONG at the YMCA (to support cancer survivors), the Diabetes Prevention Program, our Food Forest, the Healthy Living Center (a YMCA and Gundersen Health System partnership), and our comprehensive arts programs, our YMCA continues to expand its role and relevance in the community as an organization committed to health and well-being. These initiatives have allowed us to expand and strengthen our partnerships with Gundersen Health System, with all the work designed to impact our strategic focus areas of improving the health and wellbeing of our community and strengthening mental health. We're proud of the expanded role and greater impact the YMCA is playing in improving the health of our community.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE CHIEF OPERATING OFFICER WILL REVIEW THE FORM 990 PRIOR TO FILING. COPIES WILL BE PROVIDED TO THE EXECUTIVE DIRECTOR AND BUSINESS SERVICES COMMITTEE AFTER FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ALL BOARD MEMBERS AND TRUSTEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. ALL STATEMENTS ARE REVIEWED AND THE EXECUTIVE COMMITTEE WOULD TAKE MEASURES SHOULD A CONFLICT ARISE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS. THE EXECUTIVE DIRECTOR PROVIDES A NARRATIVE TO THE EXECUTIVE COMMITTEE OUTLINING THE ACCOMPLISHMENTS FOR THE YEAR AND THE COMMITTEE MEETS TO REVIEW THE NARRATIVE AND TO MAKE RECOMMENDATIONS ON SALARY AND BENEFITS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE DIRECTOR OF BUSINESS SERVICES'S COMPENSATION IS BASED ON A SALARY SYSTEM DEVELOPED BY THE YMCA OF THE USA WHICH IS A POINT SYSTEM BASED ON JOB KNOWLEDGE, ACCOUNTABILITY, AND KNOW-HOW. THE BOARD APPROVES THE SALARY WAGE INCREASE WHEN THEY APPROVE THE ANNUAL OPERATING BUDGET. THE EXECUTIVE DIRECTOR APPROVES THE SALARY OF THE DIRECTOR OF BUSINESS SERVICES ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

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: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c AUDIT OVERSIGHT	THE BOARD OF DIRECTORS HAS OVERSIGHT OF THE AUDIT AND THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.