

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
RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1699 DEERFIELD RD

City or town, state or province, country, and ZIP or foreign postal code
LEBANON, OH 450369215

D Employer identification number
51-0181689

E Telephone number
(513) 932-1424

G Gross receipts \$ 14,334,177

F Name and address of principal officer:
RENEE M LAY
1699 DEERFIELD RD
LEBANON, OH 450369215

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.COUNTRYSIDEYMCA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1976

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND & BODY FOR ALL. THE ORGANIZATION'S AREAS OF FOCUS ARE YOUTH DEVELOPMENT, HEALTHY LIVING, & SOCIAL RESPONSIBILITY. EVERY DAY, THE Y ENSURES THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW, AND THRIVE. COUNTRYSIDE YMCA IS A MEMBERSHIP ASSOCIATION OF FAMILIES, MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOME, RACES AND RELIGIONS. COUNTRYSIDE YMCA SERVES MORE THAN 33,000 PERSONS AS MEMBERS AND PROGRAM PARTICIPANTS IN A SERVICE AREA OF APPROXIMATELY 200,000 PERSONS. ANNUALLY, COUNTRYSIDE YMCA PROVIDES FINANCIAL AID THROUGH SCHOLARSHIP MEMBERSHIPS TO NEARLY 670 FAMILIES, AFFECTING APPROX 2,015 INDIVIDUALS IN THE WARREN COUNTY SERVICE AREA. EACH YEAR 22 POLICY MAKING VOLUNTEERS DONATE APPROXIMATELY 1,000 HOURS OF SERVICE.

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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	20
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	880
6 Total number of volunteers (estimate if necessary)	1,183
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	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	359,289	325,772
9 Program service revenue (Part VIII, line 2g)	11,149,493	11,741,866
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	375,285	341,787
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	341,709	396,034
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,225,776	12,805,459
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	336,013	339,589
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,079,627	7,407,902
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,157		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,828,702	4,975,626
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,244,342	12,723,117
19 Revenue less expenses. Subtract line 18 from line 12	-18,566	82,342

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	28,272,255	28,848,177
21 Total liabilities (Part X, line 26)	8,007,064	7,859,629
22 Net assets or fund balances. Subtract line 21 from line 20	20,265,191	20,988,548

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: 2020-09-30
RENEE M LAY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-09-30
Firm's name ▶ RSM US LLP Check if self-employed PTIN P00368385
Firm's address ▶ 6 S PATTERSON BLVD DAYTON, OH 45402 Firm's EIN ▶ 42-0714325 Phone no. (937) 298-0201

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:

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 \$ 5,705,007 including grants of \$) (Revenue \$ 7,222,972)
See Additional Data

4b (Code:) (Expenses \$ 4,473,656 including grants of \$) (Revenue \$ 4,329,026)
See Additional Data

4c (Code:) (Expenses \$ 341,890 including grants of \$ 339,589) (Revenue \$ 189,868)
See Additional Data

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

4e Total program service expenses ▶ 10,520,553

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, input fields (e.g., 2a, 7d, 10a, 11a), and Yes/No checkboxes. Row 2a contains the value 880.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (20), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 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 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (No), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: OH
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: RENEE M LAY 1699 DEERFIELD ROAD LEBANON, OH 45036 (513) 932-1424

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TED RIPPERGER CHAIR	3.00	X		X			0	0	0	
(2) JANET COLLINS VICE-CHAIR	2.00	X		X			0	0	0	
(3) LARRY HOLLINGSHEAD SECRETARY	3.00	X		X			0	0	0	
(4) BECKY HILL DIRECTOR	1.00	X					0	0	0	
(5) BILL HAYNES DIRECTOR	2.00	X					0	0	0	
(6) CATHY HOWELL DIRECTOR	2.00	X					0	0	0	
(7) DAVID NEWMAN DIRECTOR	1.00	X					0	0	0	
(8) ERIC MEILSTRUP DIRECTOR	2.00	X					0	0	0	
(9) GEORGE LEASURE DIRECTOR	1.00	X					0	0	0	
(10) JEFF MITCHELL DIRECTOR	1.00	X					0	0	0	
(11) KATHLEEN STOLLE TRUSTEE	1.00	X					0	0	0	
(12) MARY KAUFMAN TRUSTEE	1.00	X					0	0	0	
(13) MATT REEVES DIRECTOR	1.00	X					0	0	0	
(14) MIKE CARROLL TRUSTEE	1.00	X					0	0	0	
(15) RANDY KRONOUR DIRECTOR	1.00	X					0	0	0	
(16) ROY MCKAY TRUSTEE	1.00	X					0	0	0	
(17) SCOTT BRUNKA DIRECTOR	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SPENCE CROPPER DIRECTOR	2.00	X					0	0	0	
(19) STEPHEN WILSON TRUSTEE	1.00	X					0	0	0	
(20) TODD YOHEY DIRECTOR	1.00	X					0	0	0	
(21) ZACH BURNS DIRECTOR	1.00	X					0	0	0	
(22) CHRIS ROMANO DIRECTOR	1.00	X					0	0	0	
(23) CHRIS JOHNSON CEO/PRESIDENT	45.00			X			143,956	0	11,089	
(24) RENEE LAY CFO	45.00			X			80,461	0	22,316	
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶							224,417	0	33,405	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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					
	b Membership dues	1b					
	c Fundraising events	1c	112,280				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	213,492				
	g Noncash contributions included in lines 1a - 1f: \$	1g					
	h Total. Add lines 1a-1f			325,772			
Program Service Revenue	2a PROGRAM FEES	Business Code					
		900099	6,028,231	6,028,231			
	b MEMBERSHIP DUES	900099	5,713,635	5,713,635			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		11,741,866					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		234,378			234,378	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	270,637				
		b Less: rental expenses	6b	80,000			
	c Rental income or (loss)	6c	190,637				
	d Net rental income or (loss)			190,637		190,637	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	1,487,452				
		b Less: cost or other basis and sales expenses	7b	1,341,858	38,185		
	c Gain or (loss)	7c	145,594	-38,185			
	d Net gain or (loss)			107,409	-38,185	145,594	
	8a Gross income from fundraising events (not including \$ 112,280 of contributions reported on line 1c). See Part IV, line 18						
		8a		36,233			
b Less: direct expenses		8b	59,612				
c Net income or (loss) from fundraising events			-23,379		-23,379		
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	25,403					
	b Less: cost of goods sold	10b	9,063				
c Net income or (loss) from sales of inventory			16,340		16,340		
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME	722210	212,436	212,436				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			212,436				
12 Total revenue. See instructions			12,805,459	11,916,117	0	563,570	

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	339,589	339,589		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	257,822	227,288	28,824	1,710
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	5,756,600	5,208,066	515,888	32,646
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	333,686	294,167	37,306	2,213
9 Other employee benefits	563,777	497,007	63,030	3,740
10 Payroll taxes	496,017	437,929	54,835	3,253
11 Fees for services (non-employees):				
a Management				
b Legal	3,816		3,816	
c Accounting	51,384	18,684	32,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	173,295	79,850	79,850	13,595
13 Office expenses	74,378	52,651	21,727	
14 Information technology				
15 Royalties				
16 Occupancy	1,112,397	926,688	185,709	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,137	9,750	12,387	
20 Interest	250,379		250,379	
21 Payments to affiliates	172,043	103,226	68,817	
22 Depreciation, depletion, and amortization	1,127,407	787,145	340,262	
23 Insurance				
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 SUPPLIES	1,108,489	1,022,927	85,562	
b MISCELLANEOUS	357,320	110,647	246,673	
c EQUIP RENTAL & MAINTENA	282,990	209,455	73,535	
d REPAIR EXPENSE	195,484	195,484		
e All other expenses	44,107		44,107	
25 Total functional expenses. Add lines 1 through 24e	12,723,117	10,520,553	2,145,407	57,157
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		
	2 Savings and temporary cash investments	3,479,395	2	4,527,066	
	3 Pledges and grants receivable, net	1,794,702	3	1,647,530	
	4 Accounts receivable, net	286,106	4	323,064	
	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		5		
	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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	76,674	9	99,919	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,080,947			
	b Less: accumulated depreciation	10b 19,210,192	17,549,959	10c	16,870,755
	11 Investments—publicly traded securities	4,954,239	11	5,258,008	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	131,180	15	121,835	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,272,255	16	28,848,177		
Liabilities	17 Accounts payable and accrued expenses	467,382	17	583,454	
	18 Grants payable		18		
	19 Deferred revenue	286,108	19	380,464	
	20 Tax-exempt bond liabilities	7,253,574	20	6,895,711	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	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		25		
	26 Total liabilities. Add lines 17 through 25	8,007,064	26	7,859,629	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	17,668,626	27	18,543,778	
	28 Net assets with donor restrictions	2,596,565	28	2,444,770	
	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		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	20,265,191	32	20,988,548		
33 Total liabilities and net assets/fund balances	28,272,255	33	28,848,177		

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	12,805,459
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,723,117
3	Revenue less expenses. Subtract line 2 from line 1	3	82,342
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,265,191
5	Net unrealized gains (losses) on investments	5	641,015
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	20,988,548

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:

Software Version:

EIN: 51-0181689

Name: RALPH J STOLLE COUNTRYSIDE YMCA OF
WARREN COUNTY

Form 990 (2019)

Form 990, Part III, Line 4a:

ONE AREA OF PROGRAMMING IS YOUTH DEVELOPMENT, WHERE YOUTH ARE ENCOURAGED TO DISCOVER THEIR POTENTIAL AND LEARN WHAT THEY CAN ACHIEVE. EACH YEAR AT COUNTRYSIDE YMCA, IN CHILDCARE AND CAMP, SEVERAL THOUSAND YOUTH CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT.THE CHILDCARE PROGRAMS PROVIDE DAYCARE SERVICE OR PRESCHOOL TO CHILDREN IN THE COMMUNITY. IN ALL CASES, THE CHILD-BASED PROGRAMMING BUILDS ON THE Y'S CORE VALUES OF CARING, RESPECT, RESPONSIBILITY, HONESTY AND FAITH, WITH THE GOAL TO BUILD CHILDREN OF CHARACTER. CHILDCARE AND PRESCHOOLS PROVIDE VALUABLE SERVICES TO PARENTS AND CHILDREN. THESE PROGRAMS PROVIDE DAY CARE, EDUCATION AND VALUES THROUGH PROGRAMS THAT STRESS POSITIVE USE OF LEISURE TIME. COUNTRYSIDE YMCA OPERATES AN EARLY LEARNING LITERACY PRESCHOOL PROGRAM AT TWO AREA SECTION EIGHT HOUSING COMPLEXES TO PROVIDE PRE-KINDERGARTEN EXPERIENCES TO UNDER-PRIVILIGED PRESCHOOLERS IN AN EFFORT TO BETTER PREPARE THEM FOR KINDERGARTEN. BEFORE AND AFTER SCHOOL PROGRAMS, OFFERED AT FIVE DIFFERENT LOCATIONS THROUGHOUT WARREN COUNTRY, PROVIDE A SAFE, AFFORDABLE AND ENRICHING OPPORTUNITY TO YOUTH, AND ACCOMMODATE WORKING PARENTS. OVER 700 DIFFERENT CHILDREN ARE SERVED ANNUALLY IN ALL THE CHILDCARE PROGRAMS, AND MANY OF THESE RECEIVE FINANCIAL AID BECAUSE OF AN INABILITY TO PAY. 77 CHILDCARE FAMILIES WERE PROVIDED FINANCIAL ASSISTANCE IN 2019.SUMMER DAY CAMP SERVES OVER 450 CHILDREN PER DAY AND DEVELOPS SOCIAL SKILLS AND PHYSICAL ABILITIES, PROVIDES SUPERVISED OUTDOOR PLAY TIME, FOSTERS APPRECIATION OF THE ENVIRONMENT, AND EXPOSES CHILDREN TO THE ARTS. CAMPERS DEVELOP LEADERSHIP CHARACTERISTICS LIKE SELF-RELIANCE AND INDEPENDENT DECISION MAKING. ALL CAMPS ARE VALUE-BASED AND STRESS THE Y'S CORE VALUES OF CARING, RESPECT, HONESTY, RESPONSIBILITY AND FAITH. PROGRAM FINANCIAL ASSISTANCE WAS MADE AVAILABLE TO THOSE IN FINANCIAL NEED.

Form 990, Part III, Line 4b:

THE SECOND AREA OF PROGRAMMING IS HEALTHY LIVING. THE Y PROVIDES SUPPORT, GUIDANCE AND RESOURCES NEEDED FOR PEOPLE OF ALL AGES AND ABILITIES TO ACHIEVE GREATER HEALTH AND WELL-BEING. PROGRAMS IN FITNESS, SPORTS, GYMNASTICS, CARDIOVASCULAR EXERCISE, SWIMMING/AQUATICS, DANCE, ARTS AND DEVELOPMENTAL EDUCATION AIM TO DEVELOP HEALTHY LIFESTYLES FOR MEMBERS AND NON-MEMBERS THAT FOCUS ON THE TOTAL WELLNESS OF EACH INDIVIDUAL. PROGRAMS FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. ALL HEALTHY LIVING PROGRAMMING EXPOSES PARTICIPANTS TO THE Y'S CORE VALUES OF CARING, RESPECT, RESPONSIBILITY, HONESTY AND FAITH. PROGRAM FINANCIAL ASSISTANCE WAS MADE AVAILABLE TO OVER TWO THOUSAND INDIVIDUALS IN 2019. PHYSICAL PROGRAMS CONSIST OF YOUTH SPORTS, INCLUDING GYMNASTICS, AND SKILL CLASSES (OVER 5,800 YOUTH PARTICIPATED IN YOUTH SPORTS IN 2019); ADULT SPORTS AND FITNESS PROGRAMS, AND A HOST OF INDIVIDUAL ACTIVITIES AND LEAGUES THAT SERVE TO ENHANCE HEALTHY LIFESTYLES, BUILD VALUES, IMPROVE FITNESS AND REDUCE STRESS. APPROXIMATELY 70,000 ADULT PARTICIPANTS WERE INVOLVED IN YMCA FITNESS PROGRAMS IN 2019. AQUATIC PROGRAMS INCLUDE SWIM LESSONS, COMPETITIVE SWIMMING, ADAPTIVE SWIMMING FOR THOSE WITH SPECIAL NEEDS, LIFE GUARD TRAINING, SCUBA, DIVING, AND WATER FITNESS. OVER 4,800 CHILDREN IN 2019 LEARN LIFE-SAVING SWIMMING SKILLS DURING SWIM LESSONS. IN ADDITION TO PROVIDING SPECIFIC SWIMMING, EXERCISE, AND WATER SAFETY SKILLS, THESE PROGRAMS PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP. THE ARTS AND EDUCATION PROGRAMS ENRICHED THE LIVES OF 2,600 INDIVIDUALS IN 2019 AND PROVIDED OPPORTUNITIES FOR CHILDREN AND ADULTS TO PURSUE NEW INTERESTS AND DEVELOP HOBBIES. CLASSES ARE OFFERED IN DANCE, MUSIC, THEATER, ART, AND EDUCATION INCLUDING CPR, FIRST AID CERTIFICATION AND BIBLE STUDIES. YOUTH SPECIFICALLY BENEFIT FROM YOUTH LEADERSHIP PROGRAMS INCLUDING TEEN LEADERS AND YOUNG TEEN LEADERS. COUNTRYSIDE YMCA PROVIDES SPECIFIC HEALTHY LIVING PROGRAMMING FOR THOSE AGES 50 AND ABOVE. THE STOLLE CENTER AT THE LEBANON BRANCH, AND THE BRANCH AT OTTERBEIN RETIREMENT COMMUNITY BOTH SERVE THE SENIOR AUDIENCE WITH FITNESS, SWIMMING, AND EDUCATIONAL PROGRAMMING TAILORED TO THE ABILITIES OF THIS AUDIENCE. EACH YEAR, OVER 2,300 MEMBERS ENJOY THESE FACILITIES AND PROGRAMS.

Form 990, Part III, Line 4c:

THE THIRD AREA OF PROGRAMMING IS SOCIAL RESPONSIBILITY. AS A LEADING NONPROFIT COMMITTED TO STRENGTHENING COMMUNITY, THE Y RESPONDS TO ISSUES INFLUENCING THE COMMUNITY AND PROVIDES SUPPORT THROUGH SERVICES FOCUSED ON CRITICAL AREAS, SUCH AS CHILD WELFARE, COMMUNITY HEALTH, QUALITY OF LIFE AND FAMILY SERVICES. EXAMPLES OF THIS WORK INCLUDE: COUNTRYSIDE YMCA OPERATES AN EARLY LEARNING LITERACY PRESCHOOL PROGRAM AT TWO AREA SECTION EIGHT HOUSING COMPLEXES TO PROVIDE PRE-KINDERGARTEN EXPERIENCES TO UNDER-PRIVILEGED PRESCHOOLERS TO BETTER PREPARE THEM FOR KINDERGARTEN. THIS IS PROVIDED AT NO-COST TO THE CHILDREN OR THEIR FAMILIES. ALL FOURTH GRADERS IN LEBANON CITY SCHOOLS RECEIVE LIFE-SAVING SWIMMING LESSONS DURING THE SCHOOL YEAR AT NO COST TO THEM OR THEIR FAMILIES. 575 FOURTH GRADERS RECEIVED FREE SWIM LESSONS IN 2019. ALL PRESCHOOLERS ENROLLED IN OUR CHILDCARE CENTER "THE CHILDRENS CENTER" ALSO RECEIVE LIFE-SAVING SWIMMING LESSONS DURING THE YEAR AT NO COST TO THEM OR THEIR FAMILIES. 218 PRESCHOOLERS RECEIVED FREE SWIM LESSONS IN 2019. RESPITE CARE GIVES THE PARENTS OF CHILDREN WITH SPECIAL NEEDS AND KINSHIP FAMILIES A TIME TO GET AWAY FOR SOME REST AND FUN WHILE THEIR CHILD/CHILDREN HAVE FUN AT THE Y. THIS IS PROVIDED AT NO-COST TO THE CHILDREN OR THEIR FAMILIES. 125 CHILDREN WERE ENROLLED IN THESE PROGRAMS IN 2019. MILITARY FAMILIES RECEIVE HELP WITH MEMBERSHIP COSTS THROUGH A PARTNERSHIP WITH THE ARMED SERVICES YMCA AND THE DEPARTMENT OF DEFENSE. IN 2008, THE YMCA PARTNERED WITH THE LIVESTRONG* FOUNDATION TO HELP CANCER SURVIVORS BEGIN THE JOURNEY TOWARD RECOVERY WITH THE LIVESTRONG AT THE YMCA PROGRAM. THE PROGRAM OFFERS ADULTS AFFECTED BY CANCER A SAFE, SUPPORTIVE ENVIRONMENT TO PARTICIPATE IN PHYSICAL AND SOCIAL ACTIVITIES FOCUSED ON STRENGTHENING THE WHOLE PERSON. IN 2019, 29 CANCER SURVIVORS PARTICIPATED IN LIVESTRONG AT THE YMCA AT NO COST TO THEM OR THEIR FAMILIES. IN 2019, 2,946 VOLUNTEERS DONATED 1,200+ HOURS VALUED AT \$30,516.00 (\$25.43 PER HOUR). IN ADDITION, 1,798 INDIVIDUAL VOLUNTEERS DONATED 18,000+ HOURS TO OUR ORGANIZATION HELPING WITH SWIM MEETS, GYMNASTIC COMPETITIONS, RAISING FUNDS FOR OUR SCHOLARSHIP CAMPAIGN, AS COACHES IN OUR PROGRAMS AND IN VARIOUS EVENTS HELD THROUGHOUT THE YEAR. COUNTRYSIDE YMCA PARTNERS WITH OTHER CHARITABLE AND COMMUNITY SERVICE ORGANIZATIONS INCLUDING: ATRIUM MEDICAL CENTER, ANTIOCH CHURCH, WARREN COUNTY EDUCATIONAL SERVICES, BOY SCOUTS OF AMERICA, LEBANON CITY SCHOOLS, WCBDD, LITTLE MIAMI SCHOOLS, CLINTON MASSIE SCHOOLS, LEBANON FIRE DEPARTMENT, LEBANON POLICE DEPARTMENT, ARTHRITIS FOUNDATION, KIWANIS OF LEBANON, NAVY SEALS, TOYS FOR TOTS, SUICIDE COALITION OF WARREN COUNTY, AREA PROGRESS COUNCIL, HISTORIC DOWNTOWN LEBANON, LEBANON ROTARY, LEBANON CHAMBER OF COMMERCE, LEBANON FOOD PANTRY, WARREN COUNTY SHERIFF'S DEPARTMENT, SPECIAL OLYMPICS, INTERFAITH HOSPITALITY NETWORK AND VARIOUS GROUP HOMES IN WARREN COUNTY.

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN COUNTY

Employer identification number
51-0181689

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.")	431,078	515,006	386,062	406,323	325,772	2,064,241
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	9,791,605	9,950,141	10,501,839	11,175,792	11,803,502	53,222,879
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10,222,683	10,465,147	10,887,901	11,582,115	12,129,274	55,287,120
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	55,208	52,734	51,972	52,340	59,607	271,861
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
c Add lines 7a and 7b.	55,208	52,734	51,972	52,340	59,607	271,861
8 Public support. (Subtract line 7c from line 6.)						55,015,259

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.	10,222,683	10,465,147	10,887,901	11,582,115	12,129,274	55,287,120
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	786,079	775,221	515,994	447,179	505,015	3,029,488
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	786,079	775,221	515,994	447,179	505,015	3,029,488
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	50,353	47,223	115,184	167,845	212,436	593,041
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,059,115	11,287,591	11,519,079	12,197,139	12,846,725	58,909,649

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	93.390 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	92.680 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	5.140 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	6.020 %

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.			

Additional Data

Software ID:

Software Version:

EIN: 51-0181689

Name: RALPH J STOLLE COUNTRYSIDE YMCA OF
WARREN COUNTY

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

Facts And Circumstances Test

SCHEDULE 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 RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN COUNTY

Employer identification number 51-0181689

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 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1
Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 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	66,004	65,507	64,862	68,231	67,900
b Contributions					
c Net investment earnings, gains, and losses	779	497	645	112	331
d Grants or scholarships					
e Other expenditures for facilities and programs				3,481	
f Administrative expenses					
g End of year balance	66,783	66,004	65,507	64,862	68,231

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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	144,238	1,555,881		1,700,119
b Buildings	1,098,960	29,635,817	16,411,825	14,322,952
c Leasehold improvements				
d Equipment		3,646,051	2,798,367	847,684
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				16,870,755

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.)	▶

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	13,633,334
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	641,015	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	186,860	
e	Add lines 2a through 2d			2e 827,875
3	Subtract line 2e from line 1			3 12,805,459
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 12,805,459

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	12,909,977
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	186,860	
e	Add lines 2a through 2d			2e 186,860
3	Subtract line 2e from line 1			3 12,723,117
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 12,723,117

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:

Software Version:

EIN: 51-0181689

Name: RALPH J STOLLE COUNTRYSIDE YMCA OF
WARREN COUNTY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ASSOCIATION'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED FUND CREATED TO MAINTAIN AND IMPROVE THE ASSOCIATION'S NATURE TRAIL.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	INCOME TAX FOOTNOTE FROM THE DECEMBER 31, 2019 AUDITED FINANCIAL STATEMENTS: THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER CODE SECTION 501(C)(3), AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. THE ASSOCIATION'S FEDERAL INFORMATION RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2016.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSE REPORTED WITH REVENUE 59,612. COGS REPORTED WITH REVENUE 9,064. RENTAL EXPENSES REPORTED WITH REVENUE 80,000. LOSS ON DISPOSAL OF ASSETS 38,184.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSE REPORTED WITH REVENUE 59,612. COGS REPORTED WITH REVENUE 9,064. RENTAL EXPENSES REPORTED WITH REVENUE 80,000. LOSS ON DISPOSAL OF ASSETS 38,184.

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
RALPH J STOLLE COUNTRYSIDE YMCA OF
WARREN COUNTY

Employer identification number
51-0181689

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.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual 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
		Yes	No			
Total ▶						

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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	94,876	30,814	17,143	142,833
	2 Less: Contributions	90,466	21,814		112,280
	3 Gross income (line 1 minus line 2)	4,410	9,000	17,143	30,553
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,607	6,838		23,445
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,906	3,242	7,466	34,614
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				58,059
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-27,506

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	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
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
RALPH J STOLLE COUNTRYSIDE YMCA OF
WARREN COUNTY

Employer identification number

51-0181689

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS FOR MEMBERSHIPS TO YMCA - APPROXIMATELY 651 SCHOLARSHIPS PER MONTH RANGING IN AMOUNT FROM \$50 TO \$550 WERE AWARDED ON A SLIDING SCALE BASED ON INCOME LEVELS	1154	118,609		MEMBERSHIPS ARE VALUED AT A COST/MEMBER RATE. PROGRAMS ARE DISCOUNTED 50%	MEMBERSHIP RATES ARE DETERMINED BY SLIDING SCALE (DISCOUNTED)
(2) PROGRAM SCHOLARSHIPS	810	130,980		MEMBERSHIPS ARE VALUED AT A COST/MEMBER RATE. PROGRAMS ARE DISCOUNTED 50%	MEMBERSHIP RATES ARE DETERMINED BY SLIDING SCALE (DISCOUNTED)
(3) CHILDCARE SCHOLARSHIPS	51	90,000		MEMBERSHIPS ARE VALUED AT A COST/MEMBER RATE. PROGRAMS ARE DISCOUNTED 50%	MEMBERSHIP RATES ARE DETERMINED BY SLIDING SCALE (DISCOUNTED)
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ANNUAL MEMBERSHIPS IN THE ORGANIZATION OR FEES FOR SPECIFIC WELLNESS PROGRAMS AND CHILD CARE SCHOLARSHIPS ARE PROVIDED AT EITHER NO COST OR AT A REDUCED COST TO INDIVIDUALS MEETING INCOME LEVEL ELIGIBILITY GUIDELINES. COUNTRYSIDE YMCA MAINTAINS RECORDS DOCUMENTING THE RECIPIENTS OF THESE BENEFITS, TERMED SCHOLARSHIPS, AND SUPPORTING ELIGIBILITY INFORMATION.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN COUNTY	Employer identification number 51-0181689
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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	No
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 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	No
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	Yes
b Any related organization?	6b	No
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	Yes
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 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
PART I, LINE 1A	CHRIS JOHNSON RECEIVES A COMPLIMENTARY YMCA MEMBERSHIP, AS DO ALL FULL TIME YMCA EMPLOYEES.
PART I, LINE 1B	UNDER IRC SECTION 132(B) THE VALUE OF AN EMPLOYEE'S YMCA MEMBERSHIP IS EXCLUDED FROM WAGES AS A "NO-ADDITIONAL-COST SERVICE."
PART I, LINE 6	THE CEO HAS THE ABILITY TO EARN \$10,000 IN VARIABLE COMPENSATION BASED ON MEETING CERTAIN GOALS. THE BONUS IS BROKEN DOWN AND WEIGHTED BY A PERCENTAGE. IN 2019 THE CEO COULD EARN 20% OF HIS VARIABLE COMPENSATION IF THE ORGANIZATION MET OR EXCEEDED THE OVERALL NET OPERATING PROFIT BUDGET TARGET FOR 2019. BONUSES WERE ALSO PAID TO ALL ADMIN DIRECTORS BASED ON SEVERAL FACTORS INCLUDING WHETHER OR NOT THEY MET THE OVERALL BUDGET OF THE ORGANIZATION. SINCE THE ENTIRE ORGANIZATION EXCEEDED THE OVERALL BUDGET FOR 2019, THE ENTIRE TEAM GOT THE SAME DOLLAR AMOUNT OF BONUS.
PART I, LINE 7	THE CEO HAS THE ABILITY TO EARN \$10,000 IN VARIABLE COMPENSATION BASED ON MEETING CERTAIN GOALS. THE BONUS IS BROKEN DOWN AND WEIGHTED BY A PERCENTAGE. IN 2019 THE CEO HAD 5 AREAS EACH WEIGHTED AT 20%. THE BOARD OF DIRECTORS DETERMINE THE GOALS AND THE WEIGHTED PERCENTAGES AND EVALUATES THE CEO AFTER YEAR END TO DETERMINE WHICH GOALS WERE MET AND THE PERCENTAGE OF THE VARIABLE COMPENSATION TO PAY OUT. BONUSES WERE ALSO PAID TO ALL ADMIN DIRECTORS BASED ON SEVERAL FACTORS INCLUDING WHETHER OR NOT THEY MET THE OVERALL BUDGET OF THE ORGANIZATION. SINCE THE ENTIRE ORGANIZATION EXCEEDED THE OVERALL BUDGET FOR 2019, THE ENTIRE TEAM GOT THE SAME DOLLAR AMOUNT OF BONUS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RALPH J STOLLE COUNTRYSIDE YMCA OF
WARREN COUNTY

Employer identification number

51-0181689

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WARREN COUNTY PORT AUTHORITY	26-0432442	935163731	06-30-2014	8,800,000	REFUNDING OF SERIES 2009 BONDS; PHASE 3 2017 BUILDING RENOVATION PROJECT		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,843,482			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	7,696,012			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	68,385			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	7,627,627			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2016			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	THE TOTAL PROCEEDS FROM THE ISSUE ARE NOT IDENTICAL TO THE ISSUE PRICE BECAUSE \$1,103,988 OF THE PROCEEDS WERE USED TO REFUND THE PRIOR ISSUE.

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 RALPH J STOLLE COUNTRYSIDE YMCA OF WARREN COUNTY

Employer identification number

51-0181689

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) BRETT WILSON	SON OF TRUSTEE STEVE WILSON	49,981	YMCA EMPLOYEE		No
(2) JEN ROMANO	WIFE OF CHRIS ROMANO	39,424	YMCA EMPLOYEE		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

Name of the organization

RALPH J STOLLE COUNTRYSIDE YMCA OF
WARREN COUNTY

Employer identification number

51-0181689

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STEPHEN WILSON, GEORGE LEASURE, ERIC MEILSTRUP, AND SPENCE CROPPER HAVE A BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THOSE WHO PAY TO JOIN THE ASSOCIATION ARE MEMBERS. ANYONE WHO IS 18 YEARS OR OLDER IS A VOTING MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ANY MEMBER WHO IS 18 YEARS OF AGE IS A VOTING MEMBER OF THE ASSOCIATION. EACH MEMBER RECEIVES ONE VOTE AND THE RESPONSIBILITIES OF THE VOTING MEMBERS ARE: A. TO MAINTAIN THEIR MEMBERSHIP IN THE ASSOCIATION IN PROPER STATUS B. TO AMEND THE CONSTITUTION C. TO NOMINATE AND ELECT THE BOARD OF DIRECTORS D. TO VOTE, AND IF ELIGIBLE AND ELECTED, TO HOLD OFFICE E. TO COOPERATE ACTIVELY IN ACHIEVING THE PURPOSES AND PROGRAM OF THE ASSOCIATION THROUGH SERVICE ON COMMITTEES OR IN OTHER WAYS. F. TO REPRESENT THE ASSOCIATION IN THE REGIONAL ASSEMBLY OF THE YMCA OF THE USA IF AND WHEN DULY AUTHORIZED UNDER THE STATED REQUIREMENTS OF SUCH REPRESENTATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	VOTING MEMBERS MAY AMEND THE CONSTITUTION BY THE VOTE OF TWO-THIRDS OF THE VOTING MEMBERS PRESENT AT ANY REGULARLY CONSTITUTED MEETING OF THE ASSOCIATION PROVIDED THE SUBSTANCE OF SUCH AMENDMENT(S) SHALL HAVE BEEN SUBMITTED BY THE BOARD OF DIRECTORS BY MAIL TO THE VOTING MEMBERSHIP AT LEAST 30 DAYS PRIOR TO THE MEETING CALLED FOR SUCH PURPOSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ANNUALLY THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND CFO WHO THEN PRESENT IT TO THE FINANCE COMMITTEE FOR APPROVAL PRIOR TO THE TIME OF FILING FORM 990 WITH THE IRS. COPIES OF THE FORM 990 ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	QUESTIONNAIRES ARE SENT TO ALL OFFICERS, TRUSTEES AND KEY EMPLOYEES ON AN ANNUAL BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS, COMPENSATION COMMITTEE, CONDUCTS A SALARY COMPARISON TO DETERMINE PROPER COMPENSATION FOR THE CEO (EXECUTIVE DIRECTOR). THE CEO IS EVALUATED ON THE PRIOR YEAR'S PERFORMANCE AND COMPLETION OF GOALS. THE COMMITTEE'S COMPENSATION DECISION IS DOCUMENTED BY THE CHAIRMAN OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.