

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1112 16TH STREET NW NO 240

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
53-0207403

E Telephone number
(202) 232-6700

G Gross receipts \$ 62,660,889

F Name and address of principal officer
KATHRYN SPEAKMAN
1112 16TH STREET NW NO 240
WASHINGTON, DC 20036

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 YMCADC ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1864

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE PROGRAMS THAT CONTRIBUTE TO HEALTHY LIVING, YOUTH DEVELOPMENT & SOCIAL RESPONSIBILITY

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)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2,293
6 Total number of volunteers (estimate if necessary)	1,633
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	131,120

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,595,295	9,457,996
9 Program service revenue (Part VIII, line 2g)	42,933,128	44,650,443
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	881,460	694,238
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,078,225	1,197,010
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,488,108	55,999,687
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	161,440	203,807
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)	33,298,581	35,813,417
16a Professional fundraising fees (Part IX, column (A), line 11e)	36,800	36,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,058,351		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,606,211	19,710,289
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	51,103,032	55,763,513
19 Revenue less expenses Subtract line 18 from line 12	385,076	236,174
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	66,751,487	67,108,976
21 Total liabilities (Part X, line 26)	16,209,938	16,490,512
22 Net assets or fund balances Subtract line 21 from line 20	50,541,549	50,618,464

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: 2019-10-14
DWIGHT BRIDGES CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2019-10-14
Check if self-employed PTIN: P00639053
Firm's name: ▶ MARCUM LLP Firm's EIN: ▶ 11-1986343
Firm's address: ▶ 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036 Phone no: (202) 227-4000

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

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON (YMCA) RESPONDS TO CRITICAL YOUTH, TEEN AND FAMILY ISSUES WITH THERAPEUTIC, COUNSELING AND DEVELOPMENTAL PROGRAMS, INCLUDING TRUANCY PREVENTION, TEEN PREGNANCY COUNSELING AND ASSISTANCE, DRUG ABUSE PREVENTION, TUTORIAL SERVICES, ENGLISH AS A SECOND LANGUAGE, DROP-IN PROGRAMS, AND FAMILY ADVENTURE PROGRAMS THE YMCA WORKS IN COLLABORATION WITH GOVERNMENTAL AND COMMUNITY AGENCIES TO PROVIDE A VARIETY OF PROGRAMS THAT HELP ACCOMPLISH ITS MISSION TO PROMOTE HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY

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 \$ 21,715,427 including grants of \$) (Revenue \$ 20,669,693)

See Additional Data

4b (Code) (Expenses \$ 19,273,009 including grants of \$) (Revenue \$ 14,626,036)

See Additional Data

4c (Code) (Expenses \$ 4,668,239 including grants of \$) (Revenue \$ 3,262,167)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 5,504,223 including grants of \$ 203,807) (Revenue \$ 7,343,360)

4e Total program service expenses ▶ 51,160,898

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

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.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,293		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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 Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MD, VA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (Dwight Bridges, 1112 16th Street NW, No 240, Washington, DC 200364823, (202) 232-6700).

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

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

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) KATHRYN SPEAKMAN CHAIR	2 00	X		X				0	0	0
(2) FITZROY SMITH PAST CHAIRMAN	4 00	X		X				0	0	0
(3) LESLEY ZORK VICE CHAIR	2 00	X		X				0	0	0
(4) ROBERT BOLLE TREASURER	2 00	X		X				0	0	0
(5) ROLAND HAWTHORNE RECORDING SECRETARY	1 00	X		X				0	0	0
(6) KEITH SMITH ASST REC SECRETARY	4 00	X						0	0	0
(7) DAVE DILUIGI BOARD MEMBER	1 00	X						0	0	0
(8) ROXANA EHSANI BOARD MEMBER	1 00	X						0	0	0
(9) MICHELLE HALLERDIN BOARD MEMBER	1 00	X						0	0	0
(10) NORMA B HUTCHESON BOARD MEMBER	1 00	X						0	0	0
(11) MICHAEL REPASS BOARD MEMBER	1 00	X						0	0	0
(12) SANDRA ROBINSON BOARD MEMBER	1 00	X						0	0	0
(13) RODERIC WOODSON BOARD MEMBER	2 00	X						0	0	0
(14) ANGIE L REESE-HAWKINS PRESIDENT & CEO	50 00	X		X				338,852	0	54,003
(15) PAMELA CURRAN CHIEF OPERATING OFFICER	50 00			X				244,111	0	29,366
(16) DWIGHT BRIDGES CFO - AS OF 08/2018	50 00			X				87,704	0	9,679
(17) LEIGH C TAYLOR-KRON CFO - UNTIL 02/2018	50 00			X				108,121	0	11,828

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) STACEY LEONIAK SR VP OF HR	50 00			X				184,068	0	30,685
(19) JANICE WILLIAMS SR VP, PROGRAM DEVELOPMENT	50 00				X			156,382	0	16,323
(20) GENE JONES VP-OPERATION	50 00					X		175,440	0	29,561
(21) KEVIN CORRELL VP-MEMBERSHIP	50 00					X		168,739	0	29,235
(22) ALLISON JONES VP-OPERATION	50 00					X		166,589	0	28,821
(23) THAKUR PERSAUD VP- FINANCE & IT	60 00 2 00					X		152,911	0	27,083
(24) GENETTE COMFORT VP - PHILANTHROPY	50 00					X		152,194	0	4,365
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,935,111	0	270,949

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 ▶ 20

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
FORRESTER CONSTRUCTION COMPANY 12231 PARKLAWN DRIVE ROCKVILLE, MD 20852	CONSTRUCTION OF BUILDING AND FACIL	6,297,992
ROBERT PASS4 STAR TENNIS ACADEMY OF VA 33 SANDALFOOT COURT POTOMAC, MD 20854	TENNIS INSTRUC & TRAINING	1,008,418
JEFFERY'S CATERING COMPANY 4415 WHEELER AVENUE ALEXANDRIA, VA 22304	SNACKS AND REFRESH FOR CHILDCARE	647,031
MONTGOMERY PRINTING SOL 77 S WASHINGTON STREET 100 ROCKVILLE, MD 20850	PRINTING SERVICES	409,303
LEONARD PAPER COMPANY 725 N HAVEN STREET BALTIMORE, MD 21205	SUPPLIES FOR PROP & FACIL MAINT	402,294

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 ▶ 23

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	222,848		
	d Related organizations	1d			
	e Government grants (contributions)	1e	5,554,221		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,680,927		
	g Noncash contributions included in lines 1a - 1f \$ _____ 23,600				
	h Total. Add lines 1a-1f		9,457,996		

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		900099	19,211,401	19,211,401		
b EDUCATION FEES		900099	14,626,036	14,626,036			
c CAMP FEES		900099	7,343,360	7,343,360			
d OTHER PROGRAM FEES		900099	2,082,881	2,082,881			
e AQUATIC FEES		900099	1,386,765	1,386,765			
f All other program service revenue							
g Total. Add lines 2a-2f			44,650,443				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			496,635			496,635
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		1,179,286					
	b Less rental expenses		0				
	c Rental income or (loss)		1,179,286				
	d Net rental income or (loss)			1,179,286	1,179,286		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6,669,489					
	b Less cost or other basis and sales expenses		6,471,886				
	c Gain or (loss)		197,603				
	d Net gain or (loss)			197,603			197,603
	8a Gross income from fundraising events (not including \$ 222,848 of contributions reported on line 1c) See Part IV, line 18	a	84,264				
	b Less direct expenses	b	151,946				
c Net income or (loss) from fundraising events			-67,682			-67,682	
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	108,897					
b Less cost of goods sold	b	37,370					
c Net income or (loss) from sales of inventory			71,527	71,527			
Miscellaneous Revenue	Business Code						
11a REIMBURSEMENTS	900099		7,593			7,593	
b MISCELLANEOUS	900099		6,286			6,286	
c							
d All other revenue							
e Total. Add lines 11a-11d			13,879				
12 Total revenue. See Instructions			55,999,687	45,901,256	0	640,435	

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	98,459	98,459		
2 Grants and other assistance to domestic individuals See Part IV, line 22	105,348	105,348		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,271,122	522,704	645,579	102,839
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	28,754,203	26,781,532	1,490,312	482,359
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,529,970	1,388,620	126,294	15,056
9 Other employee benefits	1,496,550	1,315,262	159,689	21,599
10 Payroll taxes	2,761,572	2,496,285	205,179	60,108
11 Fees for services (non-employees)				
a Management				
b Legal	93,775	93,775		
c Accounting	67,362	67,362		
d Lobbying				
e Professional fundraising services See Part IV, line 17	36,000			36,000
f Investment management fees	65,474		65,474	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,733,372	1,546,201	160,668	26,503
12 Advertising and promotion	1,248,250	1,035,923	96,558	115,769
13 Office expenses	4,758,126	4,529,368	159,459	69,299
14 Information technology	470,185	407,199	55,282	7,704
15 Royalties				
16 Occupancy	7,707,899	7,551,362	73,537	83,000
17 Travel	446,026	376,866	51,656	17,504
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	285,880	205,742	80,138	
20 Interest	47,727		47,727	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,550,461	1,550,461		
23 Insurance	241,884	241,884		
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 ORGANIZATION DUES	557,536	530,190	19,236	8,110
b TRAINING	413,092	309,353	100,232	3,507
c OTHER	23,240	7,002	7,244	8,994
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	55,763,513	51,160,898	3,544,264	1,058,351
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	14,981	1	107,773
	2 Savings and temporary cash investments	17,661,161	2	8,318,356
	3 Pledges and grants receivable, net	1,730,959	3	2,144,578
	4 Accounts receivable, net	186,949	4	453,014
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	18,061,764	7	18,061,764
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	411,804	9	345,943
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 57,246,069		
	b Less accumulated depreciation	10b 28,062,419	21,052,030	10c 29,183,650
	11 Investments—publicly traded securities	7,151,760	11	8,067,460
	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	480,079	15	426,438
16 Total assets. Add lines 1 through 15 (must equal line 34)	66,751,487	16	67,108,976	
Liabilities	17 Accounts payable and accrued expenses	2,634,616	17	4,244,699
	18 Grants payable		18	
	19 Deferred revenue	2,791,999	19	2,591,585
	20 Tax-exempt bond liabilities	5,614,729	20	4,939,734
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,403,599	23	4,230,870
	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	764,995	25	483,624
	26 Total liabilities. Add lines 17 through 25	16,209,938	26	16,490,512
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	48,031,772	27	46,191,560
	28 Temporarily restricted net assets	1,175,188	28	1,175,188
	29 Permanently restricted net assets	1,334,589	29	3,251,716
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	50,541,549	33	50,618,464	
34 Total liabilities and net assets/fund balances	66,751,487	34	67,108,976	

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	55,999,687
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,763,513
3	Revenue less expenses Subtract line 2 from line 1	3	236,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,541,549
5	Net unrealized gains (losses) on investments	5	-159,259
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	50,618,464

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: 53-0207403

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN WASHINGTON

Form 990 (2018)

Form 990, Part III, Line 4a:

PHYSICAL EDUCATION AND ATHLETICS - THE YMCA OFFERED THOUSANDS OF MEN, WOMEN, AND CHILDREN EXPERIENCES THAT DEVELOP SELF-CONFIDENCE AND SELF-RESPECT, FOSTER A FAITH FOR DAILY LIVING, DEVELOP AN ACTIVE SENSE OF PERSONAL RESPONSIBILITY, ENCOURAGE THE ACHIEVEMENT OF SPIRITUAL WELL-BEING, PROMOTE INTERRACIAL, INTER-GROUP AND ECUMENICAL HARMONY, DEVELOP CAPACITIES FOR RESPONSIBLE LEADERSHIP AND EDUCATIONAL GUIDANCE, CONTRIBUTE TO PERSONAL SELF-RELIANCE AND SOCIETAL WELL-BEING PREVENTIVE HEALTH SERVICES ARE THE KEY FOCUS OF OUR HEALTH AND WELLNESS PROGRAMS WE PROMOTE HEALTH IN SPIRIT, MIND AND BODY, TEACHING GOOD HEALTH HABITS, AND HELPING TO PREVENT CHRONIC DISEASE, PROVIDING EDUCATION IN GOOD NUTRITION, PROPER EXERCISE, AVOIDANCE OF HIGH-RISK BEHAVIORS AND STRESS MANAGEMENT PROGRAMS ARE DESIGNED FOR PEOPLE OF ALL AGES FROM INFANTS TO SENIORS AND WITH A WIDE RANGE OF ABILITIES, INCLUDING PEOPLE IN CARDIAC REHABILITATION PROGRAMS AND THOSE WITH DEVELOPMENTAL DISABILITIES, BRAIN INJURIES, CHEMICAL DEPENDENCY REHABILITATION AND MORE THE YMCA IS OPEN TO ALL PEOPLE REGARDLESS OF RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, HEALTH OR ABILITY TO PAY WITH PROGRAMS AND SERVICES THAT SUPPORT NUTRITION, EXERCISE, SCREENINGS, STRESS MANAGEMENT AND SOCIAL ENGAGEMENT, THE Y IS MAKING THE HEALTHY CHOICE THE EASY CHOICE 6,815 SENIORS PARTICIPATED IN OUR FIT & WELL SENIORS PROGRAM, WHICH WAS CREATED IN 2010 TO MEET THE UNIQUE NEEDS OF OUR SENIOR POPULATION IN 2018, 2,941 SENIORS PARTICIPATED IN MORE THAN ONE (1) FIT AND WELL CLASS PER WEEK, WHICH IS ALMOST 43% OF THE TOTAL 37,025 CHILDREN PARTICIPATED IN OUR NATIONALLY RENOWNED YOUTH WELLNESS PROGRAM, PHD (PHYSICAL, HEALTHY, AND DRIVEN) PHD COMBATS CHILDHOOD OBESITY AND INACTIVITY USING ASSESSMENT, EXERCISE, NUTRITION, EDUCATION, AND FAMILY INVOLVEMENT 272,629 GROUP EXERCISE EXPERIENCES WERE PROVIDED, WHICH SUPPORTED HEALTHY LIVING, BUILDING STRONG INTERNAL COMMUNITIES, AND CREATING LIFELONG FRIENDSHIPS 59,029 CHILDREN, ADULTS, AND SENIORS PURSUED A HEALTHY LIFESTYLE IN OUR SIX LOCAL HEALTH AND WELLBEING CENTERS WITH YMCA MEMBERSHIP 2,016 YOUTH AND THEIR FAMILIES PARTICIPATED IN OUR 2018 HEALTHY KIDS DAY, AND WAS SUPPORTED BY 126 VOLUNTEERS WE ADDED A COMMUNITY SERVICE COMPONENT TO ALLOW US TO DEEPEN CONNECTIONS, PROVIDE VALUE ADDED SERVICES, AND SUPPORT OUR NEIGHBORS CERTIFIED 16 NEW YMCA DIABETES PREVENTION LIFESTYLE COACHES IN 2018, WE HAD 5 CLASSES THAT COMPLETED THE ENTIRE PROGRAM AT YMCA ANTHONY BOWEN, YMCA BETHESDA/CHEVY CHASE, YMCA SILVER SPRING, GEORGE MASON/FREEDOM AQUATICS CENTER, AND YMCA FAIRFAX COUNTY RESTON WITH A TOTAL OF 50 PARTICIPANTS, WHICH IS INCREDIBLE THE Y PROVIDED 119,560 MEALS AND 94,053 SNACKS FOR 8,267 CHILDREN ACROSS THE DMV TO HELP SUPPORT GROWTH AND DEVELOPMENT DISTRIBUTED OVER 2,000 POUNDS OF HEALTHY PRODUCE IN WARDS 7 AND 8 TO PROMOTE HEALTHY EATING AND SUPPORT NUTRITION EQUITY

Form 990, Part III, Line 4b:

DEVELOPMENTAL CARE - THE YMCA PROVIDED CHILD CARE FOR INFANTS, TODDLERS, PRE-SCHOOL AND SCHOOL AGED CHILDREN FROM 6 WEEKS TO 14 YEARS OLD CHILD CARE IS PROVIDED FOR THE ENTIRE DAY OR BEFORE-AND-AFTER SCHOOL WOVEN INTO THE YMCA MISSION IS A COMMITMENT TO STRENGTHEN FAMILIES YMCA CHILDCARE PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK AND FAMILY AND MAKE IT POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT OUR CHILD CARE LOCATIONS MEET AND OFTEN EXCEED THE REQUIRED LICENSED STANDARDS THE YMCA IS THE LARGEST NONPROFIT PROVIDER OF CHILDCARE IN THE WASHINGTON AREA MEMBERS OF THE YMCA'S STAFF ARE TRAINED PROFESSIONALS, IMPLEMENTING A CURRICULUM THAT ENCOURAGES CHILDREN TO DEVELOP SELF-ESTEEM, SELF-CONFIDENCE, MOTOR SKILLS AND A POSITIVE SOCIAL ATTITUDE ENGAGING IN AGE-APPROPRIATE ACTIVITIES CHILDHOOD IS A MOSAIC OF LIFE-SHAPING EXPERIENCES, AND THE Y IS RISING UP TO MAKE THE POSITIVE ONES ACCESSIBLE AND GRATIFYING 4,406 CHILDREN EXPLORED THE FIELDS OF SCIENCE AND TECHNOLOGY AND LEARNED THE IMPORTANCE OF PROTECTING THE ENVIRONMENT AT OUR YMCA THINGAMAJIG INVENTION CONVENTION THE FIRST YEAR THERE WERE 138 CHILDREN FROM 3 CAMPS THERE WAS INCREDIBLE SUPPORT WITH 520 VOLUNTEERS PRESENT TO HELP WITH THE DAY OF LEARNING AND EXPLORATION THERE WERE 590 INVENTIONS 5,012 TEEN AND TWEEN EXPERIENCES WERE CREATED IN 2018, WHICH TAUGHT CORE VALUES, LEARNED ABOUT HEALTHY LIVING AND EATING, LEARNED ABOUT CIVIC ENGAGEMENT, ACQUIRED LEADERSHIP SKILLS IN CAMP, RECEIVED TUTORING AND MENTORING, GOT SUPPORT FOR SPECIAL NEEDS, AND HELPED TO LEAD Y PROGRAMS IN 2018 (INCLUDES YOUTH & GOVERNMENT & MODEL GENERAL ASSEMBLY PARTICIPANTS) 18,234 CHILDREN, TEENS, ADULTS, AND SENIORS PARTICIPATED IN PROGRAMS AND CLASSES AT THE Y THAT HELPED THEM BUILD STRONG SPIRITS, MINDS, AND BODIES 22,178 CHILDREN EXPLORED NEW INTERESTS, DISCOVERED NEW PASSIONS AND LEARNED CORE VALUES IN OUR DAY CAMPS 4,804 INDIVIDUALS GOT ACTIVE THROUGH A YMCA SPORTS LEAGUE OR PROGRAM, AS WELL AS, SELF-DEFENSE CLASSES 2,309 CHILDREN FROM 6 WEEKS TO 15 YEARS WERE ENROLLED IN OUR CURRICULUM-BASED CHILD CARE PROGRAMS

Form 990, Part III, Line 4c:

COMMUNITY SERVICES - IN 2018, ALL OF OUR SITES OFFERED EXTENDED PROGRAM HOURS TO ASSIST FAMILIES WITH WORKING PARENTS AND DIFFICULT SCHEDULES YMCA CAMP LETTS, OUR RESIDENTIAL CAMP, HAS BEEN SERVING THE WASHINGTON AREA SINCE 1906 AND CELEBRATED 112 YEARS OF CAMPING IN 2018 GENERATIONS OF WASHINGTONIANS FROM ALL WALKS OF LIFE HAVE ATTENDED YMCA CAMP LETTS MANY OF OUR CAMPERS ARE SECOND AND THIRD GENERATION CAMPERS THE YMCA'S CAMP EXPERIENCE CAN BUILD SELF-CONFIDENCE, SELF-ESTEEM AND A STRENGTHENED SENSE OF PURPOSE IN YOUNG PEOPLE IT IS IMPORTANT THAT THE YMCA WORKS WITH OTHER ORGANIZATIONS, LIKE THE EPILEPSY FOUNDATION, THE ROTARY, AND HOMELESS SHELTERS LIKE SARAH'S HOUSE, TO EXPOSE ALL CHILDREN AND YOUNG PEOPLE TO THE LIFE LESSONS IMPARTED AT CAMP MORE THAN 250,000 MEN, WOMEN, AND CHILDREN IN WASHINGTON, D C , MARYLAND, AND VIRGINIA WERE TOUCHED BY THE Y'S PROGRAMS AND SERVICES, WHICH TRANSLATES TO 714,964 MEANINGFUL INDIVIDUAL AND GROUP YOUTH DEVELOPMENT, HEALTHY LIVING & EATING, AND SOCIAL RESPONSIBILITY EXPERIENCES -WE WORK TO MAKE SURE EVERY CHILD, FAMILY AND COMMUNITY HAS WHAT THEY NEED TO ACHIEVE THEIR BEST 3,524 ADULTS AND CHILDREN WERE SERVED BY THE YMCA'S SOCIAL SERVICES BRANCH, YMCA YOUTH AND FAMILY SERVICES (YFS) YFS SERVICES INCLUDE COUNSELING, MENTORING, AND EARLY INTERVENTION FOR SOME OF OUR REGIONS NEEDIEST FAMILIES ALL SERVICES ARE OFFERED FREE OF CHARGE 1,633 VOLUNTEERS GAVE 27,355 HOURS OF THEIR TIME AND TALENT TO HELP THE YMCA FULFILL ITS MISSION \$2,562,542 WAS PROVIDED IN SCHOLARSHIPS AND SUBSIDIES TO LOCAL CHILDREN AND FAMILIES WHO TURNED TO THE YMCA FOR HELP 19,731 CHILDREN AND ADULTS WERE ABLE TO PARTICIPATE IN LIFE-ENRICHING PROGRAMS AND SERVICES THEY OTHERWISE COULD NOT AFFORD BECAUSE OF OUR SCHOLARSHIP PROGRAM \$1,115,756 WAS PROVIDED IN SCHOLARSHIPS TO LOCAL FAMILIES TO HELP COVER THE COST OF CURRICULUM-BASED CHILDCARE AT THE Y (\$809,977 IN PRESCHOOL AND \$305,780 IN SCHOOL AGE) 1,235 INDIVIDUALS AND FAMILIES RECEIVED \$676,455 IN MEMBERSHIP SCHOLARSHIPS, AFFORDING THEM THE OPPORTUNITY TO ACHIEVE A HEALTHY LIFESTYLE (INCLUDES MEMBERSHIP & MISC CHARGE [JOINER FEES] IN DOLLAR AMOUNT AND ONLY MEMBERSHIP IN NUMBER SERVED) 5,921 CHILDREN RECEIVED \$752,485 IN SCHOLARSHIPS, ALLOWING THEM TO HAVE PRICELESS SUMMER FUN, GROWTH AND MEMORIES AT OUR RESIDENT CAMP AND DAY CAMPS (SUBSIDY OF \$425,831/5,093 IN DAY CAMP AND \$326,654/828 IN RESIDENT CAMP) 43 58% OF THE RESIDENT CAMPERS AT YMCA CAMP LETTS RECEIVED SCHOLARSHIPS TO HELP COVER THE COST OF CAMP (828 WHO RECEIVED SUBSIDY DIVIDED/BY 1,900 RESIDENT CAMPERS)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code)	(Expenses \$	3,007,425	including grants of \$	203,807)	(Revenue \$	7,343,360)
DAY CAMPS						

(Code)	(Expenses \$	2,496,798	including grants of \$)	(Revenue \$)
RESIDENT CAMPS						

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON

Employer identification number

53-0207403

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,260,435	6,028,215	6,270,108	6,595,295	9,457,996	33,612,049
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	5,260,435	6,028,215	6,270,108	6,595,295	9,457,996	33,612,049
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)						346,713
6	Public support. Subtract line 5 from line 4						33,265,336

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5,260,435	6,028,215	6,270,108	6,595,295	9,457,996	33,612,049
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,335,608	1,398,576	1,276,897	1,447,038	1,675,921	7,134,040
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.)	16,679	12,998	12,658	11,036	6,286	59,657
11	Total support. Add lines 7 through 10						40,805,746
12	Gross receipts from related activities, etc. (see instructions)					12	215,045,370

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	81.520 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	80.800 %

- 16a 33 1/3% support test—2018.** 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
- b 33 1/3% support test—2017.** 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
- 17a 10%-facts-and-circumstances test—2018.** 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
- b 10%-facts-and-circumstances test—2017.** 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
- 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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2014 AMOUNT \$ 16,679 2015 AMOUNT \$ 12,998 2016 AMOUNT \$ 12,658 2017 AMOUNT \$ 11,036 2018 AMOUNT \$ 6,286

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON

Employer identification number
53-0207403

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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? Yes No

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) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End of the Year	
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d 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? Yes No

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)? Yes No

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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	2,240,741	1,973,534	1,841,979	1,797,463	1,659,970
b Contributions	1,162,828			26,580	58,710
c Net investment earnings, gains, and losses	46,999	269,707	131,555	17,936	80,625
d Grants or scholarships					
e Other expenditures for facilities and programs		2,500			1,842
f Administrative expenses					
g End of year balance	3,450,568	2,240,741	1,973,534	1,841,979	1,797,463

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 72 380 %
 - c** Temporarily restricted endowment ▶ 27 620 %
- 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 | No | 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		2,368,661		2,368,661
b Buildings		9,934,477	6,535,627	3,398,850
c Leasehold improvements		24,767,132	13,969,112	10,798,020
d Equipment		6,112,885	5,257,808	855,077
e Other	56,250	14,006,664	2,299,872	11,763,042
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				29,183,650

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE OBLIGATIONS	483,624
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	483,624

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	55,926,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-159,259
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	151,946
e	Add lines 2a through 2d	2e	-7,313
3	Subtract line 2e from line 1	3	55,934,213
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	65,474
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	65,474
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	55,999,687

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	55,849,985
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	151,946
e	Add lines 2a through 2d	2e	151,946
3	Subtract line 2e from line 1	3	55,698,039
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	65,474
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	65,474
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	55,763,513

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: 53-0207403

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN WASHINGTON

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE YMCA'S ENDOWMENTS CONSIST OF SEVERAL INDIVIDUAL DONOR-RESTRICTED FUNDS THAT WERE ESTABLISHED FOR A VARIETY OF PURPOSES ALL ENDOWMENT DOLLARS ARE SPECIFICALLY USED FOR CAMP LETTS RENOVATION AND SCHOLARSHIP

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE YMCA HAS EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION ON THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX EXEMPT STATUS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 151,946

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 151,946

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN WASHINGTON

Employer identification number
53-0207403

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 checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual 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			
1 STEPHANIE DUCKWORTH 103 EDWARD DRIVE FRANKLIN PARK, NJ 08823	FUNDRAISING CONSULTING		No	0	36,000	-36,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					36,000	-36,000

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

DC, MD, VA

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)
		RESTON GALA (event type)	GOLF TOURNAMENT (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	197,635	109,477		307,112
	2 Less Contributions	131,647	91,201		222,848
	3 Gross income (line 1 minus line 2)	65,988	18,276		84,264
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	0		
	6 Rent/facility costs	0	3,197		3,197
	7 Food and beverages	16,626	1,083		17,709
	8 Entertainment	23,915	18,276		42,191
	9 Other direct expenses	79,728	9,121		88,849
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				151,946
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-67,682

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

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN WASHINGTON

Employer identification number
53-0207403

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) CAMP AMERICA 24675 NETWORK PLACE CHICAGO, IL 60673	06-0890698		93,139				SUPPORT FOR CAMP PROGRAMS
(2) CAMP COUNSELORS USA 901 E STREET 300 SAN RAFAEL, CA 94901	77-0157296		5,320				SUPPORT FOR CAMP PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 2

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) STIPENDS	61	105,348			
(2)					
(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	STIPENDS REPRESENT THE WEEKLY PER DIEM ISSUED TO THE INTERNATIONAL CAMP COUNSELORS AT THE RESIDENT OR DAY CAMPS THE CONTRACT WITH THE INTERNATIONAL PLACEMENT AGENCY STIPULATES THAT A WEEKLY PER DIEM STIPEND BE PAID DURING THEIR TENURE IN THE PROGRAM WEEKLY REQUISITIONS ARE SUBMITTED FOR PAYMENT BY THE SUPERVISOR AND AUDITED AGAINST THE GRANT CONTRACT AND ROSTER OF CAMP COUNSELORS SIMILAR PROCEDURES ARE DONE FOR THE SUPPORT PROVIDED TO THE COMPANIES THAT RUN THE CAMP PROGRAMS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON	Employer identification number 53-0207403
--	--

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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 type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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 type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b				
<p>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 in line 1a?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>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.</p>	7	Yes			
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANGIE L REESE-HAWKINS PRESIDENT & CEO	(i)	332,552	0	6,300	45,500	8,503	392,855	0
	(ii)	0	0	0	0	0	0	0
2 PAMELA CURRAN CHIEF OPERATING OFFICER	(i)	237,811	0	6,300	24,730	4,636	273,477	0
	(ii)	0	0	0	0	0	0	0
3 STACEY LEONIAK SR VP OF HR	(i)	177,768	0	6,300	19,630	11,055	214,753	0
	(ii)	0	0	0	0	0	0	0
4 JANICE WILLIAMS SR VP, PROGRAM DEVELOPMENT	(i)	150,082	0	6,300	15,610	713	172,705	0
	(ii)	0	0	0	0	0	0	0
5 GENE JONES VP-OPERATION	(i)	146,140	23,000	6,300	18,571	10,990	205,001	0
	(ii)	0	0	0	0	0	0	0
6 KEVIN CORRELL VP-MEMBERSHIP	(i)	143,939	18,500	6,300	18,288	10,947	197,974	0
	(ii)	0	0	0	0	0	0	0
7 ALLISON JONES VP-OPERATION	(i)	148,289	12,000	6,300	17,848	10,973	195,410	0
	(ii)	0	0	0	0	0	0	0
8 THAKUR PERSAUD VP- FINANCE & IT	(i)	137,611	9,000	6,300	16,130	10,953	179,994	0
	(ii)	0	0	0	0	0	0	0
9 GENETTE COMFORT VP - PHILANTHROPY	(i)	145,894	0	6,300	0	4,365	156,559	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	NON-FIXED PAYMENTS RECEIVED BY EMPLOYEES WERE BONUSES PAID BASED ON PERFORMANCE OF DUTIES ABOVE AND BEYOND JOB REQUIREMENTS



Schedule J Form 990 2018

Additional Data

Software ID:

Software Version:

EIN: 53-0207403

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN WASHINGTON

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANGIE L REESE-HAWKINS PRESIDENT & CEO	(i)	332,552	0	6,300	45,500	8,503	392,855	0
	(ii)	0	0	0	0	0	0	0
PAMELA CURRAN CHIEF OPERATING OFFICER	(i)	237,811	0	6,300	24,730	4,636	273,477	0
	(ii)	0	0	0	0	0	0	0
STACEY LEONIAK SR VP OF HR	(i)	177,768	0	6,300	19,630	11,055	214,753	0
	(ii)	0	0	0	0	0	0	0
JANICE WILLIAMS SR VP, PROGRAM DEVELOPMENT	(i)	150,082	0	6,300	15,610	713	172,705	0
	(ii)	0	0	0	0	0	0	0
GENE JONES VP-OPERATION	(i)	146,140	23,000	6,300	18,571	10,990	205,001	0
	(ii)	0	0	0	0	0	0	0
KEVIN CORRELL VP-MEMBERSHIP	(i)	143,939	18,500	6,300	18,288	10,947	197,974	0
	(ii)	0	0	0	0	0	0	0
ALLISON JONES VP-OPERATION	(i)	148,289	12,000	6,300	17,848	10,973	195,410	0
	(ii)	0	0	0	0	0	0	0
THAKUR PERSAUD VP- FINANCE & IT	(i)	137,611	9,000	6,300	16,130	10,953	179,994	0
	(ii)	0	0	0	0	0	0	0
GENETTE COMFORT VP - PHILANTHROPY	(i)	145,894	0	6,300	0	4,365	156,559	0
	(ii)	0	0	0	0	0	0	0

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON

Employer identification number

53-0207403

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT VERSION OF THE FEDERAL FORM 990 IS FIRST REVIEWED BY THE AUDIT COMMITTEE CHAIR AFTER THAT, THE DRAFT VERSION OF THE FEDERAL FORM 990 IS EMAILED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND FINANCE COMMITTEE FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICTS OF INTEREST ALL SENIOR STAFF, OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY THE SIGNED DOCUMENTS ARE REVIEWED BY THE CEO AND KEPT IN THE CEO'S OFFICE FOR BOARD MEMBERS AND IN THE HUMAN RESOURCES OFFICE FOR STAFF ANY POTENTIAL APPEARANCE OF CONFLICT OF INTEREST THAT ARISES IN THE COURSE OF BUSINESS IS RESEARCHED TO DETERMINE THE EXISTENCE OF A CONFLICT IF A CONTRACT IS TO BE MADE WITH A RELATED PARTY, IT IS DISCLOSED TO THE BOARD OF DIRECTORS AND A VOTE IS TAKEN ACCORDING TO INTERNAL REVENUE SERVICE SUGGESTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE YMCA OF METROPOLITAN WASHINGTON BOARD HAS DEVELOPED A PROCESS, FOR ASSESSING THE CHIEF EXECUTIVE'S PERFORMANCE THE EXECUTIVE COMPENSATION COMMITTEE (ECC) IS APPOINTED BY THE CHAIRMAN OF THE BOARD OF DIRECTORS AND IT IS APPROVED BY THE BOARD OF DIRECTORS AND COMPRIS ED OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS THE CHAIRMAN, THE VICE CHAIRMAN, TH E FINANCE COMMITTEE CHAIR, THE IMMEDIATE PAST CHAIR, ONE AT-LARGE MEMBER AND THE COUNSEL T O THE YMCA FOR PERSONNEL MATTERS THE ECC RETAINS AN EXTERNAL COUNSEL TO ASSIST WITH THE A NNUAL ASSESSMENT BY ANALYZING THE MARKETPLACE AND DETERMINE AN APPROPRIATE MARKET VALUE FO R THE EXECUTIVE POSITIONS TWO SOURCES OF INFORMATION ARE USED AND INCLUDE THE PRM NOT-FOR -PROFIT SURVEY IN BOTH CASES, TOTAL CASH COMPENSATION FOR THE KEY POSITIONS OF AN ORGANIZ ATION WITH COMPARABLE REVENUES TO THE YMCA IS USED AND THE AVERAGE OF THESE TWO VALUES IS USED TO DETERMINE THE TOTAL CASH COMPENSATION VALUE OF THE POSITIONS THIS COMPENSATION SU RVEY WAS LAST PERFORMED DURING 2018 COUNSEL IS PRESENT AT THE MEETINGS AND TAKES THE MINU TES OF THE MEETING FOR THE RECORD THESE RECOMMENDATIONS ARE SUBMITTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS BY WAY OF ECC RESOLUTION FOR HIS/HER APPROVAL

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN WASHINGTON

Employer identification number
53-0207403

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)YMCA COMMUNITY INVESTMENT INITIATIVE 1112 16TH ST NW 720 WASHINGTON, DC 20036 46-0974100	SUPPORT YMCA OF METROPOLITAN WASHINGTON	DC	501(C)(3)	LINE 12A, I	YMCA OF METROPOLITAN WASHINGTON	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE YMCA STRONG COMMUNITIES INVESTMENT PARTNERSHIP LLC 1112 16TH ST NW 720 WASHINGTON, DC 20036 20-8199798	MAKE QUALIFIED LOW INCOME COMMUNITY INVESTMENTS NATIONWIDE	DE	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN WASHINGTON	N/A				No		Yes		51 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)YMCA COMMUNITY INVESTMENT INITIATIVE	N	220,000	

Part VII **Supplemental Information**

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

Return Reference	Explanation