

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
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 \$ 65,027,944

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)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,359
6 Total number of volunteers (estimate if necessary)	6	3,444
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,457,996	8,878,686
9 Program service revenue (Part VIII, line 2g)	44,650,443	46,196,070
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	694,238	935,801
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,197,010	1,072,621
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,999,687	57,083,178
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	203,807	0
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)	35,813,417	38,144,359
16a Professional fundraising fees (Part IX, column (A), line 11e)	36,000	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,780,799		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,710,289	20,704,973
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	55,763,513	58,849,332
19 Revenue less expenses. Subtract line 18 from line 12	236,174	-1,766,154
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	67,108,976	66,454,955
21 Total liabilities (Part X, line 26)	16,490,512	16,371,759
22 Net assets or fund balances. Subtract line 21 from line 20	50,618,464	50,083,196

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-09
DWIGHT BRIDGES CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-11-09
Check if self-employed PTIN: P01365820
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 \$ 22,062,504 including grants of \$) (Revenue \$ 14,844,030)

See Additional Data

4b (Code:) (Expenses \$ 21,806,238 including grants of \$) (Revenue \$ 21,465,924)

See Additional Data

4c (Code:) (Expenses \$ 3,769,147 including grants of \$) (Revenue \$ 3,574,975)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 5,743,763 including grants of \$) (Revenue \$ 7,430,984)

4e Total program service expenses ▶ 53,381,652

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							2,032,634	0	291,767	

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 **▶ 23**

	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.	4,019,520
ROBERT PASS4 STAR TENNIS ACADEMY OF VA 33 SANDALFOOT COURT POTOMAC, MD 20854	TENNIS INSTRUC. & TRAINING	1,094,500
JEFFERY'S CATERING COMPANY 4415 WHEELER AVENUE ALEXANDRIA, VA 22304	SNACKS AND REFRESH. FOR CHILDCARE	714,618
MONTGOMERY PRINTING SOL 77 S WASHINGTON STREET 100 ROCKVILLE, MD 20850	PRINTING SERVICES	424,141
SILVERBACK STRATEGIES 625 N WASHINGTON STREET STE 250 ALEXANDRIA, VA 22314	ANALYTICAL SERVICES	180,396

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 **▶ 12**

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 100,000			
	b Membership dues	1b			
	c Fundraising events	1c 439,284			
	d Related organizations	1d			
	e Government grants (contributions)	1e 6,502,029			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,837,373			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		8,878,686		

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		900099	20,003,049	20,003,049		
	b EDUCATION FEES		900099	14,844,030	14,844,030		
	c CAMP FEES		900099	7,430,984	7,430,984		
	d OTHER PROGRAM FEES		900099	2,532,484	2,532,484		
	e AQUATIC FEES		900099	1,385,523	1,385,523		
	f All other program service revenue						
	g Total. Add lines 2a-2f.			46,196,070			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			438,739			438,739	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	6a 1,042,491	(ii) Personal				
		b Less: rental expenses	6b 0					
		c Rental income or (loss)	6c 1,042,491					
		d Net rental income or (loss)			1,042,491	1,042,491		
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a 8,149,350	(ii) Other				
		b Less: cost or other basis and sales expenses	7b 7,652,288					
		c Gain or (loss)	7c 497,062					
		d Net gain or (loss)			497,062			497,062
	8a Gross income from fundraising events (not including \$ 439,284 of contributions reported on line 1c). See Part IV, line 18		8a 179,382					
		b Less: direct expenses	8b 262,544					
		c Net income or (loss) from fundraising events			-83,162			-83,162
	9a Gross income from gaming activities. See Part IV, line 19		9a					
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		10a 107,286					
		b Less: cost of goods sold	10b 29,934					
		c Net income or (loss) from sales of inventory			77,352	77,352		
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS		900099	21,341			21,341		
b REFUNDS		900099	14,599			14,599		
c								
d All other revenue								
e Total. Add lines 11a-11d			35,940					
12 Total revenue. See instructions			57,083,178	47,315,913	0	888,579		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,383,710	656,218	618,908	108,584
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	30,644,512	27,628,990	2,036,874	978,648
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,706,265	1,504,533	167,795	33,937
9 Other employee benefits	1,569,649	1,360,386	174,520	34,743
10 Payroll taxes	2,840,223	2,657,895	107,740	74,588
11 Fees for services (non-employees):				
a Management				
b Legal	156,275	135,543	8,275	12,457
c Accounting	96,436	83,643	5,106	7,687
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	77,106		77,106	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,059,580	1,786,347	109,058	164,175
12 Advertising and promotion	1,295,765	1,111,852	39,438	144,475
13 Office expenses	5,637,538	5,531,213	43,431	62,894
14 Information technology	198,728	172,364	10,523	15,841
15 Royalties				
16 Occupancy	7,040,131	6,938,895	82,701	18,535
17 Travel	691,774	603,198	68,949	19,627
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	303,712	172,550	79,261	51,901
20 Interest	328,543	322,605		5,938
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,516,781	1,495,297		21,484
23 Insurance	357,425	352,285	4,199	941
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	575,893	531,861	37,483	6,549
b TRAINING	338,164	311,250	14,327	12,587
c OTHER	31,122	24,727	1,187	5,208
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	58,849,332	53,381,652	3,686,881	1,780,799
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	107,773	1	1,872,130
	2 Savings and temporary cash investments	8,318,356	2	1,217,190
	3 Pledges and grants receivable, net	2,144,578	3	757,358
	4 Accounts receivable, net	453,014	4	1,637,262
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	18,061,764	7	18,061,764
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	345,943	9	584,722
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 61,844,942		
	b Less: accumulated depreciation	10b 29,579,199	29,183,650	10c 32,265,743
	11 Investments—publicly traded securities	8,067,460	11	9,603,277
	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	426,438	15	455,509
16 Total assets. Add lines 1 through 15 (must equal line 34)	67,108,976	16	66,454,955	
Liabilities	17 Accounts payable and accrued expenses	4,244,699	17	3,638,426
	18 Grants payable		18	
	19 Deferred revenue	2,591,585	19	3,080,168
	20 Tax-exempt bond liabilities	4,939,734	20	4,239,739
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,230,870	23	4,154,710
	24 Unsecured notes and loans payable to unrelated third parties		24	716,677
	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	483,624	25	542,039
	26 Total liabilities. Add lines 17 through 25	16,490,512	26	16,371,759
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	46,191,560	27	44,296,942
	28 Net assets with donor restrictions	4,426,904	28	5,786,254
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	50,618,464	32	50,083,196	
33 Total liabilities and net assets/fund balances	67,108,976	33	66,454,955	

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	57,083,178
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,849,332
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,766,154
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,618,464
5	Net unrealized gains (losses) on investments	5	1,230,886
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	50,083,196

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?		No
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.		

Additional Data

Software ID:

Software Version:

EIN: 53-0207403

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN WASHINGTON

Form 990 (2019)

Form 990, Part III, Line 4a:

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.4,507 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 603 VOLUNTEERS PRESENT TO HELP WITH THE DAY OF LEARNING AND EXPLORATION. THERE WERE 482 INVENTIONS AND 72 S.T.E.A.M. WORKSHOPS.7,056 TEEN AND TWEEN EXPERIENCES WERE CREATED IN 2019, 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 2019. (INCLUDES YOUTH & GOVERNMENT & MODEL GENERAL ASSEMBLY PARTICIPANTS).17,783 CHILDREN, TEENS, ADULTS, AND SENIORS PARTICIPATED IN PROGRAMS AND CLASSES AT THE Y THAT HELPED THEM BUILD STRONG SPIRITS, MINDS, AND BODIES.22,486 CHILDREN EXPLORED NEW INTERESTS, DISCOVERED NEW PASSIONS AND LEARNED CORE VALUES IN OUR DAY CAMPS.4,641 INDIVIDUALS GOT ACTIVE THROUGH A YMCA SPORTS LEAGUE OR PROGRAM, AS WELL AS, SELF-DEFENSE CLASSES.2,467 CHILDREN FROM 6 WEEKS TO 15 YEARS WERE ENROLLED IN OUR CURRICULUM-BASED CHILD CARE PROGRAMS.

Form 990, Part III, Line 4b:

HEALTHY LIVING - 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. 6,595 SENIORS PARTICIPATED IN OUR FIT & WELL SENIORS PROGRAM, WHICH WAS CREATED IN 2010 TO MEET THE UNIQUE NEEDS OF OUR SENIOR POPULATION. 37,656 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. 327,861 GROUP EXERCISE EXPERIENCES WERE PROVIDED, WHICH SUPPORTED HEALTHY LIVING, BUILDING STRONG INTERNAL COMMUNITIES, AND CREATING LIFELONG FRIENDSHIPS. 62,190 CHILDREN, ADULTS, AND SENIORS PURSUED A HEALTHY LIFESTYLE IN OUR SIX LOCAL HEALTH AND WELLBEING CENTERS WITH YMCA MEMBERSHIP. 2,118 YOUTH AND THEIR FAMILIES PARTICIPATED IN OUR 2019 HEALTHY KIDS DAY, AND WAS SUPPORTED BY 198 VOLUNTEERS. WE ADDED A COMMUNITY SERVICE COMPONENT TO ALLOW US TO DEEPEN CONNECTIONS, PROVIDE VALUE ADDED SERVICES, AND SUPPORT OUR NEIGHBORS. CERTIFIED 10 NEW YMCA DIABETES PREVENTION LIFESTYLE COACHES. IN 2019, WE HAD 3 COHORTS THAT COMPLETED THE PROGRAM AT YMCA SILVER SPRING, YMCA BETHESDA/CHEVY CHASE, AND THE FREEDOM AQUATICS CENTER WITH A TOTAL OF 45 PARTICIPANTS, WHICH IS INCREDIBLE. WE ALSO STARTED A NEW COHORT AT THE FREEDOM AQUATICS CENTER WITH 12 PARTICIPANTS ENROLLED. HENCE, PROVIDING THIS INVALUABLE PROGRAM TO 57 PEOPLE TO ENGAGE IN HEALTHY LIVING AT THE Y! THE Y PROVIDED 114,843 MEALS AND 40,425 SNACKS FOR 6,429 CHILDREN ACROSS THE DMV TO HELP SUPPORT GROWTH AND DEVELOPMENT. DISTRIBUTED OVER 599 BAGS OF LOCAL PRODUCE TO PROMOTE HEALTHY EATING AND SUPPORT NUTRITION EQUITY THUS ENSURING CONSISTENT REVENUE FOR REGIONAL FARMERS. THE YMCA FOOD EDUCATION TEAM TAUGHT 1,829 KIDS, ADULTS, AND SENIORS HANDS-ON NUTRITION AND CULINARY EDUCATION ACROSS THE ASSOCIATION DUE IN LARGE PART TO A 5-YEAR SNAP-ED GRANT FROM DC HEALTH. IN 2019, 405 PEOPLE JOINED US FOR 11 MONTHLY COMMUNITY DINNERS AT THE NATIONALS YOUTH BASEBALL ACADEMY.

Form 990, Part III, Line 4c:

COMMUNITY SERVICES - IN 2019, 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 113 YEARS OF CAMPING IN 2019. 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 1,357,793 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. 3,418 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. 3,444 VOLUNTEERS GAVE 56,558 HOURS OF THEIR TIME AND TALENT TO HELP THE YMCA FULFILL ITS MISSION. \$2,162,846.70 WAS PROVIDED IN SCHOLARSHIPS AND SUBSIDIES TO LOCAL CHILDREN AND FAMILIES WHO TURNED TO THE Y FOR HELP. 24.60% OF THE RESIDENT CAMPERS AT YMCA CAMP LETTS RECEIVED SCHOLARSHIPS TO HELP COVER THE COST OF CAMP. 14,608 CHILDREN AND ADULTS WERE ABLE TO PARTICIPATE IN LIFE-ENRICHING PROGRAMS AND SERVICES THEY OTHERWISE COULD NOT AFFORD BECAUSE OF OUR SCHOLARSHIP PROGRAM. \$944,875.51 WAS PROVIDED IN SCHOLARSHIPS TO LOCAL FAMILIES TO HELP COVER THE COST OF CURRICULUM-BASED CHILDCARE AT THE Y. 1,323 INDIVIDUALS AND FAMILIES RECEIVED \$690,336.71 IN MEMBERSHIP SCHOLARSHIPS, AFFORDING THEM THE OPPORTUNITY TO ACHIEVE A HEALTHY LIFESTYLE. 4,850 CHILDREN RECEIVED \$487,550.16 IN SCHOLARSHIPS, ALLOWING THEM TO HAVE PRICELESS SUMMER FUN, GROWTH AND MEMORIES AT OUR RESIDENT CAMP AND DAY CAMPS. 87 CHILDREN RECEIVED \$3,411.45 IN SCHOLARSHIPS, WHICH ALLOWED THEM PARTICIPATE IN SPORTS LEAGUES AND MARTIAL ARTS SAFETY CLASSES.

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 \$	3,142,642	including grants of \$) (Revenue \$	7,430,984)
DAY CAMPS					

(Code:)	(Expenses \$	2,601,121	including grants of \$) (Revenue \$)
RESIDENT CAMPS					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGIE L REESE-HAWKINS PRESIDENT & CEO	50.00 1.00	X		X				337,831	0	56,175
PAMELA CURRAN CHIEF OPERATING OFFICER	50.00 1.00			X				312,641	0	32,989
STACEY LEONIAK SR. VP. OF HR	50.00			X				203,396	0	33,623
DWIGHT BRIDGES CFO	50.00 2.00			X				203,775	0	28,828
ALLISON JONES VP-OPERATION	50.00					X		180,884	0	31,223
KEVIN CORRELL VP-MEMBERSHIP	50.00					X		164,746	0	29,898
PAUL STARK VP-OPERATION	50.00					X		171,376	0	22,246
THAKUR PERSAUD VP-FINANCE & IT	60.00 2.00					X		148,321	0	27,604
JANICE WILLIAMS SR. VP, PROGRAM DEVELOPMENT	50.00				X			157,961	0	16,491
GENETTE COMFORT VP-PHILANTHROPY	50.00					X		151,703	0	12,690

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHRYN SPEAKMAN CHAIR	4.00	X		X				0	0	0
FITZROY SMITH PAST CHAIRMAN	4.00	X		X				0	0	0
LESLEY ZORK VICE CHAIR	1.00 2.00	X		X				0	0	0
ROBERT BOLLE TREASURER	2.00 1.00	X		X				0	0	0
ROLAND HAWTHORNE RECORDING SECRETARY	2.00	X		X				0	0	0
KEITH SMITH ASST. REC. SECRETARY	2.00	X		X				0	0	0
ERIN ANDREW BOARD MEMBER	1.00	X						0	0	0
DAVE DILUIGI BOARD MEMBER	1.00	X						0	0	0
ROXANA EHSANI BOARD MEMBER UNTIL 01/2019	1.00	X						0	0	0
VIRGIL GRIFFIN BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE HALLERDIN BOARD MEMBER	1.00	X						0	0	0
NORMA B HUTCHESON BOARD MEMBER	1.00	X						0	0	0
ADRIENNE OWENS-COLLIE BOARD MEMBER	1.00	X						0	0	0
MICHAEL REPASS BOARD MEMBER	1.00	X						0	0	0
SANDRA ROBINSON BOARD MEMBER	1.00	X						0	0	0
RODERIC WOODSON BOARD MEMBER	1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,028,215	6,270,108	6,595,295	8,295,168	8,878,686	36,067,472
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	6,028,215	6,270,108	6,595,295	8,295,168	8,878,686	36,067,472
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						36,067,472

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	6,028,215	6,270,108	6,595,295	8,295,168	8,878,686	36,067,472
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,398,576	1,276,897	1,447,038	1,675,921	1,481,230	7,279,662
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.). . .	12,998	12,658	11,036	6,286	21,341	64,319
11 Total support. Add lines 7 through 10						43,411,453
12 Gross receipts from related activities, etc. (see instructions)					12	218,966,910

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 2019 (line 6, column (f) divided by line 11, column (f))	14	83.080 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	81.520 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2015 AMOUNT: \$ 12,998. 2016 AMOUNT: \$ 12,658. 2017 AMOUNT: \$ 11,036. 2018 AMOUNT: \$ 6,286. 2019 AMOUNT: \$ 21,341.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

Name of the organization 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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	3,450,568	2,240,741	1,973,534	1,841,979	1,797,463
b Contributions	604,595	1,162,828			26,580
c Net investment earnings, gains, and losses	-24,719	46,999	269,707	131,555	17,936
d Grants or scholarships					
e Other expenditures for facilities and programs			2,500		
f Administrative expenses					
g End of year balance	4,030,444	3,450,568	2,240,741	1,973,534	1,841,979

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 61.960 %
- c** Temporarily restricted endowment ▶ 38.040 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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	6,747,336	3,187,141
c Leasehold improvements		29,368,498	14,707,968	14,660,530
d Equipment		6,482,252	5,825,721	656,531
e Other		13,691,054	2,298,174	11,392,880
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				32,265,743

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	542,039

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	58,499,502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,230,886
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	262,544
e	Add lines 2a through 2d	2e	1,493,430
3	Subtract line 2e from line 1	3	57,006,072
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	77,106
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	77,106
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	57,083,178

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	59,034,770
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	262,544
e	Add lines 2a through 2d	2e	262,544
3	Subtract line 2e from line 1	3	58,772,226
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	77,106
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	77,106
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	58,849,332

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, 2019 AND 2018, 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 262,544.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 262,544.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TURKEY CHASE - BETHESDA (event type)	RESTON GALA (event type)	2 (total number)	(add col. (a) through col. (c))
1	Gross receipts	319,143	142,411	157,112	618,666
2	Less: Contributions	244,693	80,644	113,947	439,284
3	Gross income (line 1 minus line 2)	74,450	61,767	43,165	179,382
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			18,922	18,922
	7 Food and beverages		35,613	15,183	50,796
	8 Entertainment	25,741		1,505	27,246
	9 Other direct expenses	103,844	38,565	23,171	165,580
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				262,544
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-83,162

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

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

Schedule J
(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 Questions Regarding Compensation

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

Part III Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

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 COMPRISED OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS: THE CHAIRMAN, THE VICE CHAIRMAN, THE FINANCE COMMITTEE CHAIR, THE IMMEDIATE PAST CHAIR, ONE AT-LARGE MEMBER AND THE COUNSEL TO THE YMCA FOR PERSONNEL MATTERS. THE ECC RETAINS AN EXTERNAL COUNSEL TO ASSIST WITH THE ANNUAL ASSESSMENT BY ANALYZING THE MARKETPLACE AND DETERMINE AN APPROPRIATE MARKET VALUE FOR 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 ORGANIZATION 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 SURVEY WAS LAST PERFORMED DURING 2019. COUNSEL IS PRESENT AT THE MEETINGS AND TAKES THE MINUTES 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

2019

**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	YMCA 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