DLN: 93493234007260 OMB No 1545-0047 Return of Organization Exempt From Income Tax

Department of the

Treasury

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

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

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

Open to Public Inspection

Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable Young Men's Christian Association of Northwest North Carolina (4626) ☐ Address change 56-0530015 ☐ Name change Doing business as ☐ Initial return YMCÁ of Northwest North Carolina ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 301 N Main St 1900 ☐ Application pending (336) 777-6232 City or town, state or province, country, and ZIP or foreign postal code Winston Salem, NC  $\,$  271013890  $\,$ G Gross receipts \$ 35,022,648 F. Name and address of principal officer H(a) Is this a group return for Stanley Law □Yes ☑No subordinates? 301 N Main St 1900 H(b) Are all subordinates Winston Salem, NC 271013890 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www ymcanwnc org L Year of formation 1888 M State of legal domicile NC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Helping all people reach their God-given potential in spirit, mind and body See Schedule O for values, areas of focus, and other pertinent Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 2,611 3,417 Total number of volunteers (estimate if necessary) . . . 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 **Prior Year Current Year** 5,115,104 4,496,544 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 28,514,683 29,094,643 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 481,679 70,590 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 218,063 221.083 33,710,969 34,501,420 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 66,200 66,750 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,124,064 18,591,559 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 20,000 b Total fundraising expenses (Part IX, column (D), line 25) ▶1,193,705 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 14,619,105 14,877,119 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 32,809,369 33,555,428 19 Revenue less expenses Subtract line 18 from line 12 . 901,600 945,992 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 48,183,587 49,999,652 11,583,640 21 Total liabilities (Part X, line 26) . 11,022,710 22 Net assets or fund balances Subtract line 21 from line 20 . 38.416.012 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 2020-08-21 Signature of officer Sign Here Stanley Law President & CEO Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01057495 Paid self-employed Firm's name Butler Burke LLP Firm's EIN > 56-1138530 Preparer Use Only Firm's address ► 100 Club Oaks Court Suite A Phone no (336) 768-2310 Winston Salem, NC 27104 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Forn	990 (2019)					Page <b>2</b>						
Pa	Statement	of Program Servi	ce Accomplis	hments								
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗆						
1	Briefly describe the o	rganization's mission										
thro					to strengthen the foundations of cial responsibility for all See Sche							
2	-	, -		vices during the year w	hich were not listed on	☐ Yes ☑ No						
	If "Yes," describe the											
3	Did the organization services?	☐ Yes 🗹 No										
	If "Yes," describe these changes on Schedule O											
4	Section 501(c)(3) and		ons are required	to report the amount	e largest program services, as me of grants and allocations to other							
	(Code	) (Expenses \$	20.865.121	including grants of \$	0 ) (Revenue \$	23,945,799 )						
	See Additional Data	, (=::F::::::::::			- , ( +							
4b	(Code	) (Expenses \$	7,418,368	including grants of \$	45,750 ) (Revenue \$	4,482,774 )						
	See Additional Data											
4c	(Code	) (Expenses \$	655,763	ıncludıng grants of \$	21,000 ) (Revenue \$	666,070 )						
	See Additional Data											
4d	Other program service	ces (Describe in Sched	ule O )									
	(Expenses \$	ınc	luding grants of	\$	) (Revenue \$	)						
4e	Total program serv	rice expenses ▶	28,939,2	52								

No

Nο

Nο

Nο

Nο

Nο

Nο

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Yes

Yes

21

Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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 🛸 . . . . . . . . . . . . . . . 4 Yes 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 98-197 If "Yes," complete Schedule C, Part III . . . 5 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 No 6

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

Nο Nο for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . . .

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d

No No e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 11f Yes

Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes Nο

b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b 

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 . . . . . . 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 . . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

15 16 17

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

18 

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

20a

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h

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 . . . . . .

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
				I

D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

Yes Form **990** (2019)

75

0

**1**c

1a 1b

No

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Part V

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

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	on A. Governing Body and Management									
					Yes	No				
1a Ent	er the number of voting members of the governing body at the end of the tax year	1a	27							
boo	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
h Ent	er the number of voting members included in line 13. above, who are independent									

					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27	7							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27	7							
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?										
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?										
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?										
8	$\mbox{\rm Did}$ the organization contemporaneously document the meetings held or written actions the following	under	aken during the year by								
а	The governing body?			8a	Yes						
Ь	Each committee with authority to act on behalf of the governing body?			8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O										
Se	ction B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	ie Cod	e.)						
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes						
b	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the										

7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes						
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?								
	,	16b							
Se	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶								
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s								
	only) available for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records >YMCA of Northwest North Carolina 301 N Main St Ste 1900 Winston Salem, NC 271013890 (336) 777-6232								
		F	orm <b>99</b>	<b>)</b> (2019)					

conflicts?	•	12b	Yes	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de Schedule O how this was done	scribe in	12c	Yes	
Did the organization have a written whistleblower policy?		13	Yes	
Did the organization have a written document retention and destruction policy?		14	Yes	
Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	lependent			
a The organization's CEO, Executive Director, or top management official		15a	Yes	
b Other officers or key employees of the organization		15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?	with a	16a		No
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its print joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization status with respect to such arrangements?		16b		
ection C. Disclosure				
List the states with which a copy of this Form 990 is required to be filed▶				
Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (50 only) available for public inspection. Indicate how you made these available. Check all that apply	1(c)(3)s			
Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)				
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of policy, and financial statements available to the public during the tax year	finterest			
State the name, address, and telephone number of the person who possesses the organization's books and ▶YMCA of Northwest North Carolina 301 N Main St Ste 1900 Winston Salem, NC 271013890 (336) 777-62				
		F	orm <b>99</b>	0 (2019)

Form 990 (2	2019)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						, ,		
of compensa	of the organization's <b>current</b> off ation Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas p	paid				
	of the organization's <b>current</b> key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's <b>former</b> office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t								e
	ions for the order in which to list	•									
☐ Check t	this box if neither the organization		d orgar	nizatio			ensate	d ar	ny current officer, di	rector, or trustee	_
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne b	ox, ι n of or/t	t che unles ficer rust	· and a ee)	on	( <b>D</b> ) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
			Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										_
					_						
											_

110 S Stratford WINSTON SALEM, NC 27104 Redwoods Group Inc

compensation from the organization ▶ 9

PO Box 32081 New York, NY 10087

Form 990 (2019)													Page <b>8</b>	
Part VII Section A. Officers, Direct	ors, Trustees	, Key	Empl	oye	es,	and I	High	hest Com	pensa	ted Employees	(con	tınued)		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related		one bo	ox, u n off or/tr	che Inles	s pers and a ee)	son 1	compe from organi	rtable nsation the zation 1099-	(E) Reportable compensation from relate organization (W-2/1099	on d ns	compensation		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	, ,	5C)	MISC)				
See Additional Data Table														
1b Sub-Total	art VII, Section	to thos			oove	•   •   •   who	rece		38,751 e than \$	:100,000	0		183,856	
· · · · · · · · · · · · · · · · · · ·												Yes	No	
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•	•	•		•				3		No	
For any individual listed on line 1a, is organization and related organization: individual	s greater than \$	150,00	0۶ <i>If</i>	"Yes,	," cc					om the	4	Vas		
5 Did any person listed on line 1a receive services rendered to the organization									on or in	dıvıdual for	5		No	
Section B. Independent Contract	ors												110	
Complete this table for your five high from the organization Report comper	est compensate										omper	nsation		
Name a	(A) and business addre	!SS								(B) scription of services on services		Compe	nsation 2,430,062	
H117 Indiana Ave									.oristi ucti	on services		•	2,430,002	
Winston Salem, NC 27115 Budd Group									ANITORIA SERVICES	AL & LANDSCAPING		:	1,092,703	
O BOX 890856 Charlotte, NC 28289 Gylvester & Cockrum										acement & repair			407,111	
5000 Gun Club Road Winston Salem, NC 27103										•			, 	
BB&T 110 S Stratford									REASURY ROKERA	MGT, MERCHANT ( GE SVCS	CC &		329,661	

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

304,293

Insurance coverage

Form 9 Part		(2019) Statement	of D	ovenue						Page <b>9</b>
Рап	VIII				respo	onse or note to any	line in this Part VIII			🗆
							<b>(A)</b> Total revenue	( <b>B</b> ) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
(A	1:	a Federated campa	aigns		1a	454,222		revenue		512 - 514
ants		<b>b</b> Membership dues	s.	. [	<b>1</b> b	0				
6r.		<b>c</b> Fundraising even	its .		1c	74,530				
ifts, ar A		d Related organiza	tions		<b>1</b> d	0				
m. <u>G</u>		e Government grants	(contr	ibutions)	1e	622,315				
ions		f All other contribution and similar amounts	ns, gıf s not ır	ts, grants, ncluded	1f	3,964,037				
but		above g Noncash contributio	ns incl	L luded in		, ,				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a - 1f \$			<b>1</b> g	74,508				
ರ ಕ		<b>h Total.</b> Add lines :	1a-1f		• •	•	5,115,104			
	٦.	Healthy Living				Business Code	23,945,799	23,945,799		
<u> </u>	2a	Healthy Living					, ,	, ,		
venu	b	Youth Development					4,482,774	4,482,774		
2 <u>₹</u>	c	Social Responsibility					666,070	666,070		
Program Service Revenue										
	d	I								
gran	e	•								
<u>م</u>							0	0	0	0
		All other program								
		Total. Add lines 2 Investment income				29,094,643 nterest, and other	1	1	1	
	9	sımılar amounts) .	•			•			0	· ·
		Income from invest		of tax-exer	-	·			0 0	
	_	Noyaldes I I I	Ė	(ı) Rea		(II) Personal		+		
	62	Gross rents	6a							
		Less rental	H			1				
		expenses Rental income	6b		0	)	0			
	С	or (loss)	6c		0	)	o			
	C	Net rental income	or (le	· ·			1	0	0	0
	7=	Gross amount	-	(ı) Securit	ies	(II) Other	-			
	, .	from sales of assets other 7a 136,				,	0			
		than inventory Less cost or					-			
	D	other basis and sales expenses	7b	1	35,016	44,03	8			
		·	7c		1 521	44.03				
		Gain or (loss)  Net gain or (loss)			1,521	l .	<u>8</u> -42,51	7		-42,517
a)		Gross income from fu	ındraıs							
'nч		(not including \$contributions reported	d on Iır							
}e^	_	See Part IV, line 18			8a	425,814				
Other Revenue		Less direct expen Net income or (los			<b>8b</b>	256,788 ents <b>&gt;</b>		6	0	169,026
					Ň					
	9a	Gross income from See <b>Part</b> IV, line 19			9a	0				
	ŧ	Less direct expen	ses		9b	0	1			
	(	Net income or (los	s) fro	m gaming a	ctiviti	es <b>&gt;</b>	_	0	0	0
	10	aGross sales of inve	entory	, less						
		returns and allowa			10a	137,443				
		Less cost of good			10b		52,05	7		52,057
		Net income or (los Miscellaneo			nvent	Business Code	1			
	11	la <sub>0</sub>					]			
					]					
	ŀ	)								
	(									
	•	All other revenue						0	0	0
		Total. Add lines 1			٠	>		0		
	12	<b>? Total revenue.</b> S	ee ins	structions .			34,501,42		3 0	291,673
							34,501,42	29,094,04	- <u>1</u>	Form <b>990</b> (2019)

10 Payroll taxes . . . . . . .11 Fees for services (non-employees)

a Management . . . . .

. .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
Check here ► ☐ if following SOP 98-2 (ASC 958-720)

**19** Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . . .

expenses on Schedule O )

**b** Volunteer recognition

e All other expenses

c Recruitment

 ${f g}$  Other (If line 11g amount exceeds 10% of line 25, column

**f** Investment management fees . . .

**d** Lobbying . . . . .

**12** Advertising and promotion .

14 Information technology .

**20** Interest . . . .

**b** Legal .

c Accounting . .

**13** Office expenses .

15 Royalties .

16 Occupancy .

23 Insurance .

a Dues

d

**17** Travel .

Statement of Functional Expenses

Part IX

34,672

0

0

0

0

20,000

25,814

13,674

113,075

147,900

31,080

5,777

9,286

1,295

9,571

3,760

2,348

0

0

1,193,705

Form 990 (2019)

515

0

0

0

0

124,093

24,517

26,000

456,355

42,815

274,138

83,780

81,515

73,377

4,149

24,599

12,892

14,191

0

0

0

3,422,471

0

0

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0

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	<b>(D)</b> Fundraising expenses							
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,700	3,700									
2 Grants and other assistance to domestic individuals See Part IV, line 22	42,050	42,050									
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	21,000	21,000									
4 Benefits paid to or for members	0	0									
5 Compensation of current officers, directors, trustees, and key employees	722,337	106,548	498,526	117,263							
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0							
<b>7</b> Other salaries and wages	14,516,564	12,655,904	1,284,239	576,421							
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	994,830	759,175	201,619	34,036							
9 Other employee benefits	1,125,520	882,636	195,666	47,218							

1,232,308

0

35,565

26,000

3,872

20,000

25,814

992,391

571,945

2,166,692

6,565,871

398,871

175,973

300,456

395,387

137,893

42,378

2,923

5,216

0

33,555,428

2,178,355

851,517

0

0

1,073,543

0

0

11,048

3,872

522,362

458,870

546,299

6,476,314

308,070

101,301

300,456

391,238

2,144,185

124,486

24,427

575

5,216

0

28,939,252

1,975,977

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

Forn	า 990	(2019)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			42,331	1	25,447
	2	Savings and temporary cash investments .		_	6,209,588	2	6,194,558
	3	Pledges and grants receivable, net			508,246	3	592,450
	4	Accounts receivable, net		[	959,937	4	849,958
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons	ontribu	tor, or 35% controlled	0	5	0
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se	fied pe	rsons (as defined under	0	6	0
S	7	Notes and loans receivable, net			0	7	0
ssets	8	Inventories for sale or use			0	8	0
Š	9	Prepaid expenses and deferred charges			421,175	9	449,609
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	80,684,451			
	Ь	Less accumulated depreciation	10b	41,398,419	37,817,200	<b>10</b> c	39,286,032

2,225,110

48,183,587

1,236,911

1,411,541

7.706.406

467,532

200,320

11.022.710

33,993,445

3,167,432

37,160,877

48,183,587

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2,601,598

49,999,652

1,322,329

1,301,037

6.448,996

2,461,340

49.938

11.583.640

34,766,920

3,649,092

38,416,012

49.999.652

Form 990 (2019)

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33

Liabilities 22

**Fund Balances** 

ō 29

Assets

Investments-publicly traded securities .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Investments—other securities See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments-program-related See Part IV, line 11

3a

3b

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

# **Additional Data**

Software ID: 19010655

Software Version: 2019v5.0 **EIN:** 56-0530015

Name: Young Men's Christian Association of Northwest North

Carolina (4626)

Form 990 (2019)

impact, see Schedule O

Form 990, Part III, Line 4a:

Healthy Living-The Y is a leading voice on health and well-being. We bring families closer together, encourage good health, and foster connections through fitness, sports, fun, and shared interests. As a result, 152,624 people in our community received the support, guidance, and resources they needed to achieve greater health in spirit, mind, and body. This support is particularly important as our nation struggles with an obesity crisis and increasingly high rates of preventable diseases, families struggle with work/life balance, and individuals search for personal fulfillment. The Y is a place for people of all ages to pursue wellness goals, whether it is young children learning lifelong. healthy habits, adults working to prevent chronic disease through exercise and nutrition, or seniors maintaining a high quality of life through physical activity and friendship Our programs are accessible, affordable, and open to all faiths, backgrounds, abilities, and income levels. For additional details regarding these critical programs and their

Youth Development - Our YMCA is committed to nurturing the potential of every child and teen. We believe that all kids deserve the opportunity to discover who they are and what they can achieve. That's why we help young people cultivate the values, skills, and relationships that lead to positive behaviors, better health, and educational

of the young people we engage. For additional details regarding these critical programs and their impact, see Schedule O.

Form 990, Part III, Line 4b:

achievement Our YMCA programs (such as Child Care, Camping, Youth and Government, Summer Learning Academies, and Black and Latino Achievers) offer a range of experiences that enrich cognitive, social, physical, and emotional growth. Expenses include subsidies and direct financial assistance that make participation possible for many

# Form 990, Part III, Line 4c: Social Responsibility - Our YMCA believes in giving back and supporting our neighbors. We have been listening and responding to our communities' most critical social needs.

their impact, see Schedule O

for 131 years In 2019, we provided \$2,192,634 of direct financial assistance to people who otherwise would have faced economic barriers to participation. Y programs, such as our literacy initiative, English as a second language, outdoor education, and partnerships with under-served communities are examples of how we deliver training,

resources, and support that empower our neighbors to effect change, bridge gaps, and overcome obstacles. In 2019, we engaged over 13,000 YMCA members, participants, and volunteers in activities that strengthen our community and pave the way for future generations to thrive. For additional details regarding these critical programs and

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from the from related compensation from the

organization and related organizations

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

	any hours	6				organization (W-	organizations	١		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Chris Parker	3 0	х		x				0	(	1
Chief Volunteer Officer		_ ^		^				0		Ί
J Wesley Davis	3 0			,				0	,	Ţ
CVO Elect/Treasurer		X		×				U	(	Ί
Sımpson (Skıp) Brown	3 0	x		x					(	Ţ
Secretary		^		^				U		Ί

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and Independent Contractors

Ashley Kohlrus

Barbara Carter

Director

Director

Director

Curtis Bland

David Hinton

David R Plyler

David Spross

Duane Long

Director

Director

Director

Audit Committee Chair

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from related compensation from the zations from the

organization and

related organizations

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

	any hours	director/trustee)						organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Edie Holland	3 0	×						0	
Past CVO		^						0	
Galen Craun	2 0	×						0	
Director		^						0	
Gayle Anderson	2 0	×						0	
Director		^						0	
Hernan Sabio	3 0	×						0	
Advancement Comm Chair		^						0	
Jay Luke	2 0								

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2 0

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and Independent Contractors

Director

Director

Director

Director

Director

Director

Max Smith

Michael Clements

Laura Holby

Linda Wood

Kevin G Williams

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Highest compensated employee

employee

Former

for related

organizations

below dotted

line)

Individual trustee or director

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Institutional

2/1099-MISC)

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167,204

272,895

132,147

(W- 2/1099-

MISC)

organization and

related

organizations

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34,316

48,263

16,498

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

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	l
Molly Kremidas	l
Director	
Norman D Potter	Ī
Director	l

Rob Davis

Susan Bachmeier

Sylvia Oberle

Director

Director

Director

Stan Law

VP/CAO

Victor Isler

Donna Rodgers

Senior VP/CFO

President/CEO

Carrie Collins

HR Committee Chair

The Honorable Chester Davis

Director

and Independent Contractors

and Independent Contractors (A) Name and Title

Darryl Head

Senior VP/COO

Rosemary Suess

VP of Operations

Sherry Lee

VP/CHRO

Average hours per week (list any hours for related organizations below dotted line)
55 0
55 0
55 0

(B)

t	ha	ın
	or director	THE STORES OF STORES

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bo	cion (do not check more one box, unless person both an officer and a director/trustee)												
	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former								
				X									
				Х									
				х									

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

(C)

Position (do

compensation from the organization (W- 2/1099-MISC)	
160,890	
101,668	
103,947	

(D)

Reportable

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

38,770

19,081

26,928

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data -									
SC	HFD	ULE A	Dublic	Charity Statu	e and Dul	olic Supp	ort	OMB No 1545-0047					
	m 99			criarity Statu rganization is a sect				2019					
990]	EZ)		<b>P</b>	4947(a)(1) nonexe	empt charitable	trust.		2017					
Depar	tment of	f the Treasury	► Go to <u>www.ir</u>	► Attach to Form 990 or Form 990-EZ. • Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.  Open to I									
Intern	d Rever	nue Service he organiza	tion				Employer identific	Inspection					
			ciation of Northwest North Caroli	na (4626)				ation number					
Pa	rt I	Reason	for Public Charity Stat	us (All organization	s must comple	te this part.) S	56-0530015 See instructions						
			private foundation because				occ motractions.						
1		A church, c	onvention of churches, or a	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).						
2		A school de	scribed in section 170(b)	( <b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))							
3	$\Box$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	$\overline{\Box}$	A medical r	esearch organization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	inter the hospital's					
		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state											
5	П	An organiza	ation operated for the benef	it of a college or unive	rsity owned or or	perated by a gov	ernmental unit descri	bed in <b>section 170</b>					
_			(iv). (Complete Part II )			, ,							
6			tate, or local government o	_									
7	<b>✓</b>	_	ation that normally receives ' <b>'O(b)(1)(A)(vi).</b> (Complete	· ·	s support from a	governmental u	ınıt or from the gener	al public described in					
8			ty trust described in <b>sectio</b>	•	(Complete Part I	I)							
9		An agrıcult	ural research organization d	escribed in <b>170(b)(1)</b>	(A)(ix) operate	d in conjunction	with a land-grant col	lege or university or a					
10	_	_	rant college of agriculture				-	and gross receipts					
10	Ш	from activit	ation that normally receives lies related to its exempt fui	nctions—subject to cer	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross					
			income and unrelated busingsee section 509(a)(2). (C		ess section 511 t	ax) from busines	sses acquired by the o	organization after June					
11	П		ation organized and operate		r public safety S	ee section 509	(a)(4).						
12	$\overline{\Box}$	An organiza	ation organized and operate	d exclusively for the be	enefit of, to perfo	orm the function	s of, or to carry out th	ne purposes of one or					
			cly supported organizations i through 12d that describes					a)(3). Check the box					
a	П		supporting organization ope		-	· · ·		giving the supported					
			n(s) the power to regularly Part IV, Sections A and B		ority of the direct	ors or trustees	of the supporting orga	nization You must					
b	П	-	supporting organization su		n connection witl	h its supported o	organization(s), by ha	ving control or					
	ш		nt of the supporting organiz plete Part IV, Sections A		ne persons that	control or manag	ge the supported orga	inization(s) <b>You</b>					
c	П		unctionally integrated. A		n operated in coi	nnection with, ai	nd functionally integra	ated with, its					
		supported (	organization(s) (see instruct	ions) You must com	plete Part IV, S	ections A, D, a	nd E.						
d			on-functionally integrated integrated integrated. The organization										
		instructions	<ul><li>You must complete Pa</li></ul>	rt IV, Sections A and	I D, and Part V.	•		•					
е			box if the organization receit or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally					
f	Enter		of supported organizations		<b></b>								
g	Provi	de the follow	ing information about the s	<del>, ,                                    </del>	s)								
	(i) N	Name of supp organization		(iii) Type of organization		anization listed ing document?	(v) Amount of monetary support	(vi) Amount of other support (see					
		o. gamzano.		(described on lines	your govern	g accament	(see instructions)	instructions)					
				1- 10 above (see instructions))									
					V	A1 -							
					Yes	No							
Tota	1												
		work Reduc	tion Act Notice, see the I	nstructions for	Cat No 11285	<u>I</u> 5F	Schedule A (Form 9	90 or 990-EZ) 2019					

	(or fiscal year beginning in)						
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	5,035,248	4,816,697	5,446,023	4,496,544	5,115,104	24,909,616
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	C
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	5,035,248	4,816,697	5,446,023	4,496,544	5,115,104	24,909,616
5	The portion of total contributions by						

each person (other than a governmental unit or publicly supported organization) included on 532,145 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 24,377,471 from line 4 Section B. Total Support 16

# 10

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	5,035,248	4,816,697	5,446,023	4,496,544	5,115,104	24,909,616
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,994	74,351	100,931	110,727	113,107	483,110
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	0	0	0	0	0	0
11	<b>Total support.</b> Add lines 7 through 10						25,392,726
12	Gross receipts from related activities,	etc (see instruction	ons)			12	141,171,454
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	janization,

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

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 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

h 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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 Schedule A, Part II, line 14

organization

instructions

supported organization

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

14

15

Schedule A (Form 990 or 990-EZ) 2019

96 00 %

96 24 %

▶ ☑

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.	)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12 )	rt. (Add lines 9, 10c,						
14	First five yea	a <b>rs.</b> If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and <b>stop here</b>		, ,	, ,	•	( )( )	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	( //		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18   22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and <b>stop here.</b>	The organization (	qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

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
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
	supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?		1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

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

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

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

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supported organization of the support organization of the support organization of the support of the			
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(		instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6** 

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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		

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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to who			
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 <b>Part VI</b> )			

details in <b>Part VI</b> ) See instructions	ilcii tile organization is respon	sive (provide	
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			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> 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			

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2019 distributable amount		
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u>     \$                               </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
<b>b</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		

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> 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 <b>Part VI</b> 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		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		

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

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . **c** Excess from 2017. . . . .

d Excess from 2018. e Excess from 2019.

# **Additional Data**

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

**EIN:** 56-0530015

Name: Young Men's Christian Association of Northwest North

Carolina (4626)

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,

Section A, lines 1, 2, 36, 36, 46, 46, 56, 59, 96, 96, 914, 116, and 116, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

**SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

DLN: 93493234007260

		n Form 990, Part IV, Line 3, or Form 9 mplete Parts I-A and B Do not complete		ie 46 (Poli	tical Campaig	ın Ac	tivities), the	n	
		501(c)(3)) organizations Complete Parts		Do not co	mplete Part I-	В			
• 5	Section 527 organizations Complet	te Part I-A only			·				
		n Form 990, Part IV, Line 4, or Form 9						_	
		t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur							
		n Form 990, Part IV, Line 5 (Proxy Ta							
(Pro	xy Tax) (see separate instruction	s), then	, (555 55 pa. a.s.		,		.,		
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III							
	ne of the organization ng Men's Christian Association of Northw	est North Carolina (4626)			Employer id	entif	ication nun	iber	
	0 1 201		=01()		56-0530015				
	-	nization is exempt under section							
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities ii	n Part IV (s	see instruction	s for	definition of		
2	Political campaign activity expend	litures (see instructions)			<b>&gt;</b>	\$_			
3	Volunteer hours for political camp	paign activities (see instructions)				_			
Par	t I-B Complete if the orga	nization is exempt under sectio	on 501(c)(3).						
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955		<b>&gt;</b>	\$			
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955		<b>&gt;</b>	\$			
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?				☐ Yes	□ No	
4a	Was a correction made?						☐ Yes	□ No	
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the orga	nization is exempt under sectio	on 501(c), exc	ept secti	on 501(c)(	3).			
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt func	tion activiti	ies 🕨	\$_			
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for s	ection 527	exempt •	\$			
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b	•	\$			
4	Did the filing organization file For	rm 1120-POL for this year?					☐ Yes	□ No	
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing orga political org	anızatıon's fun Janızatıon, suc	ds Al	so enter the		
	filing ordinates and the second secon				ount paid fron organization's If none, enter -0-		(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-		
1									
2									
3									
4									
5									
6									
For P	aperwork Reduction Act Notice, see	 the instructions for Form 990 or 990-EZ.	Cat	No 500845	S Schedule	C (For	m 990 or 990	)-EZ) 2019	

Schedule C (Form 990 or 990-EZ) 2019

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes | No

# Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

**SCHEDULE D** 

DLN: 93493234007260

2019

OMB No 1545-0047

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

(Form 990)

-nar	rtment of the Treasury		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990.	12b.	Ope	n to Public
•	► Go to <u>www.irs.qov/Form990</u> for instructions and the latest information.					spection
	me of the organ	ization ssociation of Northwest North Carolina (4626)		Employer ident	ification	number
Tou	ing Men 3 Christian A	ssociation of Northwest North Carolina (4020)		56-0530015		
Pa			sed Funds or Other Similar Funds o	r Accounts.		
	Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Fd		
	Total number at	and of year	(a) Donor advised funds	(b) Funds a	na otner	accounts
,		of contributions to (during year)				
	55 5	of grants from (during year)				
	Aggregate value					
;	Did the organiza	,	L	lvised funds are the	_	Yes 🗌 No
<b>,</b>			onor advisors in writing that grant funds can r or donor advisor, or for any other purpose o		ssible	] Yes □ No
Pa		vation Easements.				
	•	te if the organization answered "Ye	·			
•		onservation easements held by the orga				
	☐ Preservation	on of land for public use (e g , recreatio	n or education) $\square$ Preservation of an	historically import	ant land	area
		of natural habitat	Preservation of a c	certified historic str	ucture	
	☐ Preservation	on of open space				
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution in the for			of the Year
а	Total number of	conservation easements		2a		
b	Total acreage re	stricted by conservation easements		2b		
c	Number of conse	ervation easements on a certified histor	c structure included in (a)	2c		
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06, and not on a historic	2d		
3	Number of constax year ▶	ervation easements modified, transferre	ed, released, extinguished, or terminated by	the organization di	ırıng the	
ı	Number of state	es where property subject to conservation	on easement is located <b>&gt;</b>			
;		zation have a written policy regarding t	he periodic monitoring, inspection, handling of	_	٦	
				_	」Yes	∐ No
•	Starr and volunt	eer nours devoted to monitoring, insper	cting, handling of violations, and enforcing co	onservation easeme	ents aurii	ng the year
,	Amount of expe  ▶ \$	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conser-	vation easements o	luring th	e year
3	Does each conse and section 170		above satisfy the requirements of section 1	_	Yes	□ No
)	balance sheet, a		servation easements in its revenue and expei efootnote to the organization's financial state its			
ar	t IIII Organi		of Art, Historical Treasures, or Oth	er Similar Asse	ts.	
.a	If the organizati	on elected, as permitted under SFAS 11 easures, or other similar assets held for	.6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f icial statements that describes these items			
b	If the organizati	on elected, as permitted under SFAS 11 res, or other similar assets held for pub	L6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furth			
,	_	nts relating to these items led on Form 990, Part VIII, line 1		▶ ¢		
•	•			· · · ·		
( ) <u>2</u>	If the organizati		cal treasures, or other similar assets for fina	► \$ ncıal gaın, provide		
а	_	nts required to be reported under SFAS ed on Form 990, Part VIII, line 1	116 (ASC 958) relating to these items	▶ \$		
b		ın Form 990, Part X		► \$		
_	Assets melaudu	51111 556, 1 alt A		- φ		

Sche	dule D (	Form 990) 2019								Page 2
Par	3111	<b>Organizations Maintaining Col</b>	lections of Art, H	listorical 1	reas	ures, or Other	Similar Assets	(continu	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check any o	f the f	following that are	a significant use of	ts collec	tion	
а		Public exhibition		d 🗆	Loa	n or exchange pro	grams			
b		Scholarly research		e 🗌	Oth	er				
c		Preservation for future generations								
4	Provid Part X	e a description of the organization's col	lections and explain l	now they fur	ther tl	ne organization's e	exempt purpose in			
5		the year, did the organization solicit o to be sold to raise funds rather than to					_	res [	□ No	
Pai	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990, Par	t IV,	line 9, or report	ed an amount on	Form 9	990, P	'art
1a		organization an agent, trustee, custodi ed on Form 990, Part X?	an or other intermed	ary for contr	ibutio	ns or other assets	not	fes	□ No	ı
b	If "Yes	s," explain the arrangement in Part XIII	and complete the fo	llowing table			Amoun	t		
С		ning balance	·	-		1c				
d	_	ons during the year				1d				
e	Distrib	outions during the year				1e				
f	Ending	g balance				1f				
2a	Did th	e organization include an amount on Fo	rm 990, Part X, line i	21, for escro	w or c	ustodial account l	ıabılıty?	/es	□ No	ı
b	If "Yes	s," explain the arrangement in Part XIII	Check here if the ex	planation ha	s bee	n provided in Part	хии 🗆			
Pa	rt V	Endowment Funds.								
		Complete if the organization answ					I.o.			
1-	Boginni	ng of year balance	(a) Current year 2,225,110	<b>(b)</b> Prior ye	ar 28,945	(c) Two years back 2,159,12	+		ur years	30,004
	_	utions	59,683		2,069	33,65	<u> </u>	+		50,004
			406,546		2,003	278,48	<u> </u>			49,280
		estment earnings, gains, and losses	0		0		<u> </u>	0		0
		or scholarships	0		- 0		0	1		
	and pro	xpenditures for facilities grams	88,607	6	0,821	16,68	0 9,82	1	7	79,839
f	Adminis	trative expenses	25,814	2	6,670	25,64	1 23,05	4	2	23,187
g	End of y	year balance	2,576,918	2,22	5,110	2,428,94	5 2,159,12	3	1,93	37,715
2	Provid	e the estimated percentage of the curre	ent year end balance	(line 1g, coli	ımn (	a)) held as				
а	Board	designated or quasi-endowment 🕨	41 51 %							
ь	Perma	nent endowment ► 58 49 %								
С	Tempo	prarily restricted endowment > 0	%							
	The pe	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%							
За		ere endowment funds not in the posses	sion of the organizat	on that are	neld a	nd administered f	or the	_		
	-	zation by					F			No
		related organizations			•		<u> </u>	` ' /	Yes	
L		lated organizations	solution as we will all	n Cabadul-			-	3a(ii)		No_
ь 4		s" on 3a(II), are the related organizatior be in Part XIII the intended uses of the	•		· ·		[	3b		
		Land, Buildings, and Equipmen		villent fullus						
-C	t VI	Complete if the organization answ		m 990. Par	t IV.	line 11a. See Fo	orm 990, Part X.	ine 10.		
	Descrip	otion of property (a) Cost or oth		or other basis				(d) Boo		

	(Investment)		
<b>1a</b> Land	160,000	5,294,165	5,454,165

50,457,137 25,258,769 0

 ${f b}$  Buildings . . . . 0 1,739,744  $c \ \ \text{Leasehold } \text{improvements}$ 1,828,624

 ${f d}$  Equipment . . . . 0 6,753,165 4,557,252 2,195,913

0 9,842,654 6,348,706 16,191,360 e Other . . Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . 39,286,032

25,198,368

88,880

Part VII	Investments—Other Securities.	Dowt IV.	111	. Coo Form 000 I	70-4 V	line 10
	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category  (including name of security)	(b) Book value	ne III	(c) Metho Cost or end-of	d of va	aluation
	l derivatives					
(2) Closely- (3)Other	held equity interests					
(A)						
(B)						_
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (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. I	ne 11c	. See Form 990.	Part )	(. line 13.
	(a) Description of investment	raic 10, ii		(b) Book value	(c)	) Method of valuation
						t or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets.		<b>•</b>			
Pailix	Complete if the organization answered 'Yes' on Form 990, I	Part IV, lıı	ne 11d	. See Form 990, Par	t X, lır	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )		<u> </u>		•	
Part X	Other Liabilities.	Dart IV lu	20 110	or 11f Coo Form		Dort V. lino 25
1.	Complete if the organization answered 'Yes' on Form 990, I	rait IV, iii	ie iie	or III.See Form	990,	(b) Book value
(1) Federal (2)	income taxes					
(3)					$\vdash$	
(4)					<u> </u>	
(5)					<u> </u>	
(6)						
(7)					<del> </del>	
(8)					<u> </u>	
					<u> </u>	
(9)	n (b) must equal Form 990, Part X, col (B) line 25 )				<u> </u>	40.000
<b>2.</b> Liability fo	or uncertain tax positions In Part XIII, provide the text of the footno		_			· —
organization	's liability for uncertain tay positions under FIN 48 (ASC 740). Check	here if the	toyt of	the footpote has be	on nr/	wided in Bart VIII

Part XI

2

b

c d

Part XII

1

2

c

d

3

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2019

309.143

0

0

1

2e

3

4c

5

25,814

Page 4

309,143

25,814 34,501,420

33,529,614

33,529,614

25,814

33.555.428

Schedule D (Form 990) 2019

34,475,606

# Add lines 2a through 2d e 2e 3 3

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

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

	Add mics 2d timodgit 2d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		
	Subtract line <b>2e</b> from line <b>1</b>				
	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$				
	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		2	5,814
ı	Other (Describe in Part XIII )	4b			0

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . .

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d . .

Return Reference

Prior year adjustments . . . . .

_			-			_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$						
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			25,814		
b	Other (Describe in Part XIII )	4b			0		
С	Add lines <b>4a</b> and <b>4b</b>					4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	

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

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

Page <b>5</b>	Schedule D (Form 990) 2019		
	ormation (continued)	I Supplemental Info	Part XIII
	Explanation	Return Reference	Retu
	<u> </u>		

Schedule D (Form 990) 2019

# **Additional Data**

**Software ID:** 19010655

**Software Version:** 2019v5.0 **EIN:** 56-0530015

Names Vous Maria

Explanation

Name: Young Men's Christian Association of Northwest North Carolina (4626)

Supplemental Information

Return Reference

Schedule D, Part V, Line 4 Intended uses of endowment funds  The endowment fund is composed of gifts, bequests and charitable remainder trusts contributed to the YMCA of Northwest North Carolina. The fund is made up of both donor-designated gifts and board-designated gifts and the accumulated earnings on them. The intention is the at, aside from the annual spending allowance, these funds will be held in perpetuity. As required by the Uniform Prudent Management of Institutional Funds Act (UPMIFA), appropriations from the Fund are subject to the specific limitations, if any, contained in an applicable gift instrument. Remaining annual appropriations will be the amount of interest and dividends earned in the previous 12 months as of June 30 each year, but will be limited to no greater than 4% of the 3-year trailing average of the June 30s market value of the Fund. Calculations of the appropriations from the Fund will be made as part of the annual budgeting process so that amounts to be used in the operations of the YMCA for the following fiscal year will be known when the operating budget is prepared. This spending policy will be reviewed annually as part of the budgeting process. Investment managers will be given ample notice of the required withdrawal schedule. Appropriate liquidity should be main tained to fund these withdrawals without impairing the investment process.	intended uses of endowment

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The YMCA of Northwest North Carolina (Association) is entitled to exemption from federal a nd North Carolina income taxation under Section 501(c)(3) of the Internal Revenue Code as a charitable organization, accordingly, the accompanying financial statements do not refle ct a provision or liability for federal and state income taxes. The Association has determ ined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2019.

			As Filed Data				93493234007260	
SCHEDULE F	State	ement of	Activities	Outside the Uni	ited Sta	ates	OMB No 1545-0047	
Form 990)	► Comp	nplete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public Inspection	
ame of the organization					l F	mplover iden	tification number	
oung Men's Christian Asso	ciation of No	rthwest North C	arolina (4626)			• •		
Part I General In	formation	on Activities	· Outside the I	Jnited States. Comple		66-0530015	namerad "Vas" on	
Form 990, F			outside the t	onited States. Comple	ite ii tile o	rgariization a	nswered tes on	
1 For grantmakers.	Does the or	ganızatıon maı	ntain records to	substantiate the amount	t of its grar	nts and		
other assistance, th	ne grantees'	eligibility for th	ne grants or assi	stance, and the selection	criteria us	ed		
to award the grants	s or assistan	ce?					☐ Yes ☐ N	
For grantmakers. outside the United S		Part V the orga	anızatıon's proce	dures for monitoring the	use of its	grants and oth	ner assistance	
Activites per Region	(The following	ng Part I, line 3 t	table can be dupli	cated if additional space is	needed )			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program se specif	/ listed in (d) is a ervice, describe fic type of in the region	(f) Total expenditures for and investments in the region	
3a Sub-total b Total from continuation	on sheets to							
			+	<b>+</b>	<b>——</b>			

Cat No 50082W

Schedule F (Form 990) 2019

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

Schedule F (Form 990)	2019					•		Page <b>2</b>			
	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			HIV/AIDS EDUCATION/YOUTH SPORTS/CAMPING/THE ARTS	21,000k	CHECK						
<b> </b>	<u> </u>				<del>                                     </del>						
·				·	1'						
			above that are recognized has provided a sec				<b>&gt;</b>	1			
4 <del>-</del>	- ··					_					

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019							Page <b>3</b>
Part IIII Grants and Ot				<b>ed States.</b> Complete i	f the organization ar	swered "Yes" on Form	990, Part IV, line 16.
	duplicated if addit			T	1	T	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Saha	dula E (Form 990) 2019

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	□Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	<b>☑</b> No

Schedule F (	(Form 990) 2019	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation
•		

Schedule F (Form 990) 2019

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

licensing

**Supplemental Information Regarding** 

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a ►Attach to Form 990 or Form 990-EZ.

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

DLN: 93493234007260 OMB No 1545-0047

**2019** 

Open to Public Inspection

	ne of the organization	511 11 11 11 11 11					Employer ide	ntification number			
You	ng Men's Christian Association c	of Northwest North C	arolina (4	1626)			56-0530015				
Pa	Fundraising Activities Form 990-EZ filers	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.			
1	Indicate whether the organiza	· · · · · · · · · · · · · · · · · · ·			'	all that a	pply				
a	✓ Mail solicitations			e	Solicitation of non-	-governm	ent grants				
b	✓ Internet and email solicitations f ✓ Solicitation of government grants										
С											
d											
2a	Did the organization have a workey employees listed in Fo						· -	s 🗆 No			
b	If "Yes," list the 10 highest parts to be compensated at least \$			draisers)	pursuant to agreements	under wh	ıch the fundraıse	rıs			
(i) I	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) liser listed in col (i)	(vi) Amount paid to (or retained by) organization			
	Whitney Jones Inc 119 Brookstown Ave PH2 Whitney Jones Inc, NC 271015245	CAPITAL CAMPAIGN	Yes	No No	20,000		20,000	1			
								_			
Tota	al			•	20,000		20,000				
3	List all states in which the orga	nization is registered	or licens	ed to sol	icit contributions or has b	een notifi	ed it is exempt f	rom registration or			

	rt II Fundraising Events. Complethan \$15,000 of fundraising e	ete if the organization a	answered "Yes" on Form	m 990, Part IV, line 18	Page : , or reported more the List events with
	gross receipts greater than \$!		gross income on rom	1 JJO EZ, IIIIES I dila o	b. List events with
		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col (a) through
		Mistletoe Run (event type)	Golf Tournament (event type)	(total number)	col <b>(c)</b> )
Revernie		(3.3.3.7)	(3.33), (3)	(	
	1 Gross receipts	142,097	57,280	291,103	490,480
	2 Less Contributions	29,000	·	·	74,530
	3 Gross income (line 1 minus line 2)	113,097	·		415,950
	4 Cash prizes	0		231,103	
"	5 Noncash prizes	5,603	6,475	4,812	16,890
Direct Expenses	6 Rent/facility costs	4,130	11,663	49,914	65,707
<u>ຮ</u> አገ	<b>7</b> Food and beverages	0	4,550	16,439	20,989
ਹ ਹ	8 Entertainment	1,800	0	2,129	3,929
ā	9 Other direct expenses	61,783	5,948	67,779	135,510
	10 Direct expense summary Add lines 4 t				243,025
_	11 Net income summary Subtract line 10			•	172,925
261	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	.v, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
т Ж	4 Rent/facility costs				
Direct	<b>5</b> Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct graft "No," explain	aming activities in each of	these states?		Yes No
LOa b	Were any of the organization's gaming lik	censes revoked, suspende	d or terminated during the		Yes No
_					

sche	edule G (Form 990 or 990-EZ) 2019				F	age <b>3</b>
.1	Does the organization conduct gaming activities with nonmembers?			□Yes	□Ne	
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership formed to administer charitable gaming?	or other entity		□Yes		
3	Indicate the percentage of gaming activity conducted in					
а	The organization's facility		13a			%
b	An outside facility		13b			%
4	Enter the name and address of the person who prepares the organization's gaming/special e	events books and re	cords			
	Name •					
	Address ▶					
5a	Does the organization have a contract with a third party from whom the organization receive revenue?	es gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming revenue received by the organization $ ightharpoonup$ \$ amount of gaming revenue retained by the third party $ ightharpoonup$ \$	and th	e			
c	If "Yes," enter name and address of the third party					
	Name ►					
	Address ▶					
.6						
0	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independen	nt contractor				
7	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gamin retain the state gaming license?	ng proceeds to		□Yes	Пио	
b	Enter the amount of distributions required under state law distributed to other exempt organ	nizations or spent			_ 110	
	in the organization's own exempt activities during the tax year ▶ \$					
Par	Supplemental Information. Provide the explanations required by Part I, III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an					5.
_	Return Reference Explan	nation				

Schedule G (Form 990 or 990-EZ) 2019

DLN: 93493234007260 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Young Men's Christian Association of Northwest North Carolina (4626) 56-0530015 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(1) BLACK ACHIEVERS SCHOLARSHIPS - 15	15	30,050		
(2) LATINO ACHIEVERS - 12	12	9,000		
(3) STOKES FAMILY YMCA SCHOLARSHIPS - 3	3	3,000		
(3)				
(4)				

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

Schedule I (Form 990) 2019

(5)

Page **2** 

(6)						
(7)						
Part IV Supplemental 1	Informatio	on. Provide the ir	nformation required in	Part I, line 2; Part III,	column (b); and any other	additional information.
Return Reference	Explanation	on				
Procedures for monitoring use of grant funds	scholarship: test scores, process A puniversity v college/univ Latino Achie of the previ high school	s and/or cash award an essay that elab point system is follo which the student w versity each particip evers Scholarships lous school year are transcript, two lett ram, intended majo	ds Scholarship recipients orates on the students' as owed by the Scholarship Cill be attending after proopers on their least of the scholarships are eligible for scholarships ares of recommendation, ars, high school involveme	must complete a two-pha pirations, career options, ommittee to evaluate and f of acceptance is supplie behalf based on the numb ool seniors who were act awards Scholarship recip in essay that elaborates ont, and future plans. The	ase application process that inclu and strengths and weaknesses d rank each applicant on the abo d to the Scholarship Committee per of career cluster meetings the live program participants, attend lents must complete a two-phasion the students' aspirations and a	ining of the previous school year are eligible for ides submission of their high school transcript, SAT. The second phase of the application is an interview we areas. Payments are made directly to the college or Cash awards are also made directly to the ey have attended since their junior year of high school ling more than 4 annual meetings, as of the beginning e application process that includes submission of their a personal statement that describes their participation is the blind selection process. A point system is

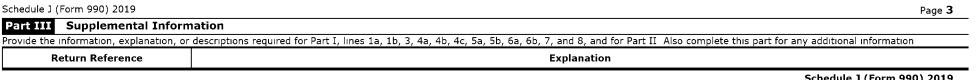
followed by the Scholarship Committee to evaluate and rank each applicant on the above areas Payments are made directly to the college or university which the student will be attending after proof of acceptance is supplied to the Scholarship Committee. Stokes Family YMCA College Scholarships - Applications from local high school seniors are accepted and evaluated by a group of volunteers and/or staff based on financial need, scholastic achievements, community involvement, volunteer hours, YMCA involvement and spirituality. Finalists are chosen from the applications - up to 3 from each high school. Once the final three recipients are selected, they are narrowed to one recipient at each high school based upon their financial need and how they plan to use the scholarship if selected, combined with the criteria stated earlier Cash awards are made directly to the college/university of each recipient to be used for tuition only Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 93	49323	34007	260
Sch	edule J	Comp	ensat	ion Information	OI	MB No	1545-0	0047
(For	n 990)	For certain Officers, Dir	ectors, 1	Frustees, Key Employees, and Hig	hest			
		Complete if the organizate	ompens	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	<b>) 1 9</b>	•
			➤ Attach	ı to Form 990.				
	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Fori</u>	<u>11990</u> for	instructions and the latest inform	nation.	Open i Insc	co Pui ectio	
Nar	ne of the organiza				Employer identifica			
You	ng Men's Christian A	ssociation of Northwest North Carolina (4626	)		56-0530015			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		opiate box(es) if the organization providection A, line 1a Complete Part III to p						
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of persoi				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ц	Personal services (e g , maid, chauf	reur, cher)			
b		xes on Line 1a are checked, did the org or provision of all of the expenses desc				1b		
2		ation require substantiation prior to rein			- 1-3	2		
	directors, truste	es, officers, including the CEO/Executiv	e Directo	r, regarding the items checked on Lin	ie Iar			
3		of any, of the following the filing organi			ne			
	_	EO/Executive Director Check all that a ed organization to establish compensati	,	•	n Part III			
	<b>✓</b> Compensa	ation committee		Western ampleyment contract				
	_ '	ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
		-						
4	related organiza	, did any person listed on Form 990, Pa ition	irt VII, Se	ection A, line 1a, with respect to the h	lling organization or a			
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No
b		r receive payment from, a supplement		lified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity-base	ed compe	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide	de the app	olicable amounts for each item in Part	: III			
	Only E01(a)(2	), 501(c)(4), and 501(c)(29) orgar	izations	must complete lines E.O				
5		ed on Form 990, Part VII, Section A, lin						
		ontingent on the revenues of	·	,				
а	The organization	۱۶				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, lin ontingent on the net earnings of	e 1a, dıd	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					<b>6</b> b		No
-	•	6a or 6b, describe in Part III	_ 4	No. 2000 Control of the Control of t				
7	payments not d	ed on Form 990, Part VII, Section A, lin escribed in lines 5 and 6? If "Yes," desc 	ribe in Pa	art III	3	7		No
8	subject to the in	nts reported on Form 990, Part VII, pa nitial contract exception described in Re			escribe			
	ın Part III					8		No
9	If "Yes" on line 5 53 4958-6(c)?	B, did the organization also follow the r	ebuttable	presumption procedure described in	Regulations section	9		
For I	Danarwark Badu	iction Act Notice, see the Instruction	nc for E	orm 990 (at No. 5	0053T Schedule 1	/Form	- 000)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred (B)(ı)-(D) column (B) reported (iii) Other benefits (i) Base (ii) Bonus & incentive compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 Stan Law 262,969 (i) 0 0 9,926 33,600 14,663 321,158 President/CEO 0 0 0 0 0 0 0 (ii) 2 Donna Rodgers 166,233 (i) 0 971 21,598 12,718 201,520 0

Senior VP/CFO	(ii)	0	0	0	0	0	0	0
3 Darryl Head	(i)	155,587	0	5,303	21,203	17,567	199,660	0
Senior VP/COO	(ii)	0	0	0	0	0	0	0
								_
							Schedule	J (Form 990) 2019



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493234007260 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization Young Men's Christian Association of Northwest North Carolina (4626) 56-0530015 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (i) Pool (h) On behalf of financing issuer Yes No Yes No Yes No Public Finance Authority 27-3866124 04-01-2014 3,000,000 Recreational Facilities Bond Х Χ Х Public Finance Authority 27-3866124 04-01-2014 5,000,000 Recreational Facilities Bond Х Χ Х Public Finance Authority 27-3866124 04-01-2014 2.346.744 Recreational Facilities Bond Х Χ Public Finance Authority 2.800.000 Recreational Facilities Bond Χ Х 27-3866124 04-01-2014 Part  ${f I}$ **Proceeds** D 3,000,000 5,000,000 1,000,000 2 Total proceeds of issue. 3 3,000,000 5,000,000 2,346,744 2,800,000 5 6 7 200,000 8 9 10 2,800,000 11 3,000,000 5.000.000 2.146.744 12 2002 2002 2012 2016 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ bonds (or, if issued prior to 2018, a current refunding issue)? . . . . . . . . . . . . Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Х Has the final allocation of proceeds been made? . . . . . . . . . . . Х 16 Χ Χ Does the organization maintain adequate books and records to support the final allocation of 17 Х Х Χ Χ **Private Business Use** Part 🏻 Α Yes Nο Yes No Yes No Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Х Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2019 b

C

d

6

8a

Part IV

b

C

Arbitrage

Х

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0 %

0 %

D

D

Schedule K (Form 990) 2019

No

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Yes

Yes

В

No

Х

Χ

0 %

0 %

0 %

C

No

Χ

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Yes

Yes

Nο

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0 %

0 %

0 %

В

No

Χ

Χ

Χ

Yes

Α

No

Χ

Χ

Χ

Χ

Х

Yes

C

No

X

Χ

0 %

0 %

0 %

Yes

Are there any research agreements that may result in private business use of bond-financed

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

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

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

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?.

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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

Х Χ (GIC)? 

Schedule K (Form 990) 2019

Arbitrage (Continued)

Term of GIC . . . . . . . . . .

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Part IV

period?

Part V

0 %

Yes

Nο

0 %

Yes

No

Yes

No

Page 3

No

D

D

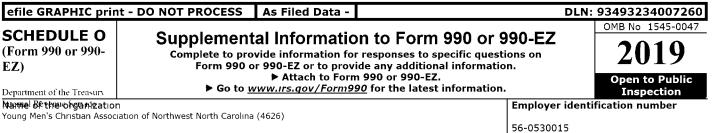
Nο

Yes

Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493234007260 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Young Men's Christian Association of Northwest North Carolina (4626) 56-0530015 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 58,953 Selling cost Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . Archeological artifacts . . 15,555 Cost Χ 33 In-kind prizes Other ► ( & food 25 Other ▶ ( \_\_\_\_\_ Other ▶ ( \_\_ 28 Other ▶ (\_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2019)	Page 2
	ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information
Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Number of Contributions Other - In-kind prizes & food Number of contributions
	Schedule M (Form 990) (2019)



Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	Mission Helping all people reach their God-given potential in spirit, mind and body. Valu es. Caring, honesty, respect, responsibility, and faith are the values we strive to weave into every YMCA program and build the moral and ethical foundation for life. Profile. The Young Men's Christian Association of Northwest North Carolina is an association of men, wo men, and children of all ages, abilities, incomes, races, and religions. Our YMCA serves A lexander, Davie, Forsyth, Iredell, Stokes, Wilkes, and Yadkin counties through the dedicate delforts of volunteers, members, and staff, and provides programs that promote youth development, healthy living, and social responsibility. The YMCA of Northwest North Carolina is comprised of 12 facility branches, 3 express locations, two non-facility branches, a re sident camp, and an administrative office. Areas of focus. The Y strives to strengthen the foundations of the communities we serve through programs and services that promote youth development, healthy living, and social responsibility. Members. Throughout 2019, the YMCA of Northwest North Carolina served 152,624 members and program participants with 35,452 under the age of 18 and 23,583 over the age of 65. Program participants of 32,658 participal ted in child care, summer camp, swim lessons, mentoring programs, etc. Approximately 18% of all members and 4% of program participants received direct charitable financial assistance valued at \$2.2 million. Donors. 7,577 individuals made a charitable contribution to the YMCA's Annual Giving Campaign. The campaign raised \$2,755,957 in support of the Y's community benefit of \$4.1M which includes the direct financial assistance program - Open Doors. The total dollars raised includes some special events held specifically for the purpose of the campaign round to the YMCA's mission is to reach out and serve people in our communities who are in need. The YMCA in roles as varied as youth sports coaches, I iteracy tutors, mentors to teens, or board/committee members. Volunteer ho

Return Reference

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Form 990, Part III, Line 1 ORGANIZATION'S MISSION	difference by focusing on three key areas. Youth Development, Healthy Living, and Social Responsibility. We work to strengthen our communities by investing in our kids, our health, and our neighbors. In 2019, through Annual Giving. Campaign support and grants, our Y pro vided \$4.1M in charitable assistance, scholarships, subsidized and free programs to member s and program participants. The YMCA's efforts to strengthen the foundations of the communities we serve are enhanced through collaborations with other community-serving groups, a partial list of which includes. Age Friendly Forsyth American Cancer Society American Red Cross Big Brothers/Big Sisters Boy/Girl Scouts of America Brenner Fit Cancer Services Chur ches & Public Libraries City/County Planning Civitan International Community Health Depart ments Crosby Scholars Department of Juvenile Justice Department of Social Services Enrichment Center Family Services of Forsyth County Forsyth Technical Community College Forsyth Promise Goodwill Industries Hispanic League of the Piedmont Triad Hola of Wilkes County Hos pice Kiwanis International Local Chambers of Commerce & Businesses Mental Health Association of Forsyth County, Inc. Next Step Ministries Northwest Area Health Education Center Nov and Health/Forsyth Medical Center Parks & Recreation Departments Partnership for a Drug-Fr ee NC Public and Private Schools Rotary International Second Harvest Food Bank Smart Start Stokes Partnership for Children United Fund of Stokes County United Fund of
	Second Harvest Food Bank Smart Start Stokes Partnership for Children United Fund of Stokes County United Fund of Yadkin County United Way of Alexander County United Way of Davie County United Way of Forsyth County United Way of
	Iredell County United Way of Wilkes County Wake Forest Baptist Health Wake For est University Wilkes Regional Medical Center Winston-Salem Dash Winston-Salem Police Department Winston-Salem State University

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a HEALTHY LIVING	Schedule O 1 The iconic and historic YMCA triangle emphasizes the oneness of spirit, mind and body YMCA wellness programs achieve this unity through programs that emphasize proper exercise, nutrition, health education, avoidance of drug and alcohol abuse and stress management, as well as finding a mental and spiritual balance 2 YMCA facilities are struct ured to provide members with the opportunity to participate in a wide range of wellness activities such as group exercise classes, strength training, personal fitness, cycling, aquiatic programs and other fitness classes. Finding an activity that interests the individual is a critical component to building healthy exercise habits. The Y works with trained, cairing staff to connect members with options that become lifestyle choices to help them live healthier, happier lives. 3 Group Exercise Classes are a cornerstone of the YMCA experie noe. Passionate, certified, and engaged instructors help members discover a love for exerc ise and continue to challenge themselves physically. With expansive class offerings ranging from Yoga to Boot Camps, group exercise classes allow members to try new activities, meet new friends, and find the motivation to stay with an exercise program. 4 LIVESTRONG at the YMCA is a physical activity and well-being program designed to help adult cancer survivors achieve their holistic health goals. The evidence-based, 12-week program offers people affected by cancer a supportive environment to participate in physical activities focuse d on strengthening the whole person, as well as a free Y membership to the entire family for the session's duration. During 2019, 146 cancer survivors participated in 21 sessions of the LIVESTRONG at the YMCA program at 11 branches of the Association 5. The YMCA's Diab etes Prevention Program (YDPP) is an innovative behavior change model to help reduce the burden of chronic disease in communities across the nation. The program helps adults at high risk of developing type 2 diabetes reduce their risk for develop

Return Reference	Explanation
Form 990, Part III, Line 4a HEALTHY LIVING	9, 61 participants embraced this life-changing program. In 2019 through a United Way Place Matters grant, the YMCA and Novant Health jointly continued to bring diabetes screening and education for both pre-diabetes and diabetes to the underserved population in the 27105 zip code (East Winston-Salem). The STRIDE (Serving Together to Reduce the Impact of Diabe tes Through Education) project had 10 participants in 2019. 6 The Y is able to appeal to a wide range of people to set and achieve physical fitness goals through YMCA Races and Triathlon events that are open to the community and support financial assistance scholarship. The 35th Annual YMCA Mistletoe Run was held on Saturday, December 7, 2019. The race sup ports the Y's efforts to fight childhood obesity in our community, where 41% of children in Forsyth County are considered overweight or obese - more than twice the national average. The race, held at the William G. White, Jr. Family YMCA near downtown Winston-Salem, is a longstanding community event popular among families, first-time runners, walkers, and se rious athletes alike 2,879 runners and walkers participated in the event, which drew even greater crowds to cheer on participants and attend the Mistletoe Run Post Race Party. Oth er YMCAs within our Association host 6 other community 5K Races and Triathlon events in six counties within our service area, including the Stokes Family YMCA King of the Hill 5K, the Wilkes Family YMCA Chase The Moon 5K, and the Alexander County Family YMCA Apple Festi val 5K. 7. During 2019, our Association conducted over 40 health fairs, screenings, and in formation sessions, working with four county health departments, the American Red Cross, the American Cancer Society, Cancer Services, the American Diabetes Association, the American Heart Association, Positive Wellness Alliance, local colleges and universities. NC Adol escent Pregnancy Prevention Coalition, NC Division of Child Development, Smart Start of Fo rsyth County, and area hospitals and businesses to provide im

Return Reference	Explanation
Form 990, Part III, Line 4a HEALTHY LIVING (CONTINUED)	9 Adult Sports Leagues, ranging from basketball and volleyball to kickball and dodge ball, provide an opportunity for adults to relive the thrill of being part of a team, expand t heir social network, and stay active. Friendly competition is a tremendous motivator in he lping adults find an exercise program that keeps them engaged and eager to return 10. The Stokes Family Branch offers Wise Start, a grant-funded outreach program that focuses on I mproving the health and development of children birth to five in child care centers through hout Stokes County. A coordinator travels to sites delivering age-appropriate physical act ivities for children and staff using the evidence-informed Be Active Kids Movement Guide. Participation over the course of the year included 362 children at 10 different sites, 31 classrooms, and 44 teachers. 11. Physical Education is a critical component to helping children succeed not only in an academic setting, but also establish lifetong healthy habits. The Yadkin Family YMCA partners with Yadkin County Schools for students who attend Yadkin Early College to utilize the YMCA facility for physical education activities, serving approximately 45 children each month during the school year. 12. In 2019, the YMCA provided t ransportation to a group of 22 developmentally disabled students, a teacher and caregivers from the Enrichment Center to the William G. White Jr. Family YMCA (WGW) to participate in group fitness classes. These classes consisted of Zumba, Body Pump, and water aerobics. An Enrichment Center staff has been trained and certified to teach group exercise classes at the Enrichment Center to add wellness to their curriculum. The program was later broade ned to include an additional day each month so that students could volunteer at WGW. The students greet members as they enter the facility to help the students build confidence when a speaking to others and increase their overall social interaction skills. 13. The YMCA provides nursery and child watch services (children ages 3 m

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a HEALTHY LIVING (CONTINUED)	ts in our YMCAs that also participate in Special Olympics and the Piedmont Plus Senior Gam es 15. Warm water recreational activities/exercises help improve exercise options for daily living and provide rehabilitation activity for those recovering from severe physical impairments. Warm water activities also improve range of motion and joint mobility for people with arthritis or senior citizens who wish to improve their level of fitness, as well as aiding in socialization opportunities. 16. The Active Older Adult Program develops senior is into an active, health-conscious social circle of friends and participants. This program is structured for active (or not so active if they so choose) older adults. Organized trips are planned on a monthly basis from September through May for both YMCA members and non -YMCA members. The group is encouraged to attend free monthly health-related workshops pre sented by various professionals from Wake Forest Baptist Health and Best Health. Fitness c lasses developed especially for older adults are also available. During 2019, 14,990 Senior, Silver Sneakers, Silver & Fit, and Active Older Adult members met new friends and maint ained their health at Y branches. 17. The N.C. Senior Games are an opportunity for senior citizens to continue their passion for competition and athletic pursuits. The Y supports seniors through training programs and regional competitions so that they are in the best possible shape to compete. The Wilkes Family YMCA is also instrumental in the Blue Ridge Sen ior Games to provide this opportunity for seniors in their community. 18. Believing that a part of healthy living involves healthy family relationships, YMCA Adventure Guides is a father-child program designed to help foster understanding and companionship, and to stren gthen the relationship between children and their fathers. Participants join a "Circle" of other father/child groups and participate in games, camping trips, ceremonies and family adventures. Adventure Guide compass points - family, natur

Return Reference	Explanation
Form 990, Part III, Line 4b YOUTH DEVELOPMENT	Child Care 1 Before/after and out of school programs provide child care for children 5 - 15 years of age meeting the needs of working parents during the school year Programs include sports, group games, values education, asset development, healthy snacks and tutoring while serving 3,045 youth (195 before school and 2,553 after school, 297 in both programs) from 77 schools at 26 school sites, 5 YMCA branches, and a community center Parent Advis ory Committees and the YMCA Model Child Care Curriculum help guide and direct the Before/A fter School Child Care Programs 2 In 2019, the YMCA provided a nutritious healthy snack to 19 mainly at risk after school care sites. Overall the food grant program served approx imately 650 children and was possible due to funding from the NCDHHS Child and Adult Care Food Program. In addition to the healthy snack, the kids also participated in physical act ivities and healthy lifestyle tutoring 3. Thanks to a grant from Walmart via YMCA of the USA, we served healthy snacks including fruits, cereal, vegetables and yogurt at some of our after school sites and all of our Summer Learning Academies. On average, 1,500 snacks were served each week 4. YMCA programs are designed to help children reach their full pote nitial in a safe, supportive environment regardless of their family's circumstances. Financ ial assistance policies help all people gain access to the YMCA, regardless of income leve I. Education & Leadership 1 Learning should not stop when the school year ends. But some children will return to school in the fall more prepared to succeed than others. Statistic ally, students from families with fewer resources miss out on key developmental and enrich ment opportunities, which can lead to summer learning loss of two months or more in key are as like reading and math. That achievement gap continues to expand over time. If students do not read on grade level by the end of third grade, the probability that they will grad uate high school decreases dramatically. The YMCA Summer Learn

Return Reference	Explanation
Form 990, Part III, Line 4b YOUTH DEVELOPMENT	Education Act (ESEA) The program provides before and after-school, weekend, and summer sc hool academic enrichment opportunities for children attending low-performing schools to he lp them meet local and state academic standards in subjects such as reading, mathematics, and science. In addition, programs may provide activities for youth development, drug and violence prevention, art, music, technology, character education, counseling, and recreation to enhance the program's academic components. The program also supports a component for family literacy and community outreach. During 2019, the Y provided a 21st Century Community Learning Center Program with a focus on at-risk elementary and middle school students. The program served one elementary and one middle school in Wilkes County during after-school hours Monday through Friday with an enrollment of approximately 80 students throughout the school year. Also the program provides a five week summer program to 50 elementary still udents. The program components consist of homework assistance and tutoring, STEM (science, technology, engineering and math) activities, a healthy snack, physical fitness, health e mphasis, enrichment, and family nights. The program aims to lower the achievement gap, red uce disciplinary actions and involvement in juvenile crime, improve school attendance, inc rease parental involvement, improve health and nutrition practices, focus on social and em otional needs of the students and provide strong character development opportunities. 3 The ELISS (Extended Learning Integrated Student Supports) Program focuses on reaching at-risk students during times outside of the traditional school day. The goal of the program is to raise academic outcomes for students who are not performing on grade level based on st attended assessments. This funding was awarded from an appropriation by the General Assembly of North Carolina. In 2019, the Y provided the ELISS program to three Title 1 elementary schools in Forsyth County and served over 216 students

Return Reference	Explanation
Form 990, Part III, Line 4b YOUTH DEVELOPMENT (CONTINUED)	4 The Y provided the Unidos (Spanish for "United") Program in 2019 through the generosity of the Kate B Reynolds Charitable Trust Unidos provided a comprehensive after-school you th development program targeting Hispanic students in four Title 1 Forsyth County middle's chools. The program addresses three main areas the achievement gap, social and emotional learning and family engagement in education. After-school enrollment was approximately 150 students throughout the school year. The program components consist of homework assistance, tutoring in English Language Arts and STEAM (science, technology, engineering, arts and math) activities, career and college readiness, leadership skills, family involvement and social and emotional learning Also, the program provides a summer program to approximate by 135 middle school. Hispanic students to help with summer learning loss and prepare stude nts for the upcoming school year. 5 Our Youth & Government Program introduces local middle and high school students to the legislative process of city, county, state, national, and international governments through a hands-on approach. Programs such as Youth Legislatur e (culminating with a weekend trip to the state capital in Raleigh where the students auth or, introduce and vote to accept or reject bills of their own creation), Conference on National Affairs, and Model United Nations enable young people to prepare for moral and polit ical leadership through training in the theory and practice of developing public policy. Students sharpen their leadership skills and improve their problem solving and critical thinking abilities while becoming more adept at debating and public speaking. Youth & Government also includes a mock trial and court of appeals. In each of these programs, students specific to their role - such as attorney, witness, or judge - try a case or present a case to an appellate court where they get to argue each side of the case. In 2019, 391 student s from middle and high schools within our Association particip

Return Reference	Explanation
Form 990, Part III, Line 4b YOUTH DEVELOPMENT (CONTINUED)	ours The graduating teens compete for college scholarships and awards. In 2019, 15 senior's received scholarships totaling \$30,050. Latino Achievers is a mentoring program for Hisp anic/Latino students in grades 6-12. The program is designed to address the growing drop-o ut rate of Hispanic students in Forsyth County high schools. Latino Achievers has 15 club offerings and gives teens access to Adult Achievers who are Hispanic and bilingual profess ionals from community organizations in career fields such as finance, media/communications, business, health/medical, education, and law/government to encourage academic achievement, social development and personal growth among Hispanic youth. Latino Achievers uses a ca reerbased curriculium where students meet during school hours once a month, as well as a diverse choice of hands-on monthly Saturday Workshops to explore various career fields and learn the basic skills most employers desire. Students also have the opportunity to attend on college field trips during the school year to have exposure to post-secondary education. The program is offered at East Forsyth and Southeast Middle School, Carter G. Woodson S chool, Carver, East Forsyth High, Robert B. Glenn, John F. Kennedy Magnet High School, Nor th Forsyth, Parkland, Reagan, Reynolds, Mt. Tabor, Walkertown, West Forsyth, and Winston-S alem Preparatory Academy High Schools. In our new collaboration with Crosby Scholars, we a re introducing a community outreach program that focuses exclusively on the Hispanic/Latin o population in grades 6-12. Our goal is to spread the message of both Achievers and Crosb y Scholars to promote a "post-secondary/college going culture" among Hispanic/Latinos in F. orsyth County. We anticipate that outreach efforts will result in participation in both programs, and ultimately ensure that students graduate from high school and cultivate the ne cessary soft-skill development to explore post-secondary options. At the end of the program, the graduating teens compete for college scholarsh

Return Reference	Explanation
Form 990, Part III, Line 4c SOCIAL RESPONSIBILITY	1 Financial Assistance Policy The heart of the YMCA's mission is to reach out and serve people in our communities who are in need. The YMCA strives to turn no one away due to an inability to pay a program or membership fee. Our Open Doors Program allows individuals and families to access YMCA membership and programs on a sliding-fee scale that is designed to respond to individual circumstances (e.g. when a parent loses his/her job, when medical billis become overwhelming, when living on a fixed-income, etc.) Applications and awards of financial assistance are reviewed periodically to determine if the same level of award is appropriate, i.e. have circumstances changed for the recipient. During 2019, \$2,192,634 of financial assistance was provided for Y programs and membership fees to 17,736 individu als. 2 Raising literacy levels is an integral part of our mission of "Helping people rea chitheir God-given potential in spirit, mind, and body." The YMCA of Northwest North Carol ina provides adult and family literacy services at no cost to participants through our Lit eracy Program Program staff recruit, train, and support volunteers who tutor individuals or small groups of adults in 40-hour programs of English as a Second Language and basic re ading skills. In 2019, the program also helped participants improve job-seeking skills. Program staff and 86 trained volunteers tutored 210 adults in Adult and Family Literacy Programs helping them reach their goals of entering employment, job training or GED programs, or becoming more involved in their children's education. The Literacy Program at Diamond R idge (formerly Ledges Apartments). Learning Center provided homework help and literacy enrichment activities for 85 preschool and elementary children. The YMCA Literacy Program is funded by the United Way of Forsyth County, North Carolina Community Colleges System, and d onations to the YMCA Annual Giving Campaign. 3 YMCA Bright Beginnings takes place in Augu st at 6 of our branches where volunteers assist students with

Return Reference	Explanation
Form 990, Part III, Line 4c SOCIAL RESPONSIBILITY	tbook in a new and different way. Time at camp allows students to see each other in a diff erent setting that promotes and encourages cooperation, teamwork, and understanding of the ir own abilities and potential. Trained professionals facilitate the learning experience through group work, guided discovery, participatory discussions, and fun activities. In 2019, 7,115 participants, including 6,406 students from 67 schools experienced this hands-on learning at YMCA Camp Hanes. 5 For the summer of 2019, YMCA camp Hanes was one of 22 accredited YMCA and 4-H camps across the nation partnering with Camp Corral-a free, one-of-a-k ind, weeklong summer camp for military children, with priority registration given to child ren of wounded, disabled or fallen military service members. YMCA Camp Hanes hosted 408 children of wounded, disabled or fallen military service members in a fun-filled week that included a variety of fun camp activities, including a Hero Day ceremony on Wednesday. At Camp Corral kids are free to be kids, away from the day-to-day challenges they face in their military families. Kids participate in traditional outdoor activities such as archery, canoeing and swimming, and have the opportunity to meet other kids who share similar family situations. 6 Non-summer Conference/Retreat Programs are designed to allow campers the same opportunities as a resident camper, but on a smaller scale over a long weekend. The Conference Center at YMCA Camp Hanes was utilized by 4,011 individuals from 77 different groups in 2019. 7 The YMCA of Northwest North Carolina has strong international ties through a long standing relationship with the YMCA of the Ukraine Our relationship has supported strong programs in HIV/AIDS education, youth sports, camping and the arts in the Ukraine Additionally, this relationship has provided internship opportunities for both organizations, as well as service learning camps for our own youth and teen members. 8 In recognition of the National Day of Prayer, each of the YMCA facilities hosted

Return Reference	Explanation
Form 990, Part III, Line 4a HEALTHY LIVING (CONTINUED)	Swirm, Sports & Play 1 Team sports are provided at both the youth and adult levels. In 201 9, the youth basketball program had 2,912 boys and girls under the age of 18 participate. Each child played a minimum of one-half of each game with a values session conducted befor e each game. The program collaborates with local school systems and churches in order to have adequate gym space. Other team sports include youth soccer (2,336), flag football (513), youth baseball/t-ball (538), volleyball (348), and lacrosse (46). These youth teams were led by over 600 volunteer coaches. With all YMCA sports, the intent is for the participa nts to have fun while learning to play the sport in an environment that places winning as secondary. Parents and volunteers work together to make each season special for every team member 2. Swim lessons teach aquatic skills to youth and adults (ages 6 months through senior citizens). Swimming is a life-long activity that improves health and fitness in addition to teaching kids and families to be safe in and around water. At the Davie Family YMC A, a partnership with the Davie County. Schools and the United Way of Davie County provides every 2nd grade student with the opportunity to learn how to be safe in and around water through the Water Safety Education Program. In 2019, 477 students received this life-savin g instruction. 3 Over 100 children and adults of all income levels took part in a free week of water safety awareness/swim lessons at the Wilkes Family YMCA in 2019. A partnership with the Wilkes County Schools' Pre-K program and Exceptional Children Classrooms also provided swim lessons for over 500 pre-K students. These free services have a value of over \$39,000 and are funded in part by the United Way of Wilkes County (\$23,000). 4. In 2019, the association received grant funding for our Safety Around Water program through the YMCA of the USA, United Way and several private major donors. This funding provided safety and learn-to-swim programming for over 1,300 youth across our ser

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Reference	Explanation	
Form 990, Part III, Line 4a HEALTHY LIVING (CONTINUED)	children's development YMCA programs provide financial assistance to help all people gain access to the YMCA, regardless of income level 7. Aquatic safety and lifeguard training provides opportunities for individuals to further develop aquatic safety skills for YMCAs, local pools and homeowners' associations. Classes are offered throughout the year 8. YMC A programs are designed to attract people of all ages, all abilities and all incomes. Fina nicial assistance policies help all people gain access to the YMCA, regardless of income level. During times of financial struggle are often when people need a place to belong, relieve stress in a supportive, healthy environment, and maintain the best possible health. Our financial assistance program allows the Y to ensure our doors are always open for all members of our community, particularly in times of need.	

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Return Reference	Explanation
Form 990, Part III, Line 4b YOUTH DEVELOPMENT (CONTINUED)	Camping 1 Day camping provides full day recreational, educational and/or specialized child care for youth ages 5 - 13 (14 and 15 year-olds enter our Counselor-In-Training (CIT) Program to become summer camp counselors at age 16) Multiple day camp and sports camp sites across 6 counties provide a variety of opportunities during the summer for group games, swimming, and arts and crafts. Educational camp collaborates with local schools and summer school programs to provide a summer enrichment program. Sports camps teach basketball, soccer, volleyball and good sportsmanship skills. Approximately 1,700 youth were served most weeks through various day camping programs. 2 Resident camping is designed to help campers enhance their spiritual awareness, mental development, physical well-being, self-esteem, social growth, and respect for the environment. In 2019, summer camper weeks (one child attending camp for one week) at YMCA Camp Hanes totaled 1,679. There were 233 teens participating in leadership development programs, over 476 teen campers, and 355 American Diabetic Association campers. The goals of the program include teaching life skills while developing an appreciation of nature and an understanding of positive group living and independence. 3 Adventure trips, horseback riding, paintball and 5-stand skeet shooting programs are offered during summer camp sessions to give many youth their first experience with caving, white water rafting, horses, and gun safety. In 2019, over 1,500 campers participated in these specialty programs while attending YMCA Camp Hanes. 4 The camp experience is monumental to many children's development. It builds confidence, individuality and self-esteem that stay with the child for the rest of their life. Without the YMCA's financial assistance, many families would not be able to provide a camp experience for children.

990 Schedule O, Supplemental Information Return Explanation

Reference	
Form 990, Part	THE WEBSITE FOR THE YMCA OF NORTHWEST NORTH CAROLINA CONTAINS A SECTION LABELED "ABOUT US"
VI, Line 19	$\mid$ WHERE A LINK TO THE CFO'S EMAIL ADDRESS IS MAINTAINED FOR REQUESTING OF A COPY OF THE MOST RECENT $\mid$
RECHESTING	FORM 900 OR ANY RELATED OLIESTIONS

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Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The President's Cabinet consists of the acting Chief Volunteer Officer (CVO), CVO-elect, Treasurer, Secretary, immediate past CVO, the CEO and such other individual(s) as may be designated by the Association Board of Directors (BOD) from time to time The President's Cabinet has the full power and authority to supervise and act upon all business of the Association Board of Directors during intervals between the regular meetings of the BOD

990 Schedule O, Supplemental Information

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Reference	
Form 990,	The YMCA of Northwest North Carolina is a membership association of men, women, and children of all ages, abilities, incomes,
Part VI, Line	races, and religions. The association is dedicated to "Helping people reach their God-given potential in spirit, mind and body."
6 Classes of	Christian principles are put into practice through programs that promote healthy living, youth development, and social
members or	responsibility By enrolling as YMCA members, individuals may participate in the programs described above and utilize the indoor
stockholders	and outdoor facilities of the YMCA In addition, YMCA members serve as the primary source of program and policy-making

volunteers, as well as, donors to the annual fund-raising campaign, which supports the YMCA's financial assistance program

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The role of the voting members of the YMCA of Northwest North Carolina is to elect the Association Board of Directors at the annual meeting. Voting members may cast one vote on any items of business properly brought before the members for consideration at the annual meeting, including election of the governing body. No decisions made by the governing body are subject to approval by the members.

990 Schedule O, Supplemental Information

Return Explanation

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Form 990,	The Audit Committee reviews and approves the Form 990 Upon approval, the return is provided to each board member of the
Part VI, Line	Association Board of Directors prior to it being filed with the IRS
11b Review	
of form 990	
by governing	
body	

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Annual disclosures by directors and employees are reviewed by Association Office staff and any conflicts or potential conflicts are noted so that appropriate action can be taken, e.g. directors would be excluded from approval votes if process would involve a transaction related to their conflict of interest

Return

Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Evaluation and Compensation Committee of the Association Board of Directors is comprised of the Chief Volunteer Officer (CVO), CVO-Elect, the immediate past CVO, the Secretary, and the Treasurer. It is the duty and responsibility of the Evaluation and Compensation Committee to appraise the performance of the President/CEO annually on or about the end of the fiscal year and based on that appraisal to determine the President/CEO's compensation for the next fiscal year Determination of the President/CEO's compensation and review of other senior staff compensation shall be made after an examination of comparability to compensation levels paid by similarly situated organizations to ensure that compensation is fair and reasonable. The Evaluation and Compensation Committee shall annually document comparability in writing and maintain documentation with the human resources department.

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Positions included in compensation review and approval include President & Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Advancement Officer, and Chief Human Resources Officer

Return

Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The governing documents of the YMCA of Northwest North Carolina (articles of incorporation, bylaws, 501(c)(3) exemption letter) and the Conflict of Interest Policy are maintained at the Administrative Offices of the organization and are available to the public upon request for inspection and/or to be copied. The most recent audited financial statements of the organization are available to the public via the organization's website under the area labeled "About Us".

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Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,