

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
569 Martin Luther King Jr Drive NW

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 303144164

D Employer identification number
58-0566253

E Telephone number
(404) 588-9622

F Name and address of principal officer:
LAUREN KOONTZ
569 Martin Luther King Jr Drive NW
ATLANTA, GA 303144164

G Gross receipts \$ 126,680,709

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.YMCAATLANTA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1858 **M** State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE YMCA OF METROPOLITAN ATLANTA, INC. REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS AND STAFF OPEN TO AND SERVING ALL.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5,748		
	6 Total number of volunteers (estimate if necessary)	6	10,370		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	48,884,029	Current Year	39,148,281
	9 Program service revenue (Part VIII, line 2g)		70,317,813		71,896,466
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,477,000		941,196
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-65,538		82,289
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		121,613,304		112,068,232
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		38,160	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			55,864,591		58,622,569
16a Professional fundraising fees (Part IX, column (A), line 11e)			370,330		321,012
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,222,931					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			55,786,653		53,717,840
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		112,059,734		112,696,381	
19 Revenue less expenses. Subtract line 18 from line 12		9,553,570		-628,149	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	309,973,848	End of Year	301,179,380
	21 Total liabilities (Part X, line 26)		96,603,822		83,115,685
	22 Net assets or fund balances. Subtract line 21 from line 20		213,370,026		218,063,695

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2020-11-18

Nedra Jones Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE YMCA OF METROPOLITAN ATLANTA, INC., REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES WHICH DEVELOP SPIRIT, MIND AND BODY. THE Y'S VISION IS TO BE THE ORGANIZATION IN METRO ATLANTA RECOGNIZED FOR BRINGING PEOPLE TOGETHER TO CHAMPION COMMUNITIES WHERE EVERYONE BELONGS. WE BELIEVE ALL PEOPLE, ESPECIALLY CHILDREN, DESERVE AN EQUAL CHANCE TO REACH THEIR FULL POTENTIAL AND SHOULD PREPARE THEMSELVES TO CONNECT TO AND SERVE COMMUNITY. FINANCIAL ASSISTANCE IS AVAILABLE BASED ON NEED. THE YMCA ACTIVELY SEEKS TO IDENTIFY AND INVOLVE THOSE IN NEED. IN ALL OF OUR CORE PROGRAMS, WE ARE DEDICATED TO USING A RESEARCH-TO-PRACTICE MODEL WHERE WE STRIVE TO MAKE A MEANINGFUL IMPACT IN HEALTH, EDUCATION AND YOUTH DEVELOPMENT, AND WE MEASURE THE IMPACT IN THOSE AREAS.

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

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

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

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

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

4a (Code:) (Expenses \$ 55,976,327 including grants of \$ 34,960) (Revenue \$ 39,778,290)

See Additional Data

4b (Code:) (Expenses \$ 26,579,155 including grants of \$) (Revenue \$ 10,631,860)

See Additional Data

4c (Code:) (Expenses \$ 16,681,324 including grants of \$) (Revenue \$ 21,486,316)

See Additional Data

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

4e Total program service expenses ▶ 99,236,806

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5,748			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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).	4a			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No	

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 37; 1b Enter the number of voting members included in line 1a... 32; 2 Did any officer, director, trustee, or key employee have a family relationship... No; 3 Did the organization delegate control over management duties... No; 4 Did the organization make any significant changes to its governing documents... No; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? No; 6 Did the organization have members or stockholders? No; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? No; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? No; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Yes; 8b Each committee with authority to act on behalf of the governing body? Yes; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? No

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? Yes; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Yes; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Yes; 13 Did the organization have a written whistleblower policy? Yes; 14 Did the organization have a written document retention and destruction policy? Yes; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Yes; 15b Other officers or key employees of the organization Yes; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? No; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed GA; 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: NEDRA JONES 569 Martin Luther King Jr Drive NW ATLANTA, GA 303144164 (404) 588-9622

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								2,463,751	0	337,451

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		2,463,751	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 27

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SG CONTRACTING INC 1760 PEACHTREE STREET NW ATLANTA, GA 30309	CONSTRUCTION	5,724,692
THE SERVICE FORT LLC 4153 ROSWELL ROAD ATLANTA, GA 30342	JANITORIAL SERVICES	1,957,550
JONES LANG LASALLE AMERICAS INC 33845 TREASURY CENTER CHICAGO, IL 60694	PROPERTY MANAGEMENT	1,342,569
SYSCO FOOD SERVICES OF ATLANTA PO BOX 490379 COLLEGE PARK, GA 30349	FOOD SERVICES	1,265,310
COLLINS COOPER CARUSTI ARCHITECTS INC 3391 PEACHTREE ROAD NE ATLANTA, GA 30326	ARCHITECTURE SERVICES	1,232,129

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 72

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a Healthy Living, 2b Youth Development, 2c Social Responsibility, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Net income from fundraising events, 9a-9b Net income from gaming activities, 10a-10b Net income from sales of inventory, 11a MISCELLANEOUS INCOME, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	34,960	34,960		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,753,875	529,535	1,007,737	216,603
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,437,304	40,397,020	5,042,720	997,564
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,110,033	2,519,755	478,703	111,575
9 Other employee benefits	3,303,194	2,850,210	357,454	95,530
10 Payroll taxes	4,018,163	3,548,222	385,566	84,375
11 Fees for services (non-employees):				
a Management				
b Legal	429,528		429,528	
c Accounting	120,500		120,500	
d Lobbying	50,000		50,000	
e Professional fundraising services. See Part IV, line 17	321,012			321,012
f Investment management fees	86,125		86,125	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,749,400	10,214,606	534,794	0
12 Advertising and promotion	780,847	363,571	229,828	187,448
13 Office expenses	8,201,271	7,883,394	285,142	32,735
14 Information technology	740,652	282,641	381,994	76,017
15 Royalties				
16 Occupancy	12,685,612	12,158,860	524,756	1,996
17 Travel	1,733,465	1,641,387	73,381	18,697
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,427,189	982,236	378,576	66,377
20 Interest	3,979,988	3,756,146	223,842	
21 Payments to affiliates	465,139	465,139	0	0
22 Depreciation, depletion, and amortization	10,848,960	10,631,981	216,979	
23 Insurance	997,927	945,838	52,089	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	421,237	31,306	376,929	13,002
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	112,696,381	99,236,807	11,236,643	2,222,931
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,148,934	1	6,745,924
	2 Savings and temporary cash investments	399,535	2	728,855
	3 Pledges and grants receivable, net	8,301,875	3	2,649,448
	4 Accounts receivable, net	4,078,894	4	1,897,118
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	19,318,700	7	22,247,200
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,201,764	9	1,943,502
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 391,580,857		
	b Less: accumulated depreciation	10b 163,142,804	234,987,412	10c 228,438,053
	11 Investments—publicly traded securities	13,221,122	11	11,216,284
	12 Investments—other securities. See Part IV, line 11	21,248,688	12	25,246,072
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	66,924	15	66,924
16 Total assets. Add lines 1 through 15 (must equal line 34)	309,973,848	16	301,179,380	
Liabilities	17 Accounts payable and accrued expenses	12,069,431	17	953,018
	18 Grants payable		18	
	19 Deferred revenue	7,887,640	19	8,413,158
	20 Tax-exempt bond liabilities	60,224,187	20	57,204,550
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	19,665	21	85,867
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	9,617,000	23	16,196,872
	24 Unsecured notes and loans payable to unrelated third parties	6,754,162	24	-457,288
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	31,737	25	719,508
	26 Total liabilities. Add lines 17 through 25	96,603,822	26	83,115,685
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	126,127,205	27	137,663,081
	28 Net assets with donor restrictions	87,242,822	28	80,400,615
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	213,370,027	32	218,063,696	
33 Total liabilities and net assets/fund balances	309,973,849	33	301,179,381	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	112,068,232
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,696,381
3	Revenue less expenses. Subtract line 2 from line 1	3	-628,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	213,370,027
5	Net unrealized gains (losses) on investments	5	6,009,589
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-687,771
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	218,063,696

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 58-0566253

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN ATLANTA (1361)

Form 990 (2019)

Form 990, Part III, Line 4a:

HEALTHY LIVING AND WELL-BEING: THE Y IS A COMMUNITY WITH AN EVERYDAY MISSION TO HELP INDIVIDUALS ACHIEVE A BALANCE OF SPIRIT, MIND AND BODY AND ENSURE EVERYONE HAS THE OPPORTUNITY TO LEARN, GROW AND CONNECT. OUR GOAL IS THAT PEOPLE IN ALL STAGES OF LIFE WILL HAVE THE KNOW-HOW AND RESOURCES TO IMPROVE THEIR HEALTH, WELL-BEING AND SOCIAL CONNECTEDNESS. WE HELP PEOPLE DEVELOP THE SKILLS AND RELATIONSHIPS THEY NEED TO BE HEALTHY, CONFIDENT, AND CONNECTED TO OTHERS. ADULTS WANT TO LEARN MORE, DO MORE, AND LIVE MORE HEALTHILY. THROUGH COLLABORATIONS WITH NONPROFITS, GOVERNMENT AGENCIES, SCHOOLS, AND OTHERS, THE Y FOSTERS HEALTH AND WELL-BEING AMONG PEOPLE OF ALL AGES, BRINGS PEOPLE TOGETHER TO PURSUE PASSIONS OLD AND NEW, AND PROVIDES MUTUAL SUPPORT FOR EVERYONE IN OUR NEIGHBORHOODS. ---THE Y ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH PHYSICAL ACTIVITY AND EXERCISE, PROPER NUTRITION, CHRONIC DISEASE AND STRESS MANAGEMENT, HEALTH EDUCATION, SPORTS, SWIM PROGRAMS, AND SHARED INTERESTS. OLDER ADULTS COME TO THE Y TO REMAIN ACTIVE, TO REHABILITATE AFTER ILLNESS, INJURY OR SURGERY, AND TO FIND QUALITY TIME FOR SOCIAL INTERACTION. IN 2019, THE Y HELPED MORE THAN 28,220 CHILDREN AND ADULTS LIVE HEALTHIER, ACHIEVE HEALTHY WEIGHTS AND BE MORE ACTIVE THROUGH PARTICIPATION IN THE COACH APPROACH, YOUTH FIT 4 LIFE AND START 4 LIFE. THESE ARE ALL EVIDENCE-BASED PROGRAMS WITH INSTRUCTION, COACHING AND SUPPORT GROUPS DEVELOPED BY THE METRO ATLANTA YMCA. THE Y ALSO PROMOTES HEALTHY LIFESTYLE ACTIVITIES THAT BRING PEOPLE TOGETHER WITH SHARED PHYSICAL ACTIVITY INTERESTS. IN 2019, THE Y ENABLED 3,083 ADULTS TO PARTICIPATE IN ATHLETIC AND RECREATION ACTIVITIES. WE ALSO HAVE PROGRAMS FOCUSED ON DIABETES PREVENTION AND PARKINSON'S DISEASE AMONG OTHERS. WE PARTNER WITH SEVERAL AREA HEALTH PROVIDERS TO REACH THE PEOPLE WHO CAN MOST BENEFIT FROM THESE PROGRAMS. ---IN 2019, 154,790 PEOPLE WERE YMCA MEMBERS - 35% YOUTH; 56% ADULTS AND 9% SENIORS. THE Y SERVED 53,827 PEOPLE WHO PARTICIPATED IN Y PROGRAMS. THE Y ASSISTED 34,039 CHILDREN, FAMILIES, AND ADULTS WITH \$7.4 MILLION IN FINANCIAL AID. THE Y RAISED \$38.8 MILLION THROUGH DONATIONS AND GRANTS TO ENSURE ALL COULD PARTICIPATE.

Form 990, Part III, Line 4b:

SCHOOL READINESS AND YOUTH DEVELOPMENT: WE BELIEVE THE VALUES AND SKILLS LEARNED EARLY ON ARE VITAL BUILDING BLOCKS FOR QUALITY OF LIFE. BECAUSE OF THE Y COMMUNITY, KIDS IN NEIGHBORHOODS AROUND METRO ATLANTA ARE TAKING MORE INTEREST IN LEARNING AND MAKING SMARTER LIFE CHOICES. AT THE Y, KIDS LEARN THEIR ABC'S, LEARN TO SHARE, AND LEARN HOW TO BE THEMSELVES, WHICH MAKES FOR CONFIDENT KIDS TODAY AND CONTRIBUTING AND ENGAGED ADULTS TOMORROW. ---YMCA EARLY LEARNING CENTERS HELP CHILDREN FROM PREDOMINANTLY LOW INCOME HOMES DEVELOP TO THEIR FULLEST POTENTIAL, STRENGTHEN AND SUPPORT FAMILIES AND DELIVER CHILD CARE IN A CARING, NURTURING AND POSITIVE ENVIRONMENT. METRO ATLANTA YMCA CHILDCARE PROGRAMS ARE BUILT ON THE FOUR CONCEPTS OF FAMILY, CHILD, COMMUNITY, AND ACCESSIBILITY. PROGRAMS ARE FAMILY-CENTERED, WHICH MEANS PARENTS ARE INCLUDED IN THE CARE PROCESS. Y PROGRAMS NURTURE CHILDREN'S GROWTH AND HELP CHILDREN DEVELOP A STRONG SENSE OF RIGHT AND WRONG. PROGRAMS HELP TO MAKE THE COMMUNITY A HEALTHIER, SAFER AND BETTER PLACE TO LIVE. THE Y STRIVES TO MAKE QUALITY CARE AVAILABLE TO ALL WHO NEED IT, NOT JUST TO THOSE WHO CAN AFFORD IT, THEREFORE, REASONABLE FEES WITH A SLIDING FEE SCALE ARE PROVIDED. IN 2019, 926 CHILDREN GOT AN EARLY CHILDHOOD EDUCATION FOUNDATION IN YMCA PRESCHOOL. PROGRAMS ARE LICENSED AND EARLY LEARNING SITES ARE ACCREDITED OR IN THE PROCESS OF ACCREDITATION BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN. WE ALSO EMPLOY A PROGRAM IN ALL OF OUR EARLY LEARNING CLASSROOMS DESIGNED TO BRIDGE THE LANGUAGE AND LITERACY GAP THAT EXISTS IN CHILDREN FROM LOWER SOCIO-ECONOMIC HOMES. THIS PROGRAM, WHICH WE NAMED READ RIGHT FROM THE START, IS BASED ON EXTENSIVE RESEARCH AND HAS PROVEN TO IMPROVE A CHILD'S CHANCES OF SUCCEEDING WHEN THEY ENTER KINDERGARTEN. WE PROVIDE THIS TO ALL OF OUR EARLY LEARNING STUDENTS, INCLUDING HEADSTART (DISCUSSED BELOW), AND OUR COMMITMENT IS THAT EVERY CHILD LEAVES OUR PROGRAM READY TO START KINDERGARTEN AND BE ON A PATH TO READ TO LEARN BY THE 3RD GRADE. WE MEASURE THIS OUTCOMES WE EXPECT EACH YEAR VIA A THIRD PARTY OBJECTIVE EVALUATION. ---HEAD START IS A COMPREHENSIVE PRESCHOOL PROGRAM FOR CHILDREN THREE TO FIVE YEARS OLD. IT IS A NATIONAL, FEDERALLY-FUNDED PROGRAM DESIGNED TO FOSTER THE HEALTHY DEVELOPMENT OF YOUNG CHILDREN AND IS PROVIDED AT NO COST TO FAMILIES MEETING THE FEDERAL INCOME GUIDELINES. THE PROGRAM PROVIDES COMPREHENSIVE AND SPECIAL SERVICES DESIGNED TO ENHANCE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES. SERVICES ARE CUSTOMIZED TO THE INDIVIDUAL NEEDS OF CHILDREN THROUGH TRADITIONAL, CENTER-BASED AND INNOVATIVE HEAD START PARTNERSHIPS. HEALTH AND DEVELOPMENTAL SERVICES INCLUDE PHYSICAL EXAMS, SCREENINGS, VISION AND HEARING TESTS, AND A DENTAL CHECK-UP. MENTAL HEALTH PROFESSIONALS PROVIDE SERVICES TO CHILDREN AND FAMILIES IN NEED. EACH PROGRAM INCLUDES AT LEAST 10 PERCENT OF CHILDREN WITH DOCUMENTED DISABILITIES. IN 2019, 1,990 CHILDREN WERE ENGAGED, LEARNING AND PREPARING FOR KINDERGARTEN IN METRO ATLANTA YMCA HEAD START PROGRAMS. WE ALSO EMPLOY THE READ RIGHT FROM THE START PROGRAM (DISCUSSED ABOVE) IN ALL HEADSTART CLASSROOMS. ---TEEN LEADERS CLUB PROGRAMS DEVELOP YOUNG PEOPLE BY PROVIDING THEM WITH POSITIVE ROLE MODELS AND INVOLVING THEM IN ACTIVITIES AND PROGRAMS TO BUILD LEADERSHIP SKILLS, INCREASE CIVIC ENGAGEMENT AND VOLUNTEERISM, PROMOTE A STRONG WORK ETHIC, IMPROVE EDUCATIONAL SKILLS, STRENGTHEN CONFLICT RESOLUTION SKILLS AND ENCOURAGE SELF-CONFIDENCE. TEEN LEADERS CLUBS PROVIDE CAREER EXPLORATION AND GUIDANCE, MENTORING, TRAINING AND CONFERENCES, AND PARTICIPATION IN Y EVENTS AND ACTIVITIES. THE GOAL OF OUR TEEN PROGRAMS IS THAT TEENS WILL BE PREPARED TO EXPRESS THEIR LEADERSHIP POTENTIAL, TO SERVE OTHERS AND TO ENGAGE IN CIVIC ACTIVITIES. TEEN OUTREACH PROGRAMS PROVIDE TRAINING, RESOURCES AND SUPPORT TO EMPOWER TEENS TO MAKE CHANGE AND OVERCOME OBSTACLES. LOCAL Y PROGRAMS AND SERVICES GET KIDS OFF THE STREETS, PREPARE TEENS FOR EMPLOYMENT, WELCOME AND EMBRACE NEWCOMERS, AND HELP TO FOSTER AN ETHIC OF COMMUNITY VOLUNTEERISM. TEEN INTERNATIONAL PROGRAMS PROMOTE INTERNATIONAL UNDERSTANDING AND OFFER SUPPORT SYSTEMS THAT WELCOME, CELEBRATE, EDUCATE, AND CONNECT DIVERSE DEMOGRAPHIC POPULATIONS IN THE U.S. AND AROUND THE WORLD. THROUGH EXCHANGES, EDUCATION, LEADERSHIP TRAINING, PROGRAM SUPPORT, BOARD GUIDANCE, AND STAFF SHARING, WE GAIN A GLOBAL PERSPECTIVE AND RESPECT FOR OTHER CULTURES AND CUSTOMS. IN 2019, 2,500 TEENS WERE ENGAGED IN VARIOUS YMCA TEEN PROGRAMS. ---YOUTH SPORTS AND RECREATION PROGRAMS PROVIDE AN OPPORTUNITY FOR KIDS OF ALL AGES TO DEVELOP AN APPRECIATION OF SPORTS, LEARN FUNDAMENTAL SKILLS, AND DEVELOP LEADERSHIP SKILLS. YMCA YOUTH PROGRAMS ARE DESIGNED TO HELP CHILDREN IMPROVE PERSONAL AND FAMILY RELATIONSHIPS, APPRECIATE DIVERSITY, DEVELOP SPECIFIC SKILLS, CLARIFY VALUES, AND BECOME BETTER LEADERS AND SUPPORTERS. IN 2019, THE Y ENABLED 17,930 YOUTH TO PARTICIPATE IN VALUES-BASED SPORTS AND RECREATION ACTIVITIES.

Form 990, Part III, Line 4c:

AFTER-SCHOOL CHILD CARE AND SUMMER CAMP: PARENTS DESIRE A SAFE ENVIRONMENT IN WHICH CHILDREN CAN LEARN PRACTICAL AND SOCIAL SKILLS AND DEVELOP POSITIVE VALUES. KIDS WANT TO EXERT ENERGY, DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE, AND BE ACCEPTED AMONGST EACH OTHER. THE Y MEETS BOTH OF THESE DESIRES BY PROVIDING FUN, ACTIVE AND INTENTIONAL PROGRAMS WHICH CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR GOAL IS THAT ELEMENTARY-AGED CHILDREN WILL PERFORM AT OR ABOVE GRADE LEVEL IN READING AND MATH AND MAKE HEALTHY DECISIONS. ---THE CENTRAL FOCUS OF ALL YMCA YOUTH PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT IN CHILDREN AND IN THEIR PARENTS AND FAMILIES. THE Y'S EDUCATIONAL ENRICHMENT PROGRAMS HELP PARENTS PREPARE THEIR CHILDREN FOR THE FUTURE BY PROVIDING THEM A VALUES-BASED, HIGH QUALITY FOUNDATION FOR POSITIVE GROWTH. AFTER-SCHOOL PROGRAMS GIVE CHILDREN A CHANCE TO BECOME MORE SELF-RELIANT, DEVELOP RELATIONSHIPS, GAIN AUTONOMY, AND ENHANCE AND ENRICH THEIR CIVIC AND ACADEMIC LEADERSHIP SKILLS. PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS. IN MANY INSTANCES, YMCA CHILDCARE AND AFTER-SCHOOL PROGRAMS ALLOW PARENTS TO REMAIN GAINFULLY EMPLOYED, KNOWING THEIR CHILDREN ARE THRIVING IN SECURE, SUPPORTIVE, SUPERVISED ENVIRONMENTS. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A SLIDING FEE SCALE, BASED ON NEED. IN 2019, 4,186 CHILDREN PARTICIPATED IN ENRICHING ACTIVITIES DURING NON-SCHOOL HOURS AT 57 AFTER-SCHOOL SITES IN ELEMENTARY SCHOOLS AND YMCA FACILITIES. ---CAMPING PROGRAMS PROVIDE AN EXCITING, SAFE COMMUNITY FOR YOUNG PEOPLE TO EXPLORE THE OUTDOORS, BUILD SELF-CONFIDENCE, DEVELOP INTERPERSONAL SKILLS, AND MAKE LASTING FRIENDSHIPS AND MEMORIES. THROUGH A VARIETY OF ACTIVITIES AND WITH A FOCUS ON THE NATURAL SURROUNDINGS, YMCA CAMPING PROMOTES SPIRITUAL AWARENESS, MENTAL, DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT. YMCA CAMP PROGRAMS HELP WORKING PARENTS, PROVIDE THEIR CHILDREN WITH SAFE PLACES TO GO DURING THE SUMMERTIME. FEES ARE OFFERED ON A BELOW COST BASIS TO PARENTS UNABLE TO AFFORD FULL CAMP COSTS. MOST CAMP COUNSELORS ARE FORMER CAMPERS WHO OFTEN DECLINE ALTERNATIVE HIGHER-PAYING JOBS TO IMPACT A CHILD'S LIFE AND BECOME ROLE MODELS FOR YOUNGER CAMPERS. FOR MANY, IT IS THE TEEN'S FIRST JOB. MANY CAMPERS REMEMBER THEIR SUMMER CAMP COUNSELORS, FRIENDS, AND THE LIFE LESSONS THEY EXPERIENCED AT CAMP FOR MANY YEARS TO COME. IN 2019, PARENTS OF 16,533 KIDS TURNED TO YMCA DAY CAMP STAFF TO KEEP THEIR CHILDREN OUTDOORS, ACTIVE AND SUPERVISED. THERE WERE 6,298 YOUNG PEOPLE WHO GREW MORE INDEPENDENT AT SUMMER RESIDENT CAMP AND ANOTHER 2,286 INDIVIDUALS CHALLENGED THEMSELVES DURING SEASONAL RETREATS AND CONFERENCES IN 2019.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY BARRETT CHAIR/DIRECTOR	1.0	X		X				0	0	0
RICHARD GERAKITIS SECRETARY	1.0	X		X				0	0	0
W JEFFREY BECKHAM TREASURER	1.0	X		X				0	0	0
ANDREW SALTZMAN DIRECTOR	1.0	X						0	0	0
ANDREW SOMOZA DIRECTOR	1.0	X						0	0	0
ANTONIO ROBINSON DIRECTOR	1.0	X						0	0	0
BILL HULL DIRECTOR	1.0	X						0	0	0
CB MIKE HARRELD DIRECTOR	1.0	X						0	0	0
CHYNNA STEELE JOHNSON DIRECTOR	1.0	X						0	0	0
CLARK DEAN DIRECTOR	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CURLY M DOSSMAN JR DIRECTOR	1.0	X						0	0	0
DONALD BARDEN DIRECTOR	1.0	X						0	0	0
H JEROME RUSSELL DIRECTOR	1.0	X						0	0	0
HEATH W CAMPBELL DIRECTOR	1.0	X						0	0	0
JOAN ROHS DIRECTOR	1.0	X						0	0	0
JOHN L PEMBERTON DIRECTOR	1.0	X						0	0	0
JOHN YATES DIRECTOR	1.0	X						0	0	0
KARTHIK VALLURU DIRECTOR	1.0	X						0	0	0
KEVIN GREINER DIRECTOR	1.0	X						0	0	0
KIRK SOMERS DIRECTOR	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRISTIN MYERS DIRECTOR	1.0	X						0	0	0
LISA AMAN DIRECTOR	1.0	X						0	0	0
MARCIA PREWITT SPILLER DIRECTOR	1.0	X						0	0	0
MIKE WATHEN DIRECTOR	1.0	X						0	0	0
NEIL METZHEISER DIRECTOR	1.0	X						0	0	0
R SCOTT TAYLOR JR DIRECTOR	1.0	X						0	0	0
RICHARD S PETERS DIRECTOR	1.0	X						0	0	0
RON ALSTON DIRECTOR	1.0	X						0	0	0
RYAN TEAGUE DIRECTOR	1.0	X						0	0	0
SACHIN SHAIENDRA DIRECTOR	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA GORDON DIRECTOR	1.0	X						0	0	0
SONYA HALPERN DIRECTOR	1.0	X						0	0	0
SPENCE PRYOR DIRECTOR	1.0	X						0	0	0
TAMMY STRAWDER DRIGGERS DIRECTOR	1.0	X						0	0	0
W THOMAS WORTHY DIRECTOR	1.0	X						0	0	0
WARREN G CARSON DIRECTOR	1.0	X						0	0	0
YASMIN TYLER-HILL DIRECTOR	1.0	X						0	0	0
EDWARD G MUNSTER JR CHIEF EXECUTIVE OFFICER / EXECUTIVE CONSULTANT	40.0			X				487,509	0	41,848
LAUREN KOONTZ CHIEF PHILANTHROPY OFFICER / CHIEF EXECUTIVE OFFICER	40.0			X				358,732	0	45,082
NEDRA JONES CHIEF FINANCIAL OFFICER	40.0			X				266,286	0	40,427

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRISTIN MCEWEN SR. VICE PRESIDENT OF OPERATIONS	40.0				X			241,573	0	37,536
WILLIAM MCKOY SR. VICE PRESIDENT OF OPERATIONS	40.0				X			209,859	0	34,177
ALISHA PENICK CHIEF HUMAN RESOURCES OFFICER	40.0					X		178,808	0	1,293
HUEL O'KELLEY VICE PRESIDENT OF CAMPING SERVICES AND YOUTH DEVELOPMENT	40.0					X		173,774	0	29,922
LYDIA THACKER CHIEF DEVELOPMENT AND INCLUSION OFFICER	40.0					X		154,682	0	30,309
PARRISH UNDERWOOD CHIEF ADVANCEMENT OFFICER	40.0					X		164,947	0	33,425
RUSSELL DAVIS CHIEF MARKETING OFFICER	40.0					X		227,581	0	43,432

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number
58-0566253

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	30,174,121	40,720,427	38,242,046	48,884,029	39,148,281	197,168,904
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..	2,324,501	3,002,032	3,588,006	2,960,090	2,939,256	14,813,885
4	Total. Add lines 1 through 3	32,498,622	43,722,459	41,830,052	51,844,119	42,087,537	211,982,789
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						6,668,699
6	Public support. Subtract line 5 from line 4.						205,314,090

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	32,498,622	43,722,459	41,830,052	51,844,119	42,087,537	211,982,789
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,226,983	870,779	855,309	806,341	822,830	4,582,242
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	Total support. Add lines 7 through 10						216,565,031
12	Gross receipts from related activities, etc. (see instructions)					12	346,976,164

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	94.80 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,174,121	40,720,427	38,242,046	48,884,029	39,148,281	197,168,904
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	66,513,168	68,854,087	69,394,630	70,317,813	71,896,466	346,976,164
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	2,324,501	3,002,032	3,588,006	2,960,090	2,939,256	14,813,885
6 Total. Add lines 1 through 5	99,011,790	112,576,546	111,224,682	122,161,932	113,984,003	558,958,953
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	315,225	314,232	289,241	451,193	349,495	1,719,386
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	19,060,882	24,816,423	22,853,969	30,846,412	19,341,200	116,918,886
c Add lines 7a and 7b.	19,376,107	25,130,655	23,143,210	31,297,605	19,690,695	118,638,272
8 Public support. (Subtract line 7c from line 6.)						440,320,681

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	99,011,790	112,576,546	111,224,682	122,161,932	113,984,003	558,958,953
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,226,983	870,779	855,309	806,341	822,830	4,582,242
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	1,226,983	870,779	855,309	806,341	822,830	4,582,242
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,151,267	916,398	3,904,079	1,077,884	859,115	7,908,743
13 Total support. (Add lines 9, 10c, 11, and 12.)	101,390,040	114,363,723	115,984,070	124,046,157	115,665,948	571,449,938
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	77.05 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	76.32 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.80 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.94 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - OTHER INCOME (11A), COLUMN A - 359718.0, COLUMN B - 165263.0, COLUMN C - 3144048.0, COLUMN D - 175779.0, COLUMN E - 425826.0, COLUMN F - 4270634.0; DESCRIPTION - FUND RAISING REVENUE (8A), COLUMN A - 336320.0, COLUMN B - 307700.0, COLUMN C - 310417.0, COLUMN D - 490169.0, COLUMN E - 15931.0, COLUMN F - 1460537.0; DESCRIPTION - GROSS SALE OF INVENTORY (10A), COLUMN A - 455229.0, COLUMN B - 443435.0, COLUMN C - 449614.0, COLUMN D - 411936.0, COLUMN E - 417358.0, COLUMN F - 2177572.0;

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

OMB No. 1545-0047
2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)	Employer identification number 58-0566253
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. 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				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		50,000
j Total. Add lines 1c through 1i			50,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

1 Dues, assessments and similar amounts from members	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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 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)	5	

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.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	CONSULTANTS WERE UTILIZED TO ATTEND STATE LEGISLATIVE BODY MEETINGS ON THE ASSOCIATION'S BEHALF.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	CONSULTANTS WERE UTILIZED TO ATTEND STATE LEGISLATIVE BODY MEETINGS ON THE ASSOCIATION'S BEHALF.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number
58-0566253

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a 0
b Total acreage restricted by conservation easements	2b 0.3
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d 0

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0
- 4 Number of states where property subject to conservation easement is located ▶ 1
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 27.0
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 270
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,885,809	31,217,030	26,620,841	24,674,504	25,084,796
b Contributions	111,952	57,266	1,522,936	1,443,358	732,451
c Net investment earnings, gains, and losses	6,343,771	-1,300,987	4,106,753	1,521,979	-129,743
d Grants or scholarships					
e Other expenditures for facilities and programs	2,267,702	1,087,500	1,033,500	1,019,000	1,013,000
f Administrative expenses					
g End of year balance	33,073,830	28,885,809	31,217,030	26,620,841	24,674,504

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 26 %
 - b** Permanent endowment ▶ 74 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		63,603,173		63,603,173
b Buildings		234,333,677	92,756,761	141,576,916
c Leasehold improvements		18,301,467	12,359,847	5,941,620
d Equipment		52,607,016	39,323,240	13,283,776
e Other		22,735,524	18,702,956	4,032,568
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				228,438,053

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Other funds of funds		
(B) Diversified equity funds of funds		
(C) Diversified institutional commingled funds	24,844,544	F
(D) Non-Marketable Funds	401,528	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	25,246,072	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	719,508

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 58-0566253
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN ATLANTA (1361)

Supplemental Information

Return Reference	Explanation
Schedule D, Part II, Line 5 Conservation easements policy	THE ASSOCIATION MONITORS THE USE AND CONDITION OF REAL PROPERTY RESTRICTED BY EASEMENT TO DETERMINE ADHERENCE AND COMPLIANCE YEARLY. THE ASSOCIATION INSPECTS THE PROPERTY VIA AN ON SITE VISIT YEARLY. CORRECTIVE ACTION IS TAKEN WITHIN 60 DAYS OF A KNOWN VIOLATION.

Supplemental Information

Return Reference	Explanation
Schedule D, Part II, Line 9 Conservation easements financial reporting	THE ASSOCIATION HOLDS ONE EASEMENT TIED TO LAND UPON WHICH WE HAVE CONSTRUCTED A PROGRAM SERVICE LOCATION. THE LAND IS RECORDED ON THE BALANCE SHEET AT ACQUISITION COST. THERE ARE NO PLANS TO SELL THIS LAND AND ITS RELATED EASEMENT, THEREFORE, THERE IS NO REVENUE OR EXPENSE ASSOCIATED WITH SAID EASEMENT PERSE.

Supplemental Information

Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	Custodial liabilities represent cash held for other in which the YMCA acts as a fiscal agent.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	OUR ENDOWMENT FUNDS HAVE BEEN DONATED BY INDIVIDUALS AND FOUNDATIONS OVER MANY YEARS. THE ORIGINAL VALUE OF THE DONATIONS IS MAINTAINED AND IS INVESTED IN PERPETUITY. THROUGH A TOTAL RETURN FORMULA, THE BOARD APPROPRIATES AN AMOUNT EACH YEAR FOR THE SUPPORT OF OUR PROGRAMS.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Association has evaluated its tax positions and determined that it does not have any uncertain tax positions that meet the criteria under Financial Accounting Standards Codification Topic 740. In the normal course of business, the Association is subject to examination by the federal and state taxing authorities. In general, the Association is not subject to tax examinations for the tax years ending before December 31, 2016.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number
58-0566253

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			85,258
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			85,258

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)
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	21,160	WIRE TRANSFER			
		Sub-Saharan Africa	SUPPORT DEVELOPMENT OF STAFF	13,800	WIRE TRANSFER			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 0

3 Enter total number of other organizations or entities ▶ 2

Part 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 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 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 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 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 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 No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	WE HAVE RELATIONSHIPS WITH TWO 'SISTER YMCAS' IN TWO COUNTRIES: SOUTH AFRICA AND GEORGIA. WE HAVE STAFF WHO PERIODICALLY VISIT THESE YMCAS AS WELL AS EXCHANGE PROGRAMS WITH YOUTH GROUPS. WHILE STAFF IS ON SITE, THEY REVIEW ACTIVITIES THAT ARE SUPPORTED BY OUR SMALL DONATIONS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	WE HAVE RELATIONSHIPS WITH TWO 'SISTER YMCAS' IN TWO COUNTRIES: SOUTH AFRICA AND GEORGIA. WE HAVE STAFF WHO PERIODICALLY VISIT THESE YMCAS AS WELL AS EXCHANGE PROGRAMS WITH YOUTH GROUPS. WHILE STAFF IS ON SITE, THEY REVIEW ACTIVITIES THAT ARE SUPPORTED BY OUR SMALL DONATIONS.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 58-0566253

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF
METROPOLITAN ATLANTA (1361)

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	SERVICE LEADERSHIP	31,260
Europe (Including Iceland and Greenland)			Program Services	SERVICE LEADERSHIP	53,998

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number
58-0566253

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
COXE CURRY & ASSOCIATES INC 191 PEACHTREE STREET NE SUITE 450 ATLANTA, GA 30303	FUNDRAISING CONSULTING		No		214,503	-214,503
NANCY LEIGH BLANK 509 COLLIER ROAD ATLANTA, GA 30318	FUNDRAISING CONSULTING		No		37,500	-37,500
GRANTSCRIBES INC 2998 PARK LN ATLANTA, GA 30341	FUNDRAISING CONSULTING		No		33,000	-33,000
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193	SOFTWARE STRATEGY & USAGE		No	491,313	25,391	465,922
WEALTHENGINE INC PO BOX 775981 CHICAGO, IL 60677	DONOR IDENTIFICATION		No		10,000	-10,000
GETNETWORKS INC 1270 CAROLINE ST NE SUITE D120-456 ATLANTA, GA 30307	FUNDRAISING CONSULTING		No		5,625	-5,625
RICHARD P ARANSON dba CONFLUENT NON-PROFIT CONSULTING LLC 130 LAMB DIN LANE ALPHARETTA, GA 30022	FUNDRAISING CONSULTING		No		4,224	-4,224
ABILA PO BOX 123303 DALLAS, TX 75312	FUNDRAISING DATABASE CONSULTING		No		1,710	-1,710
CATHEXIS PARTNERS LLC 122 CELEBRATION BLVD CELEBRATION, FL 34747	FUNDRAISING SOFTWARE CONSULTING & USAGE		No		633	-633
Total				491,313	332,586	158,727

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

GA

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Days of Service</u> (event type)	<u>Healthy Kids Day</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	70,580	86,880	386,729	544,189
	2 Less: Contributions	70,580	86,880	370,798	528,258
	3 Gross income (line 1 minus line 2)	0	0	15,931	15,931
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			4,781	4,781
	6 Rent/facility costs	139,096			139,096
	7 Food and beverages	5,887	519		6,406
	8 Entertainment			2,404	2,404
	9 Other direct expenses	34,899	32,098	246,460	313,457
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				466,144
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-450,213	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number
58-0566253

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE YMCA PAYS FOR SOCIAL CLUB DUES FOR A YMCA KEY EMPLOYEE, THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	THE YMCA PAYS FOR SOCIAL CLUB DUES FOR A YMCA KEY EMPLOYEE, THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 58-0566253
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	EDWARD G MUNSTER JR CHIEF EXECUTIVE OFFICER / EXECUTIVE CONSULTANT	(i) 487,509 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	33,600 ----- 0	8,248 ----- 0	529,357 ----- 0	0 ----- 0
1	LAUREN KOONTZ CHIEF PHILANTHROPY OFFICER / CHIEF EXECUTIVE OFFICER	(i) 358,732 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	33,600 ----- 0	11,482 ----- 0	403,814 ----- 0	0 ----- 0
2	NEDRA JONES CHIEF FINANCIAL OFFICER	(i) 266,286 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	30,039 ----- 0	10,388 ----- 0	306,713 ----- 0	0 ----- 0
3	KRISTIN MCEWEN SR. VICE PRESIDENT OF OPERATIONS	(i) 241,573 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	29,175 ----- 0	8,361 ----- 0	279,109 ----- 0	0 ----- 0
4	WILLIAM MCKOY SR. VICE PRESIDENT OF OPERATIONS	(i) 209,859 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	25,764 ----- 0	8,413 ----- 0	244,036 ----- 0	0 ----- 0
5	RUSSELL DAVIS CHIEF MARKETING OFFICER	(i) 227,581 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	26,812 ----- 0	16,620 ----- 0	271,013 ----- 0	0 ----- 0
6	HUEL O'KELLEY VICE PRESIDENT OF CAMPING SERVICES AND YOUTH DEVELOPMENT	(i) 173,774 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	21,439 ----- 0	8,483 ----- 0	203,696 ----- 0	0 ----- 0
7	ALISHA PENICK CHIEF HUMAN RESOURCES OFFICER	(i) 178,808 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	0 ----- 0	1,293 ----- 0	180,101 ----- 0	0 ----- 0
8	PARRISH UNDERWOOD CHIEF ADVANCEMENT OFFICER	(i) 164,947 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	19,827 ----- 0	13,598 ----- 0	198,372 ----- 0	0 ----- 0
9	LYDIA THACKER CHIEF DEVELOPMENT AND INCLUSION OFFICER	(i) 154,682 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	19,536 ----- 0	10,773 ----- 0	184,991 ----- 0	0 ----- 0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	4-DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878		01-06-2010	6,710,000	REFUND 12/2/2004 FULTON REVENUE BONDS		X		X		X
B	1-DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878		11-05-2009	3,340,000	REFUND 7/6/1995 FULTON REVENUE BONDS		X		X		X
C	2-DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878		09-30-2009	12,500,000	REFUND 12/17/1997 FULTON REVENUE BONDS		X		X		X
D	7-DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522811		07-24-2013	5,927,000	REFUND 12/11/2003 COBB REVENUE BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,932,579		2,918,805		8,530,587		1,076,836	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	6,710,000		3,340,000		12,500,000		5,927,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		117,000	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	6,710,000		3,340,000		12,500,000		5,810,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2006		1997		1998		2004	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part IV, Line 5b REBATE EXCEPTION	FOR SCHEDULE K - PART IV (ARBITRAGE) - LINE 1 AND 2 - BONDS #1-#7 - THE YMCA QUALIFIES FOR AN EXCEPTION TO REBATE SINCE THE PROCEEDS WERE SPENT WITHIN 6 MONTHS OF THE ISSUE DATE.

Return Reference	Explanation
Schedule K, Part II, Line 11 RECONCILE EXPENDITURES AND ISSUE PRICE	FOR BOND #9-DEVELOPMENT AUTHORITY OF DEKALB COUNTY - EXPENDITURES DO NOT MATCH ISSUE PRICE DUE TO \$2,582,000 OF OTHER SPENT PROCEEDS USED TO REFINANCE THE ORIGINAL BOND ISSUE.

Return Reference	Explanation
Schedule K, Part IV, Line 5b REBATE EXCEPTION	FOR SCHEDULE K - PART IV (ARBITRAGE) - LINE 1 AND 2 - BOND #9 - THE YMCA QUALIFIES FOR AN EXCEPTION TO REBATE SINCE THERE ARE NO UNSPENT PROCEEDS AS OF 1/1/2015 GOING FORWARD.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: 8-DEVELOPMENT AUTHORITY OF FULTON COUNTY The calculation for computing no rebate due was performed on 12/31/2015

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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	3-DEVELOPMENT AUTHORITY OF FORSYTH COUNTY	58-2390514		09-30-2009	14,160,000	REFUND 12/2/2004 FORSYTH REVENUE BONDS		X		X		X
B	8-DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878		07-24-2013	7,500,000	7/1/2013 REVENUE BONDS TO RENOVATE FACILITIES & REFINANCE OUTSTANDING DEBT		X		X		X
C	5-DEVELOPMENT AUTHORITY OF COWETA COUNTY	58-1057672		01-06-2010	15,000,000	REFUND 4/4/2006 COWETA REVENUE BONDS		X		X		X
D	6-DEVELOPMENT AUTHORITY OF COBB COUNTY	58-1522811		01-06-2010	4,800,000	REFUND 6/25/1998 ADJUSTABLE MODE REVENUE BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,780,000		1,140,000		1,393,593		4,800,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	14,160,000		7,500,000		15,000,000		4,800,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	14,160,000		7,500,000		15,000,000		4,800,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2006		2016		2008		2000	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number 58-0566253

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: 9-DEVELOPMENT AUTHORITY OF DEKALB COUNTY, 58-1500666, 07-01-2013, 13,000,000, 7/1/2013 REVENUE BONDS TO RENOVATE FACILITIES & REFUND 7/6/1995 DEKALB REVENUE BONDS.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13: Amount of bonds retired (1,371,087), Total proceeds of issue (13,000,000), Issuance costs from proceeds (260,000), etc. Rows 14-17: Qualifying questions about bond issuance and record-keeping.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6 Total of lines 4 and 5		0 %						
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number 58-0566253

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

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

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

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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? To/From, (e) Original principal amount, (f) Balance due, (g) In default? Yes/No, (h) Approved by board or committee? Yes/No, (i) Written agreement? Yes/No.

Total \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) COLLINS COOPER CARUSI	ED MUNSTER, CHIEF EXECUTIVE OFFICER, IS THE SPOUSE OF A PARTNER AT THE ENTITY	1,232,129	ARCHITECTURE SERVICES		No
(2) KAISER PERMANENTE OF GA	MICHAEL WATHEN, BOARD MEMBER	1,306,624	MEDICAL PREMIUMS		No
(3) SG PROPERTY SERVICES	SACHIN DEV SHAIENDRA, BOARD MEMBER	5,724,692	CONTRUCTION		No
(4) TROUTMAN SANDERS	RICHARD GERAKITIS, BOARD SECRETARY	348,987	CONSULTANT		No
(5) CARTER & ASSOCIATES LLC	SCOTT TAYLOR, BOARD MEMBER	50,640	CONSULTANT		No
(6) GAS SOUTH	KEVIN GREINER, BOARD MEMBER	265,155	UTILITIES		No

Part V Supplemental Information

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number
58-0566253

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	14	120,470	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 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 **29** 0

	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?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 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.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	A FINANCIAL ADVISOR SELLS PUBLICLY TRADED SECURITIES WITH TYPICALLY SAME DAY LIQUIDATION INTO A BROKERAGE ACCOUNT.
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - SECURITIES - PUBLICLY TRADED - THE AMOUNT REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE BOARD OF DIRECTORS DELEGATES THE DETAILED REVIEW OF THE 990 TO THE FINANCE/AUDIT COMMITTEE. THE CFO DISTRIBUTES THE 990 TO THE COMMITTEE AND POINTS OUT CRITICAL AREAS, GIVING THEM TIME TO REVIEW AND SUBMIT QUESTIONS AND COMMENTS. ALL QUESTIONS ARE RESOLVED PRIOR TO FILING THE 990, AND THE COMPLETE BOARD RECEIVES A REPORT FROM THE FINANCE/AUDIT COMMITTEE CHAIR. EACH BOARD MEMBER RECEIVES A COPY OF THE COMPLETED FORM 990 FOR THEIR REVIEW PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ALL BOARD MEMBERS AND SENIOR STAFF RECEIVE THE CONFLICT OF INTEREST FORM AND QUESTIONNAIRE ANNUALLY. THEY RETURN THEM TO THE CFO WHO REVIEWS AND COMPILES A REPORT FOR THE FINANCE/AUDIT COMMITTEE. POTENTIAL CONFLICTS ARE DISCUSSED AND RESOLVED BY THE COMMITTEE. THE FINANCE/AUDIT COMMITTEE CHAIR THEN REPORTS TO THE FULL BOARD WITH ANY FINDINGS AND RESOLUTIONS. BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSIONS AND ABSTAIN FROM VOTING WHEN THEY HAVE A CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 15a Process to establish compensation of top management official</p>	<p>THE ASSOCIATION DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR AND EQUITABLE, AS WELL AS COMPLIANT WITH REGULATORY GUIDELINES AND REPRESENTATIVE OF MARKET BEST PRACTICES. KEY PRINCIPLES THAT GUIDE THE YMCA'S EXECUTIVE COMPENSATION PROGRAM INCLUDE THE FOLLOWING: - EXECUTIVE COMPENSATION PROGRAMS MUST SUPPORT THE YMCA'S MISSION, VISION, VALUES, STRATEGIC DIRECTION, AND TAX-EXEMPT STATUS. - THE YMCA COMPETES IN A NATIONAL LABOR MARKET FOR ITS EXECUTIVES AND THUS WILL CONSIDER PAY PRACTICES REPRESENTATIVE OF THOSE USED BY TAX-EXEMPT AND FOR-PROFIT (AS NEEDED) ORGANIZATIONS FROM ACROSS THE U.S. - THE RELATIVE PAY LEVELS OF THE YMCA EXECUTIVES WILL, OVER TIME, REFLECT BOTH INDIVIDUAL AND ORGANIZATION PERFORMANCE. - THE YMCA INTENDS TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER INTERMEDIATE SANCTIONS REGULATIONS. THUS, EXECUTIVE COMPENSATION PROGRAMS AND RECOMMENDATIONS WILL BE PREPARED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE, IN ADVANCE OF THEIR IMPLEMENTATION. - THE YMCA'S EXECUTIVE TOTAL COMPENSATION PROGRAM MAY CONSIST OF THE FOLLOWING COMPONENTS: (1) BASE SALARY, (2) ANNUAL INCENTIVE COMPENSATION, (3) STANDARD (ALL-EMPLOYEE) BENEFITS, (4) SUPPLEMENTAL BENEFITS AND PERQUISITES, AND (5) SEVERANCE. ANNUALLY, THE COMPENSATION COMMITTEE WILL DIRECT THE REVIEW OF THE COMPONENTS OF THE EXECUTIVE COMPENSATION PROGRAM AND APPROVED PROGRAM MODIFICATIONS AS APPROPRIATE. THE COMMITTEE MAY RECOMMEND TO THE EXECUTIVE COMMITTEE UNIQUE PROGRAM COMPONENTS WHICH SUPPORT THE ACHIEVEMENT OF THE YMCA'S MISSION. MARKET COMPARISON - THE YMCA WILL CONSIDER A NATIONAL PEER GROUP OF TAX-EXEMPT ORGANIZATIONS COMPARABLE TO THE YMCA IN SIZE (I.E., REVENUES, CONSTITUENTS, OR NUMBER OF EMPLOYEES) AND COMPLEXITY TO DETERMINE THE MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS. THIS PEER GROUP WILL PRIMARILY BE COMPRISED OF TAX-EXEMPT ASSOCIATIONS, OTHER NOT-FOR-PROFITS, AND FOR-PROFITS (AS NEEDED). MARKET DATA FOR YMCA POSITIONS WILL BE COLLECTED AND ANALYZED FOR FUNCTIONALLY COMPARABLE POSITIONS AS REPORTED IN SURVEYS CONDUCTED BY INDEPENDENT FIRMS. MARKET POSITION TARGETS - THE YMCA HAS ESTABLISHED A TARGET MARKET POSITION FOR EACH OF THE COMPONENTS OF ITS EXECUTIVE TOTAL COMPENSATION PROGRAM. BASE SALARIES - THE YMCA MANAGES ITS EXECUTIVES' BASE SALARIES AROUND THE 50TH PERCENTILE OF BASE SALARIES PAID IN THE MARKET. SALARIES WILL VARY FROM THE 50TH PERCENTILE BASED ON AN EXECUTIVE'S EXPERIENCE AND PERFORMANCE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE PROCESS TO ESTABLISH COMPENSATION OF OTHER KEY EMPLOYEES IS THE SAME PROCESS AS THAT OF TOP MANAGEMENT POSITIONS AS DESCRIBED IN PART VI, SEC B, LINE 15A.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE YMCA'S 990 AND ANNUAL REPORT (INCLUDING FINANCIAL INFORMATION) ARE LOCATED ON OUR PUBLIC WEBSITE. OUR AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	GAIN ON SWAP - -687771;

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number
58-0566253

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EARLY CHILDHOOD DEVELOPMENT CO LLC 569 Martin Luther King Jr Drive NW ATLANTA, GA 30314 58-2479523	CHILD CARE	GA	26,490,013	4,494,567	YMCA OF METRO ATLANTA
(2) YMCA COMMUNITY DEVELOPMENT LLC 569 Martin Luther King Jr Drive NW ATLANTA, GA 30314 58-0566253	COMM PROG	GA			YMCA OF METRO ATLANTA
(3) YMCA EAST LAKE YOUTH CENTER LLC 569 Martin Luther King Jr Drive NW ATLANTA, GA 30314 45-3685287	FUND MGR	GA			YMCA OF METRO ATLANTA
(4) YMCA EAST LAKE CAPITAL LLC 569 Martin Luther King Jr Drive NW ATLANTA, GA 30314 04-5368713	INVESTING	GA			YMCA OF METRO ATLANTA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ATLANTA YMCA WESTSIDE QALICB INC 569 Martin Luther King Jr Drive NW ATLANTA, GA 30314 82-2266076	WESTSIDE PROJECTS IN ATLANTA	GA	501(c)(3)		YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA	Yes	
(2) YMCA WOODSON PARK QALICB INC 569 Martin Luther King Jr Dr Atlanta, GA 303144164 84-2247928	PROJECTS IN WOODSON PARK AREA OF ATLANTA	GA	501(c)(3)		YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation