

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 DOUGLAS COUNTY

Doing business as
YMCA OF DOUGLAS COUNTY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1151 NW Stewart Parkway

City or town, state or province, country, and ZIP or foreign postal code
Roseburg, OR 974711902

F Name and address of principal officer:
Robert Dannenhoffer
1151 NW Stewart Parkway
Roseburg, OR 974711902

D Employer identification number
93-0395593

E Telephone number
(541) 440-9622

G Gross receipts \$ 3,278,842

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.YMCAOFDOUGLASCOUNTY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1948

M State of legal domicile: OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE YMCA IS TO BUILD STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES. WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING OUR COMMUNITY'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE. MEMBERS, STAFF AND VOLUNTEERS OF THE YMCA INCLUDE MEN, WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE. THE Y IS ACCESSIBLE TO ALL PEOPLE AND FINANCIAL ASSISTANCE IS OFFERED TO INDIVIDUALS AND FAMILIES WHO CANNOT AFFORD MEMBERSHIP AND PROGRAM FEES. THE Y IS GUIDED BY FOUR CORE VALUES: CARING, HONESTY, RESPECT AND RESPONSIBILITY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	229
6 Total number of volunteers (estimate if necessary)	6	229
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	489,277	754,308
9 Program service revenue (Part VIII, line 2g)	2,343,279	2,424,843
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-9,069	2,427
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,701	76,043
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,863,188	3,257,621

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,569	41,957
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)	1,781,821	1,859,228
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶131,574		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,088,905	1,215,829
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,923,295	3,117,014
19 Revenue less expenses. Subtract line 18 from line 12	-60,107	140,607

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,397,840	6,567,750
21 Total liabilities (Part X, line 26)	140,393	162,080
22 Net assets or fund balances. Subtract line 21 from line 20	6,257,447	6,405,670

Part II Signature Block

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

Sign Here Signature of officer: _____ Date: 2020-09-14
ROBERT DANNENHOFFER BOARD PRESIDENT
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 MISSION OF THE YMCA IS TO BUILD STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES. WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING OUR COMMUNITY'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE. MEMBERS, STAFF AND VOLUNTEERS OF THE YMCA INCLUDE MEN, WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE. THE Y IS ACCESSIBLE TO ALL PEOPLE AND FINANCIAL ASSISTANCE IS OFFERED TO INDIVIDUALS AND FAMILIES WHO CANNOT AFFORD MEMBERSHIP AND PROGRAM FEES. THE Y IS GUIDED BY FOUR CORE VALUES: CARING, HONESTY, RESPECT AND RESPONSIBILITY.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,201,816 including grants of \$ 16,385) (Revenue \$ 1,951,783)
See Additional Data



4b (Code:) (Expenses \$ 1,075,197 including grants of \$ 8,435) (Revenue \$ 412,015)
See Additional Data

4c (Code:) (Expenses \$ 213,606 including grants of \$ 17,137) (Revenue \$ 61,045)
See Additional Data

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

4e Total program service expenses ▶ 2,490,619

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, 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 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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 229
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? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: 4b
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c
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
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f
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? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
YMCA OF DOUGLAS COUNTY 1151 NW STEWART PARKWAY ROSEBURG, OR 97471 (541) 440-9622

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			
(1) DORI JOHN 2ND VICE-PRESIDENT	0.5	X		X				0	0	0
(2) JASON PARGETER 1ST VICE-PRESIDENT	0.6	X		X				0	0	0
(3) JOYCE AKSE SECRETARY	0.5	X		X				0	0	0
(4) MIKE WATTERS TREASURER	0.3	X		X				0	0	0
(5) ROBERT DANNENHOFFER PRESIDENT	2.6	X		X				0	0	0
(6) ALISON EGGERS BOARD MEMBER	0.3	X						0	0	0
(7) AMY PALM BOARD MEMBER	0.0	X						0	0	0
(8) JANET BITTER BOARD MEMBER	0.7	X						0	0	0
(9) JOHN MARC WESTON BOARD MEMBER	0.3	X						0	0	0
(10) LARRY RICH BOARD MEMBER	0.2	X						0	0	0
(11) RICHARD EMBERTSON BOARD MEMBER	0.5	X						0	0	0
(12) ROBIN CONRAD BOARD MEMBER	0.6	X						0	0	0
(13) SHELLEY BRIGGS LOOSLEY BOARD MEMBER	1.5	X						0	0	0
(14) STEPHANY MIDDLEKAUFF COLLINS BOARD MEMBER	0.1	X						0	0	0
(15) TONY HANSEN BOARD MEMBER	0.3	X						0	0	0
(16) TONY WRIGHT BOARD MEMBER	0.1	X						0	0	0
(17) ZACK SKOGLIE BOARD MEMBER	0.3	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARISA FINK CEO/EXECUTIVE DIRECTOR	40.0			X				107,633	0	8,110
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								107,633	0	8,110

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <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>		No
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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 2,047			
	b Membership dues	1b 0			
	c Fundraising events	1c 0			
	d Related organizations	1d 0			
	e Government grants (contributions)	1e 74,311			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 677,950			
	g Noncash contributions included in lines 1a - 1f:\$	1g 249			
	h Total. Add lines 1a-1f		754,308		

Program Service Revenue			(A)	(B)	(C)	(D)
	Business Code					
2a Healthy Living	813410		1,951,783	1,951,783		
b Youth Development	813410		412,015	412,015		
c Social Responsibility	813410		61,045	61,045		
d						
e						
f All other program service revenue.			0	0	0	0
g Total. Add lines 2a-2f.		2,424,843				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,920	0	0	4,920	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		0	0	0	0	
	6a Gross rents	(i) Real	29,942	0			
		(ii) Personal					
		6b Less: rental expenses	17,546	0			
		6c Rental income or (loss)	12,396	0			
	d Net rental income or (loss)		12,396	0	0	12,396	
	7a Gross amount from sales of assets other than inventory	(i) Securities	0	0			
		(ii) Other					
		7b Less: cost or other basis and sales expenses	0	2,493			
		7c Gain or (loss)	0	-2,493			
	d Net gain or (loss)		-2,493	0	0	-2,493	
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
		8b Less: direct expenses	0				
	c Net income or (loss) from fundraising events		0		0	0	
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
		9b Less: direct expenses	0				
	c Net income or (loss) from gaming activities		0	0	0	0	
	10a Gross sales of inventory, less returns and allowances	10a	6,571				
10b Less: cost of goods sold		1,182					
c Net income or (loss) from sales of inventory		5,390	0	0	5,390		
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS	813410		54,244	0	0	54,244	
b Wrkrs Comp Insur Surplus Dividend	813410		4,013	0	0	4,013	
c			0	0	0	0	
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			58,257				
12 Total revenue. See instructions			3,257,621	2,424,843	0	78,470	

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	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	41,657	41,657		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	300	300		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	115,415	2,175	97,204	16,036
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,523,932	1,332,148	190,131	1,653
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	59,682	46,697	12,942	43
9 Other employee benefits	16,632	10,990	5,257	385
10 Payroll taxes	143,567	96,102	25,199	22,266
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	16,000	0	16,000	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,082	15,767	13,315	0
12 Advertising and promotion	56,661	48,930	6,082	1,649
13 Office expenses	262,307	250,073	9,794	2,440
14 Information technology	9,981	986	8,995	0
15 Royalties	0	0	0	0
16 Occupancy	308,146	305,231	2,915	0
17 Travel	27,468	25,783	1,448	237
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	8,017	5,502	2,471	44
20 Interest	0	0	0	0
21 Payments to affiliates	43,656	0	43,656	0
22 Depreciation, depletion, and amortization	290,716	232,293	46,152	12,271
23 Insurance	68,823	63,620	5,203	0
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 FEES, LICENSES/PERMITS	6,857	5,849	1,008	0
b BAD DEBT	76,753	2,203	0	74,550
c RECRUITMENT	5,683	1,836	3,847	0
d BACKGROUND CHECKS	2,504	2,477	27	0
e All other expenses	3,175	0	3,175	0
25 Total functional expenses. Add lines 1 through 24e	3,117,014	2,490,619	494,821	131,574
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	187,901	1	53,037
	2 Savings and temporary cash investments	1,105,034	2	447,539
	3 Pledges and grants receivable, net	403,409	3	13,982
	4 Accounts receivable, net	26,855	4	18,351
	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	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	84,707	9	103,862
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,221,057		
	b Less: accumulated depreciation	4,290,078		
	11 Investments—publicly traded securities	2,600	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,397,840	16	6,567,750	
Liabilities	17 Accounts payable and accrued expenses	71,744	17	86,007
	18 Grants payable	0	18	0
	19 Deferred revenue	44,177	19	56,845
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	24,472	24	19,228
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	140,393	26	162,080
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	4,824,521	27	6,170,712
	28 Net assets with donor restrictions	1,432,926	28	234,956
	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	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	6,257,447	32	6,405,668	
33 Total liabilities and net assets/fund balances	6,397,840	33	6,567,748	

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	3,257,621
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,117,014
3	Revenue less expenses. Subtract line 2 from line 1	3	140,607
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,257,447
5	Net unrealized gains (losses) on investments	5	-358
6	Donated services and use of facilities	6	9,285
7	Investment expenses	7	0
8	Prior period adjustments	8	-1,310
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,405,668

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		No
3a		No
3b		

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 93-0395593
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF DOUGLAS
COUNTY

Form 990 (2019)

Form 990, Part III, Line 4a:

HEALTHY LIVING. THE Y IS A LEADING VOICE IN OUR COMMUNITY AND IS COMMITTED TO IMPROVING DOUGLAS COUNTY'S HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE HEALTHY CHOICES, AND FOSTER CONNECTIONS THROUGH EXERCISE, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, THOUSANDS OF PEOPLE IN OUR RURAL COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR COUNTY STRUGGLES WITH CHRONIC DISEASE AND OBESITY, FAMILIES WRESTLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. IN 2019 WE PROVIDED \$16,385 IN FINANCIAL ASSISTANCE FOR MEMBERSHIPS TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT SEE SCHEDULE O.

Form 990, Part III, Line 4b:

YOUTH DEVELOPMENT. OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS Y PRESCHOOL AND Y AFTERSCHOOL CHILD CARE, SWIM LESSONS, SAFETY AROUND WATER, SWIM TEAM, TEEN MUSIC LAB, ROBOTICS, AND YOUTH SPORTS, OFFERED A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE AND PHYSICAL GROWTH. WE SERVED OUR COMMUNITY'S INFANTS, TODDLERS AND PRESCHOOLERS (BIRTH TO AGE 5), ELEMENTARY YOUTH (AGES 6 - 11), AND MIDDLE SCHOOL AND HIGH SCHOOL YOUTH (AGES 12 - 18). EXPENSES INCLUDE SUBSIDIES OF YOUTH PROGRAMS PLUS \$8,435 IN DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS THAT MAKES PARTICIPATION IN YOUTH PROGRAMS POSSIBLE FOR ALL YOUNG PEOPLE REGARDLESS OF THEIR ABILITY TO PAY. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT SEE SCHEDULE O.

Form 990, Part III, Line 4c:

SOCIAL RESPONSIBILITY. OUR YMCA BELIEVES IN GIVING BACK AND IN SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 70 YEARS. Y PROGRAMS SUCH AS DARKNESS TO LIGHT CHILD SEXUAL ABUSE PREVENTION TRAINING, ANNUAL WATER SAFETY DAY, THE RIVER RESCUE PROJECT, KICK-START DOUGLAS COUNTY (A FREE SUMMER WELLNESS INITIATIVE FOR THE COMMUNITY), PEDALING FOR PARKINSON'S, FREE SUMMER SWIM LESSONS FOR NON-SWIMMERS AND BEGINNERS, AND FREE AFTER-SCHOOL STEM PROGRAMS AT OUR SOUTH COUNTY PROGRAM EXTENSION AND ROSEBURG SITES ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES. WE PROVIDED OVER 24,000 AFTER SCHOOL AND SUMMER MEALS FOR YOUTH AGES 0 -18. THESE PROGRAMS AND SERVICES WERE SUPPORTED WITH \$17,137 IN DIRECT FINANCIAL ASSISTANCE TO INDIVIDUALS IN 2019. THIS YEAR WE ENGAGED 229 VOLUNTEERS PROVIDING 2,740 HOURS OF SERVICE IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR (CONTINUED ON SCHEDULE 0)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF DOUGLAS COUNTY

Employer identification number
93-0395593

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,760,317	1,136,386	569,222	489,277	754,308	5,709,510
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	2,263,503	2,341,305	2,426,096	2,343,279	2,424,844	11,799,027
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						0
6 Total. Add lines 1 through 5	5,023,820	3,477,691	2,995,318	2,832,556	3,179,152	17,508,537
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						17,508,537

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.	5,023,820	3,477,691	2,995,318	2,832,556	3,179,152	17,508,537
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,767	35,054	42,835	50,098	34,862	184,616
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	21,767	35,054	42,835	50,098	34,862	184,616
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.)	12,078	25,096	22,552	29,507	64,829	154,062
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,057,665	3,537,841	3,060,705	2,912,161	3,278,843	17,847,215

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	98.10 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	1.03 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.99 %

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	RESALE MERCHANDISE, ITEMS WITH THE YMCA LOGO SUCH AS T-SHIRTS, SWEATSHIRTS, AND WATER BOTTLES: GROSS REVENUE, \$6,572.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 OTHER INCOME	OUR PORTION OF STATEWIDE REIMBURSEMENT ("DIVIDEND") FROM WORKERS COMPENSATION INSURANCE COMPANY: \$4,013.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 OTHER INCOME	MISCELLANEOUS INCOME SUCH AS NSF AND LATE PAYMENT FEES, TOWEL FEES, AND CREDIT CARD REWARDS: \$9,160.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 OTHER INCOME	INSURANCE CLAIM PROCEEDS, \$45,084.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - OTHER, COLUMN A - 12078.0, COLUMN B - 25096.0, COLUMN C - 22552.0, COLUMN D - 29507.0, COLUMN E - 64829.0, COLUMN F - 154062.0;

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 DOUGLAS COUNTY Employer identification number: 93-0395593

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate value. Rows 5-6 for donor and grantee notification questions.

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

Form for Part II with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-d). 3. Modified, transferred, released, extinguished, or terminated easements. 4. States where property is located. 5. Written policy regarding monitoring. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Requirements of section 170(h)(4)(B)(i) and (ii). 9. Reporting requirements in financial statements.

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

Form for Part III with sections 1a, 1b, 2a, 2b detailing reporting requirements for art and historical treasures, including revenue and asset inclusion amounts.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,370	39,701	38,976	38,777	39,203
b Contributions	-1,310	0	0	0	0
c Net investment earnings, gains, and losses	2,002	-1,331	725	199	-426
d Grants or scholarships					
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses		0	0	0	0
g End of year balance	39,062	38,370	39,701	38,976	38,777

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 %
- c** Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,622		3,622
b Buildings	0	9,471,631	3,655,803	5,815,828
c Leasehold improvements	0	12,101	10,326	1,775
d Equipment	0	733,703	623,949	109,754
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,930,979

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,223,581
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-358
b	Donated services and use of facilities	2b		9,285
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		-42,967
e	Add lines 2a through 2d		2e	-34,040
3	Subtract line 2e from line 1		3	3,257,621
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		0
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,257,621

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	3,075,357
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		-41,657
e	Add lines 2a through 2d		2e	-41,657
3	Subtract line 2e from line 1		3	3,117,014
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		0
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,117,014

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: 93-0395593
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF DOUGLAS COUNTY

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) SCHOLARSHIPS FOR MEMBERSHIPS & PROGRAMS	MEMBERSHIP AND PROGRAM ASSISTANCE REFLECTED IN AUDITED FINANCIALS MEMBERSHIP DUES REVENUE, NET OF SCHOLARSHIPS, BUT ARE INCLUDED AS EXPENSES IN 990.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) SCHOLARSHIPS FOR MEMBERSHIPS & PROGRAMS	MEMBERSHIP AND PROGRAM ASSISTANCE REFLECTED IN AUDITED FINANCIALS MEMBERSHIP DUES REVENUE, NET OF SCHOLARSHIPS, BUT ARE INCLUDED AS EXPENSES IN 990.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 ENDOWMENT FUND INTENDED USES	NO DESIGNATED USES AT THIS TIME.

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	NO SPECIFIC, DESIGNATED USES AT THIS TIME. GENERALLY, EARNINGS FROM ENDOWMENT FUND INVESTMENTS ARE INTENDED TO BE USED BY THE YMCA TO MORE COMPLETELY FULFILL ITS MISSION, DEVELOPING ITS PROGRAMS BEYOND WHAT IS POSSIBLE THROUGH ITS ANNUAL OPERATING FUNDS.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	ADJUSTMENT TO ORIGINAL STOCK VALUE WHEN STOCK SOLD. STOCK HAD BEEN DONATED SEVERAL DECADES AGO. ESTIMATES HAD BEEN USED AT SOME POINT WHEN STOCK HAD BEEN RECLASSIFIED TO ENDOWMENT. - -1310 SCHOLARSHIPS FOR MEMBERSHIPS AND PROGRAMS - -41657

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	SCHOLARSHIPS FOR MEMBERSHIPS AND PROGRAMS - -41657

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 93-0395593

YOUNG MEN'S CHRISTIAN ASSOCIATION OF DOUGLAS COUNTY

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEMBERSHIP AND PROGRAM SCHOLARSHIPS	856	41,657			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part III, Column (b) Estimated Number Of Recipients	MEMBERSHIP AND PROGRAM SCHOLARSHIPS : THE OPERATIONS SOFTWARE WE USE DOES NOT TRACK INDIVIDUAL RECIPIENTS OF SCHOLARSHIPS. WE EXTRAPOLATED THE NUMBER OF RECIPIENTS BY COMBINING LISTS OF SCHOLARSHIPPED MEMBERSHIP UNITS WITH SCHOLARSHIPPED PROGRAM PARTICIPANTS, AND REMOVING DUPLICATIONS THAT WE COULD IDENTIFY. HOWEVER, THERE MAY BE SOME DUPLICATION. THE NUMBER OF RECIPIENT MEMBERS WAS CALCULATED BASED ON THE AVERAGE NUMBER OF SPONSORED MEMBERS PER MEMBERSHIP UNIT.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	MEMBERS & PROGRAM PARTICIPANTS WHO ARE INTERESTED IN RECEIVING A SCHOLARSHIP COMPLETE A FINANCIAL ASSISTANCE APPLICATION. IT IS REVIEWED BY A STAFF MEMBER WITH THE APPLICANT, AND DEPENDING ON THE APPLICANT'S FINANCIAL STATUS, MAY BE GRANTED PARTIAL FINANCIAL ASSISTANCE FOR MEMBERSHIP AND/OR PROGRAM PARTICIPATION. ELIGIBILITY IS REVIEWED AT 3, 6, OR 12 MONTH INTERVALS, DEPENDING ON THE INDIVIDUAL CIRCUMSTANCES.

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 DOUGLAS COUNTY

Employer identification number

93-0395593

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE YMCA REMAINS A MEMBERSHIP ORGANIZATION AND PUBLIC CHARITY OPEN TO ALL PEOPLE. THE YMCA WELCOMES SENIORS, ADULTS AND YOUTH OF ALL AGES, ETHNICITY, RELIGIONS, ABILITIES AND FINANCIAL CIRCUMSTANCES. WE HAVE NO STOCKHOLDERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	BOARD MEMBERS ARE ELECTED BY THE VOTING MEMBERS OF THE YMCA AT THE ANNUAL MEETING. VACANT, UNEXPIRED TERMS ARE FILLED BY BOARD DECISION AS NEEDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	AN ELECTRONIC COPY OF THE IRS FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING. REVIEW AND DISCUSSION IS UNDERTAKEN AT THE NEXT BOARD MEETING WITH THE FINANCE COMMITTEE AND BOARD. THIS DISCUSSION IS AFTER THE 990 IS SUBMITTED TO THE IRS AND USUALLY TAKES PLACE AT THE NEXT BOARD MEETING. IT IS FACILITATED BY THE BOARD TREASURER AND/OR THE YMCA'S AUDITOR, WHO ALSO DISCUSSES THE AUDITED FINANCIAL REPORTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	WE UTILIZE AN ONLINE CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR TO FIND OUT WHETHER ANY BOARD MEMBER OR KEY STAFF MEMBER HAS A CONFLICT OF INTEREST. THE QUESTIONNAIRE ASKS BOARD AND STAFF MEMBERS TO DISCLOSE EXISTING CONFLICTS AND REMINDS THEM TO DISCLOSE ANY THAT MAY CROP UP IN THE FUTURE. A REPORT IS COMPILED THAT IS REFERRED TO AS NEEDED. THE BOARD PRESIDENT IS APPRISED OF ANY CONFLICTS THAT EXIST. THE CEO ATTENDS ALL BOARD AND COMMITTEE MEETINGS TO ENSURE COMPLIANCE WITH THESE GUIDELINES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE CEO/EXECUTIVE DIRECTOR POSITION AT THE YMCA OF DOUGLAS COUNTY IS ANALYZED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ANNUAL COMPENSATION OF THE YMCA'S SENIOR EXECUTIVE IS DETERMINED BY 1. VARIOUS NOT-FOR-PROFIT SOURCES THAT MAY BE AVAILABLE TO THE YMCA, 2 . VARIOUS FOR-PROFIT SOURCES THAT MAY BE AVAILABLE TO THE YMCA, AND 3. RECOMMENDED YMCA OF THE USA SALARY RANGES FOR THE SIZE OF OUR YMCA. COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE BASED UPON BOTH THE REVIEW AND THE CEO'S ACHIEVEMENT OF GOALS AND THE ANNUAL BUDGET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	OUR YMCA'S ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, FORM 990, AND ANNUAL REPORT WILL BE PROVIDED FOR PUBLIC REVIEW UPON WRITTEN REQUEST TO THE CEO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11a MISCELLANEOUS REVENUE	MISCELLANEOUS REVENUE WAS MORE THAN USUAL IN 2019. WE HAD TWO INSURANCE CLAIMS THAT RESULTED IN \$45,000 OF MISCELLANEOUS REVENUE. DUE TO A SEVERE SNOW STORM (VERY UNUSUAL FOR OUR REGION), WE LOST POWER FOR AN EXTENDED PERIOD OF TIME, AND BEFORE IT COULD BE PREVENTED, THE BASEMENT FLOODED, DAMAGING POOL PUMPS AND OTHER POOL EQUIPMENT (\$30,000). IN THE FALL, A COMPROMISED DRIVER LOST CONTROL OF HIS SMALL PICKUP TRUCK AND CRASHED INTO OUR BUILDING, DESTROYING SOME SUPPORTS, A WALL, AND INTERIOR CUPBOARDS (\$15,000). THE PROCEEDS FROM THE CLAIMS WERE USED TO REPAIR OR REPLACE DAMAGED EQUIPMENT, SUPPORTS, WALL, AND CUPBOARDS.

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 X, Line 2 Supplemental information	THE DIFFERENCE IN SAVINGS AND TEMPORARY CASH INVESTMENTS AND IN PLEDGES RECEIVABLES FROM THE BEGINNING OF THE YEAR TO THE END OF THE YEAR IS ATTRIBUTABLE TO THE ACCOMPLISHMENT OF A FUNDRAISING CAMPAIGN AND PAYMENTS FOR THE REMAINDER OF PHASE 1 OF A CAPITAL CONSTRUCTION AND REMODEL PROJECT THAT WAS COMPLETED IN 2019 WITH THE EXCEPTION OF REPLACEMENT OF OUR PARKING LOT, WHICH WILL BE ACCOMPLISHED IN THE SUMMER OF 2020. THE PROJECT INCLUDED THE REPLACEMENT OF OUR LOCKER ROOMS AND NORTH POOL, ALONG WITH SEVERAL SMALLER UPGRADES AND UPDATES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, 4a HEALTHY LIVING	WE PROVIDED COMMUNITY PROGRAMS FREE TO THE COMMUNITY TO ENHANCE HEALTHY LIVING. THESE INCLUDE YMCA HEALTHY KIDS DAY, OFFERED AT OUR TWO LOCATIONS, WHICH ATTRACTED OVER 400 PARTICIPANTS. IN THE SUMMER WE CONDUCTED OUR ANNUAL KICK-START DOUGLAS COUNTY, 100 DAYS OF FREE HEALTHY ACTIVITIES SUCH AS ZUMBA IN THE PARK, WALKING GROUPS, TAI CHI, COMMUNITY SWIMMING, AND YOGA FOR OVER 2,000 PEOPLE OF ALL AGES AND ABILITIES. WE OFFERED ENHANCE FITNESS, AN EVIDENCE-BASED GROUP EXERCISE PROGRAM FOR OLDER ADULTS THAT USES SIMPLE, EASY-TO-LEARN MOVEMENTS THAT MOTIVATE INDIVIDUALS, PARTICULARLY THOSE WITH ARTHRITIS, TO STAY ACTIVE THROUGHOUT THEIR LIFE. YMCA STAFF REGULARLY WORK WITH COMMUNITY PARTNERS TO PROVIDE BLOOD PRESSURE SCREENINGS, ALZHEIMER'S EDUCATION AND HEALTH FAIRS. WITH THE SUPPORT OF THE DOUGLAS COUNTY AGING AND DISABILITY RESOURCES CONNECTION AND ARCHITRAVE HEALTH, THE YMCA HAS DEVELOPED EFFECTIVE, SUSTAINABLE STRATEGIES TO PROMOTE HEALTHY LIFESTYLES THROUGHOUT THE COUNTY FOR PEOPLE LIVING WITH CHRONIC DISEASES SUCH AS ARTHRITIS AND PARKINSON'S DISEASE. OUR POPULAR INDOOR FAMILY PLAY GYM GIVES PARENTS WITH KIDS 0 - 7 A SAFE AND FUN PLACE TO EXERCISE, PLAY TOGETHER, AND MEET AND SPEND TIME WITH FRIENDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, 4b YOUTH DEVELOPMENT	WE SERVED OVER 1,500 YOUTH IN OUR YOUTH SPORTS, SWIM TEAM, SWIM LESSONS, CHILD/PARENT CLASSES (GIGGLES & WIGGLES), AND MARTIAL ARTS PROGRAMS. OUR HIGH QUALITY, AFFORDABLE CHILDCARE FOR WEE ONES AND SCHOOL AGE CHILDREN PROVIDES A SAFE, ENRICHING AND EDUCATIONAL ENVIRONMENT FOR OVER 200 YOUTH AND PROVIDE NEEDED SUPPORT FOR WORKING FAMILIES. THROUGH OUR PARTNERSHIP WITH SMART READING AND THE UMPQUA READING COUNCIL, WE ENCOURAGE YOUTH TO READ FOR A MINIMUM OF 30 MINUTES PER DAY IN ORDER TO COMBAT SUMMER READING LOSS. AN INNOVATIVE TEEN MUSIC LAB PROVIDES FREE MUSIC LESSONS AND GROUP PLAYING EXPERIENCE TO MIDDLE SCHOOL AND HIGH SCHOOL YOUTH, AND OUR LEGO ROBOTICS PROGRAMS IN ROSEBURG AND SOUTH COUNTY ARE MAGNETS FOR KIDS TO PARTICIPATE AND IN ADDITION GIVE THEM AN OPPORTUNITY TO RECEIVE HEALTHY SNACKS AND MEALS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, 4c SOCIAL RESPONSIBILITY	<p>(CONTINUED FROM FORM 990, PART III, 4C) FUTURE GENERATIONS TO THRIVE. WE CONDUCTED OUR ANNUAL YMCA WATER SAFETY DAY AT THE NEIGHBORING COMMUNITY PARK, GIVING AWAY 285 LIFEJACKETS, A DOZEN SETS OF FREE SWIM LESSON GIFT CERTIFICATES, AND INSTRUCTION TO PARENTS AND GUARDIANS ABOUT HOW TO KEEP THEIR KIDS SAFE IN, ON AND AROUND THE WATER. AT SCHOOLS, CHURCHES, BUSINESSES AND OTHER ORGANIZATIONS IN THE ROSEBURG AREA, WE OFFER FREE DARKNESS TO LIGHT CHILD SEXUAL ABUSE PREVENTION TRAINING TO RAISE AWARENESS OF THE PREVALENCE AND CONSEQUENCES OF CHILD SEXUAL ABUSE BY EDUCATING ADULTS ABOUT THE STEPS THEY CAN TAKE TO PREVENT, RECOGNIZE AND REACT RESPONSIBLY TO THE REALITY OF CHILD SEXUAL ABUSE. WORKING AS A LEADER OF THE "RESPECT FOR WATER COMMITTEE," WE WERE INSTRUMENTAL IN GETTING A TEMPERATURE SENSOR INSTALLED IN THE NORTH UMPQUA RIVER THAT PROVIDES LIVE TEMPERATURE READINGS WHICH ARE POSTED ON THE YMCA AND LOCAL MEDIA WEBSITES TO HELP KEEP PEOPLE SAFE AT THE POPULAR RIVER SPOTS IN OUR AREA. IN 2019 WE PROVIDED A TOTAL OF \$41,657 IN DIRECT FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE IN YMCA PROGRAMS, MEMBERSHIPS, AND SERVICES.</p>