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profile       SAME AS C ABOVE       H(b) Are al secondares notation [] Yes _ No         1 Take exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527       H(c) Are al secondares notation [] H(c) Are al secondares notation [] H(c) Are al secondares notation [] Yes _ No         3 Uebsite: WWW. WESTSTARKY.ORG       H(c) Are al secondares notation [] Yes _ No         H(c) Are al secondares notation [] Tust _ Association _ Other ▶ L Year of formation: 191.9] M State of legal domicile OH         Part II _ Summary       If the organization is mission or most significant activities: YOUTH DEVELOPMENT AND HEALTHY         LIVING       _ 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 V, line 1b)       3 (15)         4 Number of independent voting members of the governing body (Part V, line 1b)       5 (17)         5 Total number of individuals employed in calendar year 2020 (Part V, line 12)       5 (17)         7 a Total number of individuals employed in calendar year 2020 (Part V, line 12)       7 (2 (2 (2 (C (C (2 (2 (2 (C (C (2 (2 (C (2 ((C (2 ((C (C ((C (	IANCE AS C ABOVE         High seat subcer		Applica							
J website:         WWB:STSTARXY.ORG         H(g) Group exemption number ▶           K Form of organization:         X Corporation         Tust         Association         0ther ▶         L Year of formation:         191.9         M State of legal domicite: OH           Part II         Summary         If the organization's mission or most significant activities:         YOUTH DEVELOPMENT AND HEALTHY           IV/VINC         Check this box         if the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of voting members of the governing body (Part VI, line 1a)         4         15           4         Number of voting members of the governing body (Part VI, line 1a)         4         15         5           5         Total number of individuals employed in calendary year 2020 (Part VI, line 1a)         4         15         5           5         Total number of volunteers (estimate if necessary)         6         211         7a         0.           7         Total unrelated business travelue from Form 980-T, Part I, line 11         7b         0         0         0           9         Program service revenue (Part VIII, column (A), lines 5, 4, and 7d)         1, 1, 74         2, 237.1         10         10, 2455.1         86.19, 26.72.2           10         Investment incorne (Part VIII, column (A), lines 5, 6, 8, c, 9c, 10c, and 110	J. Website: ► WWW. VBSTSTARKY.ORG       Held Scroup exemption number: ►         Kermon tomation: [1919] M State of legal domical: OH         Part I       Summary         I       Brefty describe the organization is mission or most significant activities: YOUTH DEVELOPMENT AND HEALTHY         1       IVTING         2       Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of undependent voting members of the governing body (Part VI, line 1a) <ul> <li>a</li> <li>f</li> <li>a</li> <li>f</li> <li>a</li> <li>f</li> <li>a</li> <li>f</li> <li>a</li> <li>f</li> <li>a</li> <li>a</li> <li>f</li> <li>a</li> <li>f</li> <li>a</li> <li>f</li> <li>f</li> <li>a</li> <li>f</li> <li>f</li> <li>a</li> <li>f</li> <li>f</li> <li>f</li> <li>f</li> <li>f</li> </ul> a       betweeneet of the governing body (Part VI, line 1b)       a       a       15         a       f       f       f       f       f       179         b       f       total number of underdessend power of norm 9907. Part I, line 11       f       a       f       16       f       6       6       171       73 <td></td> <td>pending</td> <td></td> <td></td> <td></td> <td></td>		pending							
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9       Prior Year       Current Year         9       0       0       0         1       Direct Will, column (A), lines 2, 4, and 7c)       1       1       1       4       1         1       States, and the system of the system of the governing body (Part VI, line 1a)       3       1       5         2       Check this box X       incluster of independent voting members of the governing body (Part VI, line 1a)       3       1       5         3       Number of independent voting members of the governing body (Part VI, line 1a)       4       1.5       4       1.5         5       Total number of individuals employee in calendary evar 2020 (Part VI, line 2a)       6       2.1179       7       7       7       7       Total number of notividuals employee in calendary evar 2020 (Part VI, line 2a)       6       2.1179       6       2.1179       6       2.1179       6       2.1179       6       2.217       7       7       Total number of notividuals employee more from Form 990-7, Part L, line 11       7       7       7       7       1.174       2.237       1.174       2.237       1.1074       2.237       1.1074       2.2357       2.86       9.68       2.102       1.10.379       1.10.379       1.10.379       1.10.379       1.10.379       1.10.379 <td>Image: Program Service Terreduce (Part VII, Solumn (A), line 1)       Program Service Terreduce (Part VII, Solumn (A), line 3, 4, and 7d)       1, 174, 122, 237, 237, 234, 135, 238, 238, 238, 238, 238, 238, 238, 238</td> <td></td> <td></td> <td></td> <td>X Corporation</td> <td>ear of formation: 1919  M Sta</td> <td>ate of legal domicile: OH</td>	Image: Program Service Terreduce (Part VII, Solumn (A), line 1)       Program Service Terreduce (Part VII, Solumn (A), line 3, 4, and 7d)       1, 174, 122, 237, 237, 234, 135, 238, 238, 238, 238, 238, 238, 238, 238				X Corporation	ear of formation: 1919  M Sta	ate of legal domicile: OH			
LIVING         LIVING         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2020 (Part VI, line 1a)       3       15         4       Number of individuals employed in calendar year 2020 (Part VI, line 2a)       5       179         6       Call number of individuals employed in calendar year 2020 (Part VI, line 2a)       6       6       121         7a       Total number of individuals employed in calendar year 2020 (Part VI, line 1a)       7a       0.       7a       0.         7a       Total number of volumters: (estimate if necessary)       6       2.0       0.       7a       0.         7a       Total number of volumters: (estimate if necessary)       7a       0.       1.0.0, 2.65.       8.6, 9.86.       9.8       2.357, 2.84.       1.0.0, 2.65.       8.6, 9.86.       9.8       1.0.0, 2.65.       8.6, 9.947.       1.5       Salaries, other compensation, employee benefits (Calumn (A), lines 5.10)       0.       1.0.0	LIVING         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       is       is         4       Number of independent voting members of the governing body (Part VI, line 2a)       is       is         5       Total number of independent voting members of the governing body (Part VI, line 2a)       is       is         6       Total number of independent voting members of the governing body (Part VI, line 2a)       is       is         6       Total number of independent voting members of the governing body (Part VI, line 2a)       is       is         7       Total number of individuals employed in calendar years 2020 (Part VI, line 2a)       is       is       is         9       Pogram service revenue (Part VIII, column (A), lines 10       Prior Year       Current Year         10       Investment income (Part VIII, column (A), lines 4, and 7d)       1, 1, 74, 2, 2, 37.       2, 094, 844.       1, 452, 672.         11       Other revenue (Part VIII, column (A), lines 1, and (A), line 1, and (A), and (A), line 1, and (A), line 1, and (A), and (A), line 4, and (A), and (	Pa								
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb       U.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), line 3 · 3)       0.       110,379.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,432,636.       1,075,263.         15       Salaries, other compenses (Part IX, column (D), line 25)       20,119.       1       1,025,263.       968,947.         18       Total expenses (Part IX, column (D), line 21)       2,2457,899.       2,154,589.       -222,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -222,701.       202,695.       712,366	b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12	e			be the organization's mission or most significant activities: <b>YOUTH DE</b>	VELOPMENT AND HE	EALTHY			
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb       U.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), line 3 · 3)       0.       110,379.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,432,636.       1,075,263.         15       Salaries, other compenses (Part IX, column (D), line 25)       20,119.       1       1,025,263.       968,947.         18       Total expenses (Part IX, column (D), line 21)       2,2457,899.       2,154,589.       -222,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -222,701.       202,695.       712,366	b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12	anc								
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb       U         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), line 3 · 3)       0.       110,379.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,432,636.       1,075,263.         15       Salaries, other compenses (Part IX, column (D), line 25)       20,119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 21.       2,457,899.       2,154,589.       -222,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -222,701.       202,695.       -722,701. <t< td=""><td>b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12</td><td>ern</td><td></td><td></td><td></td><td></td><td>15</td></t<>	b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12	ern					15			
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb       U         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), line 3 · 3)       0.       110,379.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,432,636.       1,075,263.         15       Salaries, other compenses (Part IX, column (D), line 25)       20,119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 21.       2,457,899.       2,154,589.       -222,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -222,701.       202,695.       -722,701. <t< td=""><td>b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12</td><td>20</td><td></td><td></td><td></td><td></td><td></td></t<>	b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12	20								
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb       U         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), line 3 · 3)       0.       110,379.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,432,636.       1,075,263.         15       Salaries, other compenses (Part IX, column (D), line 25)       20,119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 21.       2,457,899.       2,154,589.       -222,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -222,701.       202,695.       -722,701. <t< td=""><td>b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12</td><td>8</td><td></td><td></td><td></td><td></td><td></td></t<>	b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12	8								
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb       U         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), line 3 · 3)       0.       110,379.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,432,636.       1,075,263.         15       Salaries, other compenses (Part IX, column (D), line 25)       20,119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 21.       2,457,899.       2,154,589.       -222,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -222,701.       202,695.       -722,701. <t< td=""><td>b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12</td><td>ties</td><td></td><td></td><td></td><td></td><td></td></t<>	b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12	ties								
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb       U         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), line 3 · 3)       0.       110,379.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,432,636.       1,075,263.         15       Salaries, other compenses (Part IX, column (D), line 25)       20,119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 21.       2,457,899.       2,154,589.       -222,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -222,701.       202,695.       -722,701. <t< td=""><td>b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12</td><td>Stivi</td><td></td><td></td><td></td><td></td><td></td></t<>	b Net unrelated business taxable income from Form 990-T, Part I, line 11       The 11       The 12        The 12	Stivi								
Prior Year       Current Year         9       Program service revenue (Part VIII, line 1h)       238,915.       815,389.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100, 265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), lines 5-10)       1       432,636.       1,075,263.         16       Benefits paid to or for members (Part IX, column (A), lines 5-10)       1,432,636.       1,075,263.         16       Brotessional fundraising fees (Part IX, column (A), line 21)       2,457,899.       2,154,589.         17       Other expenses (Part IX, column (A), line 11a-11d, 117.24a)       1,025,263.       968,947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2,457,899.       2,154,589.         19       Revenue less expenses. Subtract line 18 from line 12       -22,701.       202,695.         19       Revenue less expenses. Subtract line 11 from line 20       4,330,803.       4,533,498.         20       Total iabilities (Part X, line 26)       712,366.       681,008. </td <td>B         Contributions and grants (Part VIII, line 1th)         Prior Year         238, 915.         815, 389.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 174.         2, 237.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         100, 265.         86, 986.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         100, 265.         86, 986.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         2, 435, 198.         2, 357, 284.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.         110, 379.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)         1, 432, 636.         1, 075, 263.           16         Professional fundriaing fees (Part IX, column (D), line 25)         20, 119.         1, 025, 263.         968, 947.           17         Other expenses (Part IX, column (D), line 25)         20, 219.         1, 025, 263.         968, 947.           18         Total sepenses (Cart X, line 16)         5, 043, 169.         5, 214, 506.         712, 366.         6811, 008.</td> <td>Ă</td> <td></td> <td></td> <td></td> <td></td> <td></td>	B         Contributions and grants (Part VIII, line 1th)         Prior Year         238, 915.         815, 389.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 174.         2, 237.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         100, 265.         86, 986.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         100, 265.         86, 986.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         2, 435, 198.         2, 357, 284.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.         110, 379.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)         1, 432, 636.         1, 075, 263.           16         Professional fundriaing fees (Part IX, column (D), line 25)         20, 119.         1, 025, 263.         968, 947.           17         Other expenses (Part IX, column (D), line 25)         20, 219.         1, 025, 263.         968, 947.           18         Total sepenses (Cart X, line 16)         5, 043, 169.         5, 214, 506.         712, 366.         6811, 008.	Ă								
9       Program service revenue (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       110,379.         13       Grants and similar amounts paid (Part X, column (A), lines 5.10)       1,432,636.       1,075,263.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       1,432,636.       1,075,263.         16       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       20,119.       1,025,263.       968,947.         17       Other expenses. Subtract line 18 from line 12       -22,701.       202,695.       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       5,043,169.       5,214,506.       712,366.       681,008.         21       Total assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.       4,330,803.       4,533,498.         Print/	9       Program service revenue (Part VIII, line 2g)       2,094,844.       1,452,672.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7c)       1,174.       2,237.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       100,265.       86,986.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2,435,198.       2,357,284.         13       Grants and similar amounts paid (Part IX, column (A), lines 4.3)       0.       110,379.         14       Berefits paid to or for members (Part IX, column (A), lines 5-10)       11,432,636.       1,075,263.         16a       Professional fundraising fees (Part IX, column (A), line 25)       20,1119.       1,025,263.       968,947.         17       Other expenses (Part IX, column (A), line 25)       20,119.       1,025,263.       968,947.         18       Total fundraising expenses (Part IX, column (A), line 25)       22,701.       202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -22,701.       202,695.         10       Enginning of Current Year       End of Year       5,043,169.       5,214,506.         21       Total fundraising key enses (Part X, line 26)       2,2366.       681,008.       2,2 2 Net assets or fund balances. Subtract line 21 from line 20. </td <td></td> <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>Current Year</td>				· · · · · · · · · · · · · · · · · · ·		Current Year			
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 2033, 203, 357, 284.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198, 2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       110, 379.         14       Benefits paid to or for members (Part IX, column (A), lines 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 432, 636.       1, 075, 263.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       20, 119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 457, 899.       2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         19       Revenue less expenses. Subtract line 21 from line 20       712, 366.       681, 008.         21       Total assets (Part X, line 26)       712, 366.       681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.       4, 533, 498.         Part II </td <td>11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 283.       0 6, 396.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198.       2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       0.       1100, 379.         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, 432, 636.       1, 075, 263.         16       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -22, 701.       20.02, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       20.02, 695.         20       Total assets (Part X, line 16)       712, 366.       681, 008.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Total assets (Part X, line 20)       4, 330, 803.       4, 533, 498.         Part II       Signature Block       Date<!--</td--><td>¢</td><td>8 (</td><td>Contributions</td><td>and grants (Part VIII, line 1h)</td><td></td><td>-</td></td>	11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 283.       0 6, 396.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198.       2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       0.       1100, 379.         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, 432, 636.       1, 075, 263.         16       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -22, 701.       20.02, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       20.02, 695.         20       Total assets (Part X, line 16)       712, 366.       681, 008.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Total assets (Part X, line 20)       4, 330, 803.       4, 533, 498.         Part II       Signature Block       Date </td <td>¢</td> <td>8 (</td> <td>Contributions</td> <td>and grants (Part VIII, line 1h)</td> <td></td> <td>-</td>	¢	8 (	Contributions	and grants (Part VIII, line 1h)		-			
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 2033, 203, 357, 284.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198, 2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       110, 379.         14       Benefits paid to or for members (Part IX, column (A), lines 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 432, 636.       1, 075, 263.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       20, 119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 457, 899.       2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         19       Revenue less expenses. Subtract line 21 from line 20       712, 366.       681, 008.         21       Total assets (Part X, line 26)       712, 366.       681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.       4, 533, 498.         Part II </td <td>11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 283.       0 6, 396.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198.       2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       0.       1100, 379.         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, 432, 636.       1, 075, 263.         16       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -22, 701.       20.02, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       20.02, 695.         20       Total assets (Part X, line 16)       712, 366.       681, 008.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Total assets (Part X, line 20)       4, 330, 803.       4, 533, 498.         Part II       Signature Block       Date<!--</td--><td>nue</td><td>9 F</td><td>Program servi</td><td>ce revenue (Part VIII, line 2g)</td><td></td><td></td></td>	11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 283.       0 6, 396.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198.       2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       0.       1100, 379.         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, 432, 636.       1, 075, 263.         16       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -22, 701.       20.02, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       20.02, 695.         20       Total assets (Part X, line 16)       712, 366.       681, 008.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Total assets (Part X, line 20)       4, 330, 803.       4, 533, 498.         Part II       Signature Block       Date </td <td>nue</td> <td>9 F</td> <td>Program servi</td> <td>ce revenue (Part VIII, line 2g)</td> <td></td> <td></td>	nue	9 F	Program servi	ce revenue (Part VIII, line 2g)					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 2033, 203, 357, 284.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198, 2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       110, 379.         14       Benefits paid to or for members (Part IX, column (A), lines 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 432, 636.       1, 075, 263.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       20, 119.       1       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 457, 899.       2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         19       Revenue less expenses. Subtract line 21 from line 20       712, 366.       681, 008.         21       Total assets (Part X, line 26)       712, 366.       681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.       4, 533, 498.         Part II </td <td>11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 283.       0 6, 396.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198.       2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       0.       1100, 379.         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, 432, 636.       1, 075, 263.         16       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -22, 701.       20.02, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       20.02, 695.         20       Total assets (Part X, line 16)       712, 366.       681, 008.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Total assets (Part X, line 20)       4, 330, 803.       4, 533, 498.         Part II       Signature Block       Date<!--</td--><td>leve</td><td>10 I</td><td>nvestment ind</td><td>come (Part VIII, column (A), lines 3, 4, and 7d)</td><td></td><td></td></td>	11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       1000, 283.       0 6, 396.         12       Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12)       2, 435, 198.       2, 357, 284.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       0.       1100, 379.         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, 432, 636.       1, 075, 263.         16       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -22, 701.       20.02, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       20.02, 695.         20       Total assets (Part X, line 16)       712, 366.       681, 008.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Total assets (Part X, line 20)       4, 330, 803.       4, 533, 498.         Part II       Signature Block       Date </td <td>leve</td> <td>10 I</td> <td>nvestment ind</td> <td>come (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td></td>	leve	10 I	nvestment ind	come (Part VIII, column (A), lines 3, 4, and 7d)					
13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       0.       110,379.         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)       1,432,636.       1,075,263.         16a       Professional fundraising ees (Part IX, column (D), line 25)       20,119.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a:11d, 11f24e)       1,025,263.       968,947.         18       Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)       2,457,899.       2,154,589.         19       Revenue less expenses. Subtract line 18 from line 12       -22,701.       202,695.         20       Total assets (Part X, line 16)       21       Total assets (Part X, line 26)       712,366.       681,008.         21       Total assets of fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         22       Net assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         22       Net assets or fund balances. Subtract line 21 from line 20       Date       Date         Part II       Signature Block         Date         Printypip pareri's name	13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       0.       110,379.         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)       1,432,636.       1,075,263.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       20,119.       0.       0.         17       Other expenses (Part IX, column (A), line 25)       20,119.       1,025,263.       968,947.         18       Total fundraising expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       2,457,899.       2,154,589.         19       Revenue less expenses. Subtract line 18 from line 12       -22,701.       202,695.         20       Total assets (Part X, line 16)       712,366.       681,008.         21       Total liabilities (Part X, line 26)       712,366.       681,008.         22       Net assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         Part II       Signature Block       Date       Pint/Type preparer's name       Preparer's signature       Date         10       Pint Type preparer's name       Preparer's signature       Date       Pint       Pint         10       Sign       <	ш								
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 432, 636.1, 075, 263.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.0000         b       Total fundraising expenses (Part IX, column (D), line 25)       20, 119.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1, 025, 263.968, 947.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 457, 899.2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.202, 695.         20       Total assets (Part X, line 16)       20, 119.         21       Total assets (Part X, line 26)       712, 366.6681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.4, 533, 498.         Part II         Sign three 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         Part II         Sign         Part Protorect, signature         Pate         Pate <td>14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 432, 636.1, 075, 263.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.0000         b       Total fundraising expenses (Part IX, column (A), line 11e)       0.00000         17       Other expenses (Part IX, column (A), lines 13.111d, 11f:24e)       1, 025, 263.968, 947.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       2, 457, 899.2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.202, 695.         19       Revenue less expenses. Subtract line 21 from line 20       4, 330, 803.4, 533, 498.         21       Total labilities (Part X, line 26)       5, 214, 506.712, 366.681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.4, 533, 498.         Part II       Signature Block       Date         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       Date         Prink Type preparer's name       Preparer's signature       Date         Part M AAA PATTERSON       Preparer's signature       Date</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 432, 636.1, 075, 263.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.0000         b       Total fundraising expenses (Part IX, column (A), line 11e)       0.00000         17       Other expenses (Part IX, column (A), lines 13.111d, 11f:24e)       1, 025, 263.968, 947.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       2, 457, 899.2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.202, 695.         19       Revenue less expenses. Subtract line 21 from line 20       4, 330, 803.4, 533, 498.         21       Total labilities (Part X, line 26)       5, 214, 506.712, 366.681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.4, 533, 498.         Part II       Signature Block       Date         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       Date         Prink Type preparer's name       Preparer's signature       Date         Part M AAA PATTERSON       Preparer's signature       Date									
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 432, 636.       1, 075, 263.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       2, 457, 899.       2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         11       Total assets (Part X, line 16)       -22, 701.       202, 695.         11       Total assets (Part X, line 26)       712, 366.       681, 008.         12       Total liabilities (Part X, line 26)       712, 366.       681, 008.         13       Signature Block       4, 330, 803.       4, 533, 498.         Date         Part II         Sign         Print/Type preparer's name         Preparer's signature         Date         Other         Part II         Sign         Print/Type preparer's name         Preparer's signature       Date	15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       1, 432, 636.       1, 075, 263.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       >       20, 119.       1, 025, 263.       968, 947.         17       Other expenses (Part IX, column (A), lines 11a 11d, 11f:24e)       1, 025, 263.       968, 947.       2, 457, 899.       2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       20, 2695.         12       Total assets (Part X, line 26)       712, 366.       681, 008.         21       Total assets (Part X, line 26)       712, 366.       681, 008.         22       Notal assets (Part X, line 26)       712, 366.       681, 008.         22       Notal assets of fund balances. Subtract line 21 from line 20       4, 330, 803.       4, 533, 498.         Part II Signature Block         Under renative 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         Here         Print/Type preparer's name         Preparer's signature <td colspan<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.00.         b Total fundraising expenses (Part IX, column (D), line 25)       20,119.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,025,263.968,947.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2,457,899.2,154,589.         19 Revenue less expenses. Subtract line 18 from line 12       -22,701.202,695.         19 Revenue less expenses. Subtract line 18 from line 12       -22,701.202,695.         20 Total assets (Part X, line 16)       5,043,169.5,214,506.         21 Total liabilities (Part X, line 26)       712,366.6681,008.         22 Net assets or fund balances. Subtract line 21 from line 20       4,330,803.4,533,498.         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         Sign       Har officer) is based on all information of which preparer has any knowledge.         Part II       Other Maloney-Novot nyuce       Date         Print/Type preparer's name       Preparer's signature       Pate       PTIN         #demoly PartTERSON       Preparer's signature       Date       PTIN	16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (A), line 25)       20, 119.       1, 025, 263.       968, 947.         17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       1, 025, 263.       968, 947.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       2, 457, 899.       2, 154, 589.         19 Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         20 Total assets (Part X, line 16)       5, 043, 169.       5, 214, 506.         21 Total liabilities (Part X, line 26)       712, 366.       681, 008.         22 Net assets or fund balances. Subtract line 21 from line 20.       4, 330, 803.       4, 533, 498.         Part II Signature Block         Under genatives of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and         Under genatives of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and         Image: PrintType preparer's name         Part II Signature Block         Date         Print         Image: MALONEY + NOVOTNY LLC <td< td=""><td></td><td>4 - 6</td><td></td><td></td><td></td><td></td></td<>		4 - 6							
10       Other expenses (art N, column (A), lines Tra TrA, Tri2+e)       2, 457, 899.       2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         20       Total assets (Part X, line 16)       5, 043, 169.       5, 214, 506.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.       4, 533, 498.         Part II         Sign         Under genative Block         Under genative Block         Under genative Block         Date         Print/Type preparer's name         Preparer's signature         Date         Print         Part II Signature Block         Date         Print/Type preparer's name         Preparer's signature         Date         Print         Part II         Date         Print/Type pre	10       Outlet expenses (ait h, column (h), line 21 (must equal Part IX, column (A), line 25)       2,457,899.2,154,500.         19       Revenue less expenses. Subtract line 18 from line 12       20,257,899.2,154,506.         20       Total assets (Part X, line 16)       2,366.6,681,008.         21       Total liabilities (Part X, line 26)       712,366.6,681,008.         22       Net assets of fund balances. Subtract line 21 from line 20       4,330,803.4,533,498.         Part II       Signature Block       10         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       Date         Print/Type preparer's name       Preparer's signature       Date         Print and perparer's name       Preparer's signature       Date         Print in's andre > MALONEY + NOVOTNY LLC       Firm's name > MALONEY + NOVOTNY LLC       Firm's tell > 34-0677006         Ison y       Firm's address > 4774       MUNSON STREET NW, SUITE 402       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No	ses	15 3							
10       Other expenses (art N, column (A), lines Tra TrA, Tri2+e)       2, 457, 899.       2, 154, 589.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         19       Revenue less expenses. Subtract line 18 from line 12       -22, 701.       202, 695.         20       Total assets (Part X, line 16)       5, 043, 169.       5, 214, 506.         21       Total liabilities (Part X, line 26)       712, 366.       681, 008.         22       Net assets or fund balances. Subtract line 21 from line 20       4, 330, 803.       4, 533, 498.         Part II         Sign         Under genative Block         Under genative Block         Under genative Block         Date         Print/Type preparer's name         Preparer's signature         Date         Print         Part II Signature Block         Date         Print/Type preparer's name         Preparer's signature         Date         Print         Part II         Date         Print/Type pre	10       Outlet expenses (ait h, column (h), line 21 (must equal Part IX, column (A), line 25)       2,457,899.2,154,500.         19       Revenue less expenses. Subtract line 18 from line 12       20,257,899.2,154,506.         20       Total assets (Part X, line 16)       2,366.6,681,008.         21       Total liabilities (Part X, line 26)       712,366.6,681,008.         22       Net assets of fund balances. Subtract line 21 from line 20       4,330,803.4,533,498.         Part II       Signature Block       10         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       Date         Print/Type preparer's name       Preparer's signature       Date         Print and perparer's name       Preparer's signature       Date         Print in's andre > MALONEY + NOVOTNY LLC       Firm's name > MALONEY + NOVOTNY LLC       Firm's tell > 34-0677006         Ison y       Firm's address > 4774       MUNSON STREET NW, SUITE 402       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No	)en;	loar b		index expenses (Part IX, column (A), line $25$ ) $\sim 20.119$ .	0.	0.			
18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       2,457,899.       2,154,589.         19       Revenue less expenses. Subtract line 18 from line 12       -22,701.       202,695.         20       Total assets (Part X, line 16)       5,043,169.       5,214,506.         21       Total liabilities (Part X, line 26)       712,366.       681,008.         21       Total assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         Part II         Signature Block         Date         Print/Type preparer's name         Preparer's signature         Date       Check       PTIN         Paid       PATTERSON       Preparer's signature       Date	18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)       2,457,899.2,154,589.         19       Revenue less expenses. Subtract line 18 from line 12       -22,701.202,695.         19       Revenue less expenses. Subtract line 18 from line 12       -22,701.202,695.         20       Total assets (Part X, line 16)       5,043,169.5,214,506.         21       Total liabilities (Part X, line 26)       712,366.6       681,008.         22. Net assets or fund balances. Subtract line 21 from line 20       4,330,803.4,533,498.       4,533,498.         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         Vortex COPY         than officer) is based on all information of which preparer has any knowledge.         Part II         Date         Print/Type preparer's name         Preparer's signature         Date         Print/ Type preparer's name         Preparer's inm's name MALONEY + NOVOTNY LLC         Firm's address 4774 MUNSON STREET NW, SUITE 402         Karter Mathematic Return with the preparer shown above? See instructions <t< td=""><td>EXE</td><td>17 (</td><td></td><td></td><td>1.025.263.</td><td>968,947.</td></t<>	EXE	17 (			1.025.263.	968,947.			
19       Revenue less expenses. Subtract line 18 from line 12       -22,701.       202,695.         20       Total assets (Part X, line 16)       End of Year         21       Total liabilities (Part X, line 26)       712,366.       681,008.         22       Net assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         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 here         Sign         Part II       Signature Block         Date         Print/Type preparer's name         Print/Type preparer's name       Preparer's signature         Date       Check of the proparer's name         Part II       Date	19       Revenue less expenses. Subtract line 18 from line 12       -22,701.       202,695.         20       Total assets (Part X, line 16)       5,043,169.       5,214,506.         21       Total liabilities (Part X, line 26)       712,366.       681,008.         22       Net assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         Part II       Signature Block       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       COPY         Sign       Part II       Signature Block       Date         Part II       Maloney:Novotny       Date         Part II       Date       Pint/Type preparer's name       Preparer's signature         Date       Date       P112,78758         Prim's address A 4774       MUNSON STREET NW, SUITE 402       Firm's all's address A 4774         Use Only       Firm's address A 4774       A4718-3634         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No					2,457,899.				
Beginning of Current Year       End of Year         5,043,169.       5,214,506.         712,366.       681,008.         712,366.       681,008.         94       30,803.       4,533,498.         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 here         Sign         Net assets (Part X, line 26)         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 here         Net assets (Part X, line 26)         Part II         Sign         Part II         OPPAT II	Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       5,043,169.       5,214,506.         21       Total liabilities (Part X, line 26)       712,366.       681,008.         22       Net assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         Part II       Signature Block       Signature Block       0         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       Date         Sign       Image: Maloney-Novotnyuce       Date         Part II       DANA PATTERSON       Preparer's signature       Date         Preparer       Firm's name       MALONEY + NOVOTNY LLC       Firm's EIN       34-0677006         Firm's address       4774 MUNSON STREET NW, SUITE 402       Phone no. (330) 966-9400       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No					-22,701.				
20       Total assets (Part X, line 16)       5,043,169.       5,214,506.         21       Total liabilities (Part X, line 26)       712,366.       681,008.         22       Net assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         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         Sign         Paid         Print/Type preparer's name         Preparer's signature         Date         PTIN         # Print/Type preparer's name         Preparer's signature         Date         Paid	20       Total assets (Part X, line 16)       5,043,169.       5,214,506.         21       Total liabilities (Part X, line 26)       712,366.       681,008.         22       Net assets or fund balances. Subtract line 21 from line 20       4,330,803.       4,533,498.         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         OPY         Hart 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         OPY         Han officer) is based on all information of which preparer has any knowledge.         Sign         Print/Type preparer's name         Date         Print/Type preparer's name         DANA PATTERSON         Print's name MALONEY + NOVOTNY LLC         Firm's EIN 34-0677006         With the preparer shown above? See instructions         X Yes No	or								
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         Sign       COPY       than officer) is based on all information of which preparer has any knowledge.         Sign       Maloney-Novotnyuc       Date         Print/Type preparer's name       Preparer's signature       Date       PTIN         Paid       DANA PATTERSON       Preparer's signature       Date       PTIN	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        COPY         Sign       Image: Copy that on the property of the prop	sets Nanc	20	Total assets (F	Part X, line 16)	5,043,169.				
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         Sign       COPY       than officer) is based on all information of which preparer has any knowledge.         Sign       Maloney-Novotnyuc       Date         Print/Type preparer's name       Preparer's signature       Date       PTIN         Paid       DANA PATTERSON       Preparer's signature       Date       PTIN	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        COPY         Sign       Image: Copy that on the property of the prop	t As: d B	21 1	Total liabilities	(Part X, line 26)					
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 COPY than officer) is based on all information of which preparer has any knowledge.  Sign Here Print/Type preparer's name Preparer's signature Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print P	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         Sign       Image: COPY       than officer) is based on all information of which preparer has any knowledge.         Sign       Image: Print/Type preparer's name       Date         Praid       Print/Type preparer's name       Preparer's signature       Date         Preparer       Firm's name       MALONEY + NOVOTNY LLC       Firm's EIN ▶ 34 - 0677006         Vise Only       Firm's address ▶ 4774       44718 - 3634       Phone no. (330) 966 - 9400         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No		22 1			4,330,803.	4,533,498.			
true, correct, and Sign Here Print/Type preparer's name Paid DANA PATTERSON than officer) is based on all information of which preparer has any knowledge. Date Date Date Preparer's signature Date Preparer's signature Date Preparer's signature Poll 278758	true, correct, and       COPY       than officer) is based on all information of which preparer has any knowledge.         Sign       Maloney Novotny L       Date         Paid       Print/Type preparer's name       Preparer's signature       Date         Preparer       DANA PATTERSON       Preparer's signature       Date         Firm's name       MALONEY + NOVOTNY LLC       Firm's EIN ≥ 34 - 0677006         Firm's address ≥ 4774       44718 - 3634       Phone no. (330) 966 - 9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No			, e						
Sign Here     Maloney-Novotnyuc       Print/Type preparer's name     Preparer's signature       Date     Check if signature       Paid     DANA PATTERSON	Sign Here       Print/Type preparer's name       Preparer's signature       Date         Paid       PANA PATTERSON       Preparer's signature       Date         Preparer       Firm's name       MALONEY + NOVOTNY LLC       Firm's ElN ≥ 34-0677006         Firm's address ≥ 4774       MUNSON STREET NW, SUITE 402       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No									
Here     Print/Type preparer's name     Preparer's signature     Date     Check if get employed     PTIN       Paid     DANA     PATTERSON     Perparer's signature     Date     Pint/Type preparer's name     PO1278758	Here       Print/Type preparer's name       Preparer's signature       Date       Check □ PTIN if       PTIN         Paid       DANA PATTERSON       Preparer's signature       Date       P01278758         Preparer       Firm's name ▶ MALONEY + NOVOTNY LLC       Firm's EIN ▶ 34-0677006         Vse Only       Firm's address ▶ 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes □ No									
Here     Print/Type preparer's name     Preparer's signature     Date     Check if get employed     PTIN       Paid     DANA     PATTERSON     Perparer's signature     Date     Pint/Type preparer's name     PO1278758	Here       Print/Type preparer's name       Preparer's signature       Date       Check □ PTIN if       PTIN         Paid       DANA PATTERSON       Preparer's signature       Date       P01278758         Preparer       Firm's name ▶ MALONEY + NOVOTNY LLC       Firm's EIN ▶ 34-0677006         Vse Only       Firm's address ▶ 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes □ No	Sign			malonev+Novotnv <sub>LLC</sub>	Date				
Print/Type preparer's name     Preparer's signature     Date     Check [if]     PTIN       Paid     DANA     PATTERSON     PO1278758	Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Print/Type preparer's name       DANA PATTERSON       Preparer's signature       Date       Check if PTIN       P01278758         Preparer       Firm's name       MALONEY + NOVOTNY LLC       Firm's EIN ▶ 34-0677006         Use Only       Firm's address ▶ 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No									
Paid DANA PATTERSON	Paid       DANA PATTERSON       if       P01278758         Preparer       Firm's name ▶ MALONEY + NOVOTNY LLC       Firm's EIN ▶ 34-0677006         Use Only       Firm's address ▶ 4774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No		-							
Paid DANA PATTERSON P01278758	Paid       DANA PATTERSON       □			Print/Type pret	parer's name Preparer's signature	Date Check	PTIN			
	Preparer       Firm's name       MALONEY + NOVOTNY LLC       Firm's EIN 34-0677006         Use Only       Firm's address       4774 MUNSON STREET NW, SUITE 402       Phone no. (330) 966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No	Paid								
	CANTON, OH       44718-3634       Phone no. (330)       966-9400         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	Prep	arer	Firm's name	MALONEY + NOVOTNY LLC					
	May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Use	Only	Firm's address						
					CANTON, OH 44718-3634	Phone no. ( 330				
May the IRS discuss this return with the preparer shown above? See instructions	03200112-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)	May	the IR	S discuss this	s return with the preparer shown above? See instructions					
		03200	01 12-23	-20 LHA F	For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2020)			
		03200	01 12-23	-20 LHA F	For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2020)			

orm	YOUNG MENS CHRISTIAN ASSOCIATION OF 990 (2020) MASSILLON 34-0719180 Page
Par	t 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: SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
1	If "Yes," describe these changes on Schedule O. 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 \$ 857,761. including grants of \$ 28,758.) (Revenue \$ 750,444. YOUTH DEVELOPMENT - OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF
	EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND
	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 CHILD CARE,
	PRESCHOOL, SWIMMING & GYMNASTICS LESSONS, OFFER A RANGE OF EXPERIENCES
	THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE
	PARTICIPATION POSSIBLE FOR THE YOUNG PEOPLE WE ENGAGE. IN 2020, WE
	PROVIDED \$28,758 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY
	NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.
4b	(Code:) (Expenses \$ 875,578. including grants of \$ 81,621.) (Revenue \$ 702,228.
10	HEALTHY LIVING - THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND
	WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS,
	FUN AND SHARED INTERESTS. AS A RESULT, OVER 5,000 PEOPLE IN OUR
	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 NATION 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 2020, WE PROVIDED \$81,621 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY
	NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,733,339.
	Form <b>990</b> (20)

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34-0719180 Page 3	34-0719180	Page 3
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	990 (2020) MASSILLON 34-0719	180	Р	<sub>age</sub> 3
Par	t 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		X
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	4	Х	
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	5		X
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	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
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	15		X
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	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	0000	X
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ū	"Yes." complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
50		30		x
24	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	. 31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par	Note: All Form 990 filers are required to complete Schedule O           t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-						
			Yes	No					
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 179								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	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)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	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		X					
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).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
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.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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:								
а	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.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	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.	10-							
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
a	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         Enter the amount of reserves on hand       13c								
с 14а									
		<u>14a</u> 14b		X					
15	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			<u> </u>					
	excess parachute payment(s) during the year?	15		x					
	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		x					
	If "Yes," complete Form 4720, Schedule O.								

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

	tion A. Governing Body and Management					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the vea				10		
a	The governing body?	,	5-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				0.0		
Ū	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-		Codo )		5		
		/enue	<u>Code.)</u>			Yes	No
102	Did the organization have local chapters, branches, or affiliates?				10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	х	
		Deloi		10mm	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				10-	х	
10	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	~	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ OH						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (Section	501(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest p	olicy, and	finano	cial	
	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 boo	ks and	d records	▶			
	JIM STANFORD - (330) 837-5116						
	131 TREMONT AVENUE S.E., MASSILLON, OH 44646-6637						_
	151 IREMONI AVENUE 5:E:, MASSIELON, OII 44040 0057					990	

YOUNG MENS CHRISTIAN ASSOCIATION OF
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MASSILLON

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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, and 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)	(B)			(0	C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	heck i ss per	more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JIM STANFORD CEO	40.00			х				59,875.	0.	16,284.
(2) ED WHITMORE	2.00									
PRESIDENT		x		х				0.	0.	0.
(3) KEVIN NOBLE	2.00									
VICE PRESIDENT		х		х				0.	0.	0.
(4) KATHY SHULTZ	2.00									
TREASURER		x		х				0.	0.	0.
(5) GLEN WEIRICH	2.00									
SECRETARY		x		х				0.	0.	0.
(6) SCOTT CRESCENZE	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JERRY GRAY	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTOPHER A. WILLOUGHBY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL BUSHMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JACQUELINE KNIGHT	2.00									
DIRECTOR		Х						0.	0.	0.
(11) AMY HOPKINS	2.00									_
DIRECTOR		Х						0.	0.	0.
(12) RICHARD REGULA	2.00									•
DIRECTOR		Х						0.	0.	0.
(13) PAT WINKHART	2.00							_	_	•
DIRECTOR		Х				<u> </u>		0.	0.	0.
(14) BROC BIDLACK	2.00							_	<u> </u>	•
DIRECTOR		Х	$\left  - \right $			-		0.	0.	0.
(15) REV. BRENT GUNDLAH	2.00	x						0.		•
DIRECTOR (16) DR. WILLIAM LEFFLER, DDS	2.00	^				-		U.	0.	0.
(16) DR. WILLIAM LEFFLER, DDS DIRECTOR	2.00	x						0.	0.	0
DIRECTOR						-		0.	0.	0.
		1								
	I	L			I	L	L	I	1	Earm <b>990</b> (2020)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	Pos heck i ss per id a di	ition more rson i	than o s both	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	on	1	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MK	IS	fi org an	pensa om th anizat d relat anizati	ation le tion ted
			-											
			-											
			-											
			-											
			-											
1b	Subtotal								59,875.		0.	1	6,2	84.
с	Total from continuation sheets to Part VI	I, Section A							0. 59,875.		0.		6,2	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re		000 of reportable			0,2	0
	compensation from the organization												Yes	0   No
3	Did the organization list any former officer.	director, trust	ee, k	key e	empl	ove	e, or	hio	hest compensated emp	loyee on			163	
	line 1a? If "Yes," complete Schedule J for s			-		-		-	-	-		3		X
4	For any individual listed on line 1a, is the su													v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? <i>If</i> "Yes,	CO " coti	mple	ete S	Sche	edule	e J f	for such individual	hual for services		4		X
5	rendered to the organization? If "Yes," con											5		X
Sec	tion B. Independent Contractors	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					• • •							
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	tion fro	om	
	(A) Name and business			ONE					(B) Description of s		C	<b>))</b> Compe		n
2	Total number of independent contractors (i		ot lir	niteo	d to t	thos		ted	above) who received me	ore than				
	\$100,000 of compensation from the organi					<u> </u>	,					Form	<b>990</b> (	(2020)

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			2020) MASSILLON				34-0719	180 Page <b>9</b>
Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
<i>6</i> 0	-1	_	Federated campaigns 1a	39,400.				
Contributions, Gifts, Grants and Other Similar Amounts	'			55,400.				
ъ б			Membership dues     1b       Fundraising events     1c					
ifts, r A			Related organizations					
nia ,			Government grants (contributions)	432,652.				
Sir			All other contributions, gifts, grants, and	•				
ber			similar amounts not included above <b>1f</b>	343,337.				
di Li		g	Noncash contributions included in lines 1a-1f					
Col		h	Total. Add lines 1a-1f	►	815,389.			
				Business Code				
ė	2	а	YOUTH DEVELOPMENT	813410	750,444.	750,444. 702,228.		
e vic		b	HEALTHY LIVING	813410	702,228.	702,228.		
Se		с						
ram leve		d						
Program Service Revenue		е						
ā			All other program service revenue					
			Total. Add lines 2a-2f		1,452,672.			
	3		Investment income (including dividends, intere		0.007			0 0 0 7 7
	_		other similar amounts)		2,237.			2,237.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	_		(ii) Personai				
	0							
			Less: rental expenses6bU •Rental income or (loss)6c49,224 •					
			Net rental income or (loss)	L	49,224.			49,224.
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	u	assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
e			and sales expenses					
evenue		с	Gain or (loss) 7c					
Rev			Net gain or (loss)	►				
Other	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b	5,947.				
		с	Net income or (loss) from fundraising events	<u> </u>	8,643.			8,643.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b	L				
			Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns	2 110				
			and allowances 10a Less: cost of goods sold 10k					
			•	<u>, _,</u>	1,979.			1,979.
		С	Net income or (loss) from sales of inventory	Business Code	±,313.			±,313.
sn	44	•	MISCELLANEOUS INCOME	900099	27,140.			27,140.
neo		a b						//_=v•
ella <u>ver</u>		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		27,140.			
	12		Total revenue. See instructions		2,357,284.	1,452,672.	0.	89,223.
032009	9 12	-23-	20					Form <b>990</b> (2020)

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Form 990 (2020) MASSILLON
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	110,379.	110,379.		
3	Grants and other assistance to foreign	110,0,00			
J	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	76,159.	50,564.	6,556.	19,039
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	851,262.	771,786.	79,476.	
7 0	Other salaries and wages	001,202.	//1,/00.	19,410.	
8	Pension plan accruals and contributions (include	44 135	3/ 997	9,138.	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	<u>44,135.</u> 39,815.	34,997. 31,572.	8,243.	
9 10		63,892.	56,947.	5,865.	1,080
11	Payroll taxes Fees for services (nonemployees):	05,052.	50,517.	5,005.	1,000
	Management				
	Legal				
	Accounting	11,000.		11,000.	
	Lobbying	371.		371.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0.)	39,938.	34,116.	5,822.	
12	Advertising and promotion	10,519.	34,116. 10,370.	149.	
13	Office expenses	229,711.	204,557.	25,154.	
14	Information technology	19,794.	1,200.	18,594.	
15	Royalties				
16	Occupancy	152,287.	137,103.	15,184.	
17	Travel	5,486.	2,741.	2,745.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1 0 7 1		
19	Conferences, conventions, and meetings	1,411.	1,071.	340.	
20		25,537.	2,250.	23,287.	
21	Payments to affiliates	35,782.	28,902.	6,880.	
22	Depreciation, depletion, and amortization	243,726. 28,956.	219,354.	<u>24,372.</u> 28,956.	
23		20,950.		20,950.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	149,990.	23,628.	126,362.	
b	TRAINING	6,650.	6,072.	578.	
с					
d					
е	All other expenses	7,789.	5,730.	2,059.	
25	Total functional expenses. Add lines 1 through 24e	2,154,589.	1,733,339.	401,131.	20,119
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

YOUNG	MENS	CHRISTIAN	ASSOCIATION

YOUNG	MENS	CHRISTIAN	ASSOCIATION	OF	
MASSI	LLON				

	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			72,000.	1	29,472.
	2	Savings and temporary cash investments			193,618.	2	520,435
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			16,567.	4	40,245
		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	•				
		under section 4958(f)(1)), and persons described				6	
ر م	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use				8	
AS	9			9			
		Land, buildings, and equipment: cost or other		·····			
		basis. Complete Part VI of Schedule D	10a	8,854,889.			
	b	Less: accumulated depreciation	10b	4,230,535.	4,760,984.	10c	4,624,354
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	5,043,169.	16	5,214,506		
-	17	Accounts payable and accrued expenses			108,945.	17	92,718
	18	Grants payable and accrued expenses	20079100	18			
	19	Deferred revenue	28,395.	19	23,528		
	20	Tax-exempt bond liabilities			20,000	20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form				21	
Liabilities	LL	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these		22			
Ľ	23	Secured mortgages and notes payable to unrela	575,026.	23	564,762		
	24	Unsecured notes and loans payable to unrelated			0,0,0200	24	
	25	Other liabilities (including federal income tax, pa	•				
	20	parties, and other liabilities not included on lines	•				
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			712,366.	26	681,008
-	20	Organizations that follow FASB ASC 958, che	ck here	▶ X	/		,
s		and complete lines 27, 28, 32, and 33.					
2 2	27				4,314,136.	27	4,515,642
Sale	28				16,667.	28	17,856
ē		Organizations that do not follow FASB ASC 9				,	
5		and complete lines 29 through 33.	,				
5	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
ASS	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,330,803.	32	4,533,498
				·····	5,043,169.	33	5,214,506

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Form	1 990 (2020) MASSILLON	34-07	19180	Pag	<sub>je</sub> 12
Pa	rt 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	2,357	, 28	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,154		
3	Revenue less expenses. Subtract line 2 from line 1	3	202		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,330	,80	)3.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,533	, 49	<del>)</del> 8.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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?		<b>2</b> b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SCHED	ULE A		Dublic Obe						OMB No. 1545-0047
(Form 990 or 990-EZ)				rity Status an				2020	
				ization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ
Department of Internal Reven			<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information</li> </ul>						Open to Public
	he organizati	-	9	ISTIAN ASSOC			formation.	Employor	Inspection identification number
	ne organizati		ILLON	ISIIAN ASSOC.	LATION	N OF			4-0719180
Part I	Reason			(All organizations must c	omplete th	nis part.) S	ee instruction		4 0/19100
The organi				For lines 1 through 12, cl					
1 🛄	A church, cor	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	)(A)(i).		
2	A school des	cribed in <b>sect</b>	tion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state	-							
5	0	•		llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
e 🗌			Complete Part II.)	aantal unit daaaribad in	nantion 17	01614114	(m)		
6 🛄 7 🗌		-	-	nental unit described in a ntial part of its support fr				ne deneral r	ublic described in
•	0		Complete Part II.)		onna gove			ie general p	
8	-			(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
	or university of	or a non-land-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	university:								
10 X	0		•	than 33 1/3% of its supp			•	•	•
			• • •	t to certain exceptions; a	. ,				•
				(less section 511 tax) fro	m busines	ses acquii	red by the org	janization a	fter June 30, 1975.
11			mplete Part III.)	ively to test for public sat	iety See	section 50	)9(a)(4)		
12	-	-	-	ively for the benefit of, to	•			rrv out the	purposes of one or
	-	-	-	id in section 509(a)(1) o				•	
			-	f supporting organizatior					
a	<b>Type I.</b> A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
	the support	ed organizati	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting
. —	٦ Ŭ		complete Part IV, Se						
b				l or controlled in connect			-		-
		-	st complete Part IV,	anization vested in the sa	arrie persoi	is that co	itroi or manaç	ge the supp	onted
c	- <sup>0</sup>	( )	• •	g organization operated	in connect	ion with, a	nd functional	lv integrate	d with
_		-	• •	). You must complete I				.,	
d	Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)
	that is not f	unctionally int	tegrated. The organiz	ation generally must sat	isfy a distri	bution rec	uirement and	an attentiv	reness
	7			nplete Part IV, Sections					
e	-	0		written determination from			Туре I, Туре	II, Type III	
6 E.t.		•		nally integrated supporting	0 0				[]
	r the number of the followi	• •	n about the supporte	nd organization(s)					
	) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									
LHA For P	aperwork Re	duction Act N	Notice, see the Instr	uctions for Form 990 or	990-EZ.	032021 01-	25-21 <b>Sche</b>	dule A (For	m 990 or 990-EZ) 2020

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<sup>13</sup> 2020.03050 YOUNG MENS CHRISTIAN ASSO C9721.01

Schedule A (	Form 990 or	990-F7) 2020	MASSILLON
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Part II

34-0719180 Page 2

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
	ction B. Total Support		•		L		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	l ons)			12	
	First 5 years. If the Form 990 is for th	,	,	fourth or fifth tax			
10	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019		•			15	%
	<b>33 1/3% support test - 2020.</b> If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2019.</b> If the c		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•			
h	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				s
				, ,		edule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2020 MASSILLON

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

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	219,189.	291,790.	315,015.	238,915.	815,389.	1880298.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1809226.	1898315.	1997683.	2134390.	1452672.	9292286.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2028415.	2190105.	2312698.	2373305.	2268061.	11172584.
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						<u> </u>
<u>8</u> Sec	Public support. (Subtract line 7c from line 6.)						111/2304.
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 0017	(-) 2018	(4) 2010	(a) 2020	
	Amounts from line 6	(a)2016 2028415.	(b)2017 2190105.	(c) 2018 2312698.	(d) 2019 2373305.	(e) 2020 2268061	(f) Total 11172584 •
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68,209.	60,025.	56,253.	56,335.	51,461.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	68,209.	60,025.	56,253.	56,335.	51,461.	292,283.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2096624.	2250130.	29,412. 2398363.	33,555. 2463195.	27,140.	90,107. 11554974.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th						
						.,.,	
Sec	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	96.69 %
	Public support percentage from 2019					16	96.91 %
-	ction D. Computation of Inves						
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	2.53 %
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	2.53 %
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualif	fies as a publicly s	upported organizat	ion	► X
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th			<b>&gt;</b>
03202	23 01-25-21				Sche	edule A (Form 990	or 990-EZ) 2020

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# Schedule A (Form 990 or 990 EZ) 2020 MASSILLON Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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032024 01-25-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

34-0719180 Page 4

1

Yes No

Schedule A (Form 990 or 990-EZ) 2020

10a

10b

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Sche	edule A (Form 990 or 990-EZ) 2020 MASSILLON	34-0719180	0 Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	)		
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization'			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	ction 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). ction D. All Type III Supporting Organizations	1		
000			V	N
	Did the experimetion municle to each of its experimetions, by the last day of the fifth month of the		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 ta	1X		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	supported organizations prayed in this regard.			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).		
а		,		
b				
с		l entity (see instruction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2b

3a

Зb

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#### Schedule A (Form 990 or 990-EZ) 2020 MASSILLON Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 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 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2020

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Sche Par	dule A (Form 990 or 990-EZ) 2020 MASSILLON t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu		4-0719180	Page <b>7</b>
	on D - Distributions	<u></u>		ieu)	Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Guireineree	••
2	Amounts paid to perform activity that directly furthers exemp					
_	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributabl Amount for 20	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
<u>    i</u>	Carryover from 2015 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
e	Excess from 2020		-			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 MASSILLON	34-0719180 Page 8
Part VISupplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17aPart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lineline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; PartSection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additionary (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME	2:
MISCELLANEOUS INCOME	
2018 AMOUNT: \$ 29,412.	
2019 AMOUNT: \$ 33,555.	
2020 AMOUNT: \$ 27,140.	
032028 01-25-21 Scher 20	dule A (Form 990 or 990-EZ) 2020

Schedule	B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

* *	PUBLIC	DISCLOSURE	COPY	*
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## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020
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Employer identification number

34-0719180

Name	στ	τne	orgar	lization
				_

YOUNG MENS	CHRISTIAN	ASSOCIATION	OF
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	MASSILLON	
Organization type	(check one):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

YOUNG MENS CHRISTIAN ASSOCIATION OF MASSILLON

Employer identification number

34-0719180

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 20,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 47,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

YOUNG MENS CHRISTIAN ASSOCIATION OF MASSILLON

Employer identification number

34-0719180

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 131,958. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 60,752. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

YOUNG MENS CHRISTIAN ASSOCIATION OF MASSILLON

Employer identification number

34-0719180

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>71,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$9,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$39,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$286,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2020)
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Name of organization

YOUNG MENS CHRISTIAN ASSOCIATION OF MASSILLON

Employer identification number

34-0719180

#### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

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023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## 13030615 138919 C9721.0

Name of o	organization			Employer identification number
	MENS CHRISTIAN ASSOCIA	ATION OF		
MASSI				34-0719180
Part III	from any one contributor. Complete columns	(a) through (e) and the following line	entry For organizatio	), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000	<b>or less</b> for the year. (Ent	er this info. once.) <b>&gt; \$</b>
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of	ift	
			,inc	
	Transferee's name, address,	and $7IP \pm 4$	Relations	nip of transferor to transferee
			Telatione	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	ift	
	Transferee's name, address,	and ZIP + 4	Relations	nip of transferor to transferee
(a) Na				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
			:44	
		(e) Transfer of	III	
	Transferee's name, address,	and <b>ZID</b> + 4	Polational	nip of transferor to transferee
			Telations	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	ift	
	Transferee's name, address,	and ZIP + 4	Relations	nip of transferor to transferee
023454 11-25	5-20			Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## 13030615 138919 C9721.0

SCHEDULE C	EC Political Campaign and Lobbying Activities								
(Form 990 or 990-EZ)		2020							
	For Orga	Ζυζυ							
Department of the Treasury Internal Revenue Service									
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then									
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.						
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	. Do not complete Par	t I-B.				
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.							
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, li	ine 47 (Lobbying Acti	vities), t	hen			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave filed Form 5768 (election un	der section 501(h)): Co	omplete Part II-A. Do r	ot comp	lete Part II-B.			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave NOT filed Form 5768 (election	on under section 501(h	n)): Complete Part II-B	. Do not (	complete Part II-A.			
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	y Tax) (See separate i	instructions) or Form	1 990-EZ	, Part V, line 35c (Proxy			
Tax) (See separate inst	ructions), then								
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	ions: Complete Part III.							
Name of organization	YOUNG M	ENS CHRISTIAN ASS	SOCIATION OF	P.	Employ	ver identification number			
	MASSILL					34-0719180			
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 52	?7 orga	nization.			
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	in Part IV.					
2 Political campaign	activity expendit	ures			▶\$_				
3 Volunteer hours for	political campai	gn activities							
Part I-B Comple	ete if the org	anization is exempt unde							
	•	incurred by the organization unde							
2 Enter the amount o	f any excise tax i	incurred by organization manage	rs under section 4955		. ► \$ _				
3 If the organization in	ncurred a section	n 4955 tax, did it file Form 4720 f	or this year?			Yes No			
4a Was a correction m	ade?					Yes No			
b If "Yes," describe in			<b>504</b> (a)		04(-)/(				
-	-	anization is exempt unde		-		5).			
		I by the filing organization for sec			► \$				
2 Enter the amount o	f the filing organi	ization's funds contributed to oth	er organizations for se	ection 527					
exempt function ac					▶\$_				
•	•	. Add lines 1 and 2. Enter here ar			<b>.</b> .				
					▶\$_				
		1120-POL for this year?				Yes No			
		ployer identification number (EIN							
		tion listed, enter the amount paid							
		omptly and directly delivered to a additional space is needed, provi			sparate s	segregated fund or a			
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of political contributions received and			
				funds. If none, ent		promptly and directly			
						delivered to a separate			
						political organization.			
						If none, enter -0			
			+		—				
					-+				
					-+				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 M					719180 Page 2
Part II-A Complete if the orga	nization is exe	mpt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check 🕨 🗌 if the filing organization	on belongs to an af	filiated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
B Check ▶ if the filing organization	on checked box A a	and "limited control" pro	ovisions apply.		1
	on Lobbying Exp tures" means amo	enditures unts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe					
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or (		bbying nontaxable am			
Not over \$500,000		f the amount on line 1e.			
Over \$500,000 but not over \$1,000,0		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	· · · · · ·	000 plus 5% of the exce			
Over \$17,000,000	\$1,000				
	φ1,000	,000.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	,				
i Subtract line 1f from line 1c. If zero c	,				
j If there is an amount other than zero		line 1i, did the organiz			
reporting section 4911 tax for this ye					Yes No
		veraging Period Under			
(Some organizations that	t made a section		have to complete all o	of the five columns b	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 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					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

### Schedule C (Form 990 or 990-EZ) 2020 MASSILLON

### 34-0719180 Page 3 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
с	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			371.
j	Total. Add lines 1c through 1i				371.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	ō), or sec	tion	
	001(0)(0).			Yes	No
	Mana as the territically all (000) as reasons) along the asis and an adaptive title by reasons are 0			103	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				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	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
Prov	de 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 a	nd 2 (See	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				

## PAYMENT MADE TO THE OHIO PUBLIC POLICIES FUND INCLUDES A PORTION USED

## FOR LOBBYING PURPOSES.

Schedule C (Form 990 or 990-EZ) 2020

	HEDULE D		al Financial Statemer		$\vdash$	OMB No. 1545	-0047	
(Forn	Form 990) 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.							
	Partment of the Treasury ernal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							
-	e of the organizatio				Employer ide	Inspection Intification		
	-	MASSILLON			34-	071918	0	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Fun	ds or Acc	ounts. Con	nplete if the		
	organization	n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	(b)	Funds and ot	her account	S	
1		nd of year						
2		f contributions to (during year)						
3 4		f grants from (during year)						
4 5		t end of year		l dvised funds				
Ŭ	-	n's property, subject to the organization's	-			Yes	No	
6		on inform all grantees, donors, and donor a						
	•	oses and not for the benefit of the donor o	• •					
		ate benefit?				Yes	No	
Par	rt II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 99	90, Part IV, lir	ne 7.			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).					
	Preservation	of land for public use (for example, recrea	tion or education) Preservatio	n of a historic	cally important	land area		
		f natural habitat	Preservatio	n of a certifie	d historic stru	cture		
		of open space						
2	•	through 2d if the organization held a qualit	ied conservation contribution in the fo	rm of a conse				
	day of the tax year					e End of the	lax year	
a b		onservation easements			2a 2b			
b C	•	vation easements on a certified historic structure	icture included in (a)		20 2c			
d		vation easements included in (c) acquired a						
		al Register	,		2d			
3		vation easements modified, transferred, rel			tion during the	e tax		
	year 🕨							
4	Number of states v	where property subject to conservation eas	sement is located					
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling	of				
	,	orcement of the conservation easements it				Yes	No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing o	conservation e	easements du	ring the yea	r	
-								
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conse	ervation easer	ments during t	ne year		
8	· · ·	vation easement reported on line 2(d) abov	e satisfy the requirements of section 1	70(h)(4)(B)(i)				
U		(4)(B)(ii)?	, .			Yes	No	
9		be how the organization reports conservation						
		d include, if applicable, the text of the footr						
		ounting for conservation easements.						
Par		ations Maintaining Collections of		Other Sim	nilar Assets	S.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
<b>1</b> a	•	elected, as permitted under FASB ASC 95	· ·			S		
		easures, or other similar assets held for put			e of public			
	· •	Part XIII the text of the footnote to its finar						
b	-	elected, as permitted under FASB ASC 95	· ·			<b>^</b>		
		ures, or other similar assets held for public ng amounts relating to these items:	exhibition, education, or research in r	untrierance of	i public servic	e,		
	-	ded on Form 990, Part VIII, line 1			▶ \$			
2		received or held works of art, historical tre						
-		unts required to be reported under FASB A		J,				
а	-	on Form 990, Part VIII, line 1	-		▶ \$			
		Form 990, Part X			▶ \$			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		Schedule	D (Form 9	90) 2020	
032051	12-01-20		30					

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30	)						
0	Δ	2	Δ	E	Λ	-	 <b>٦</b>

YOUNG	MENS	CHRISTIAN	ASSOCIATION	$\mathbf{OF}$

<u> </u>	VA GOTT TO	NS CHRIST.	IAN A	SSOCI	ATION O	F.	24 0	71010	n – <b>n</b>
	dule D (Form 990) 2020 MASSILLO t III Organizations Maintaining Co		t Histo	rical Tra		Othor	34-0 Similar Acco	1/1918	D Page <b>2</b>
								•	nued)
3	Using the organization's acquisition, accession	n, and other record	s, check a	any of the	following that	make sign	inficant use of it	IS	
	collection items (check all that apply):		. —.						
a	Public exhibition	c			hange progra				
b	Scholarly research	e		other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	•			•			art XIII.	
5	During the year, did the organization solicit or						r		
	to be sold to raise funds rather than to be main							Yes	No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered "	Yes" on Fo	orm 990, Part l'	V, line 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodiar		•				r		
	on Form 990, Part X?						l	Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing ta	ble:					
								Amoun	t
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on For	m 990, Part X, line	21, for es	scrow or cu	ustodial accou	unt liability	?[	Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII. C								
Par	t V Endowment Funds. Complete if t	the organization ar	swered "	Yes" on Fo	orm 990, Part	IV, line 10.			
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	s back <b>(d</b>	) Three years ba	ck <b>(e)</b> Four	years back
1a	Beginning of year balance								6,839.
b	Contributions								
	Net investment earnings, gains, and losses								391.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								7,230.
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the currer	nt vear end balanc	e (line 1a.	column (a	)) held as:			•	
а	Board designated or quasi-endowment		%	, , , , , , , , , , , , , , , , , , ,					
	Permanent endowment								
	Term endowment								
Ū	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	•	ation that	are held ar	nd administer	ed for the (	organization		
00	by:	son or the organize					organization	[	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations								
h	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the o							30	
	t VI Land, Buildings, and Equipme		willent lu	nus.					
	Complete if the organization answered		Dart IV	lino 11a S	See Form 000	Dart X lin	o 10		
			ŕ						
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	umulated eciation	<b>(d)</b> Boo	k value
	Land	· · · ·	nong		4,675.	depre		0	4,675.
	Land					3 14	2 0 2 0		
	Buildings			/,04	0,512.	5,40	52,929.	4,3/	7,583.
	Leasehold improvements			<u>م</u>	2 0 0 1			C .	1 / 5 7
	Equipment				2,991.		31,534.		1,457.
-	Other				6,711.	48	36,072.		<u>0,639.</u>
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 000 Part	V colum	n(P) line 1	00)			4.62	4,354.

Schedule D (Form 990) 2020

YOUNG MENS CHRISTIAN ASSOCIATION OF
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# Schedule D (Form 990) 2020 MASSILLON 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. (Col. (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. (Col. (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.

	Complete if the organization answered fres on Form 990, Part IV, line 110. 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.) X Other Liabilities.	
Part		
	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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2020

X

►

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YOUNG	MENS	CHRISTIAN	ASSOCIATION	$\mathbf{OF}$
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Sche	dule D (Form 990) 2020 MASSILLON				0719180 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,248,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,131.		
е	Add lines 2a through 2d			2e	1,131.
3	Subtract line 2e from line 1			3	2,246,905.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	110,379.		
с	Add lines 4a and 4b			4c	110,379.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	)		5	2,357,284.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	2,045,341.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,131.		
е	Add lines 2a through 2d			2e	<u>1,131.</u> 2,044,210.
3	Subtract line 2e from line 1			3	2,044,210.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	110,379.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	110,379.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18	3 <u>.</u> )		5	2,154,589.
Pa	t 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.

## PART X, LINE 2:

GAAP REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN
THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO
BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.
MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS
THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, NO
PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS.
INTEREST AND PENALTIES WOULD BE RECOGNIZED AS TAX EXPENSE, HOWEVER, THERE
IS NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES.
TAX YEARS AFTER 2017 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE
PURPOSES.

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032054 12-01-20

YOUNG MENS CHRISTIAN ASSOCIATION OF Schedule D (Form 990) 2020 MASSILLON	34-0719180 <sub>Page</sub>
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF COST OF GOODS SOLD	1,131.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF FINANCIAL ASSISTANCE PROVIDED	110,379.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF COST OF GOODS SOLD	1,131.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASSIFICATION OF FINANCIAL ASSISTANCE PROVIDED	110,379.
	Schedule D (Form 990) 20

SCHEDULE I (Form 990)       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.       20         Department of the Treasury Internal Revenue Service       Attach to Form 990.       0pen to Inspective         Name of the organization       YOUNG MENS CHRISTIAN ASSOCIATION OF       Employer identification	Public tion
Department of the Treasury Internal Revenue Service     Attach to Form 990.     Open to Inspective       Name of the organization     YOUNG MENS CHRISTIAN ASSOCIATION OF     Employer identification	tion n number
Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF Employer identification	
MASSILLON 34-07	
Part I General Information on Grants and Assistance	
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	□ No
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.	
I (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 government	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table     Enter total number of other organizations listed in the line 1 table	

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

Schedule I (Form 990) 2020

MASSILLON

34-0719180

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ROGRAM FEE AND MEMBERSHIP DUES FINANCIAL					
SSISTANCE	2397	110,379.	0.		

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

PART I, LINE 2:

THE YMCA PROVIDES FINANCIAL ASSISTANCE, THROUGH CONTRIBUTIONS AND OTHER

FUNDRAISING, TO HELP DEFRAY THE COSTS OF MEMBERSHIP AND PROGRAM AND OTHER

FEES FOR INDIVIDUALS WITH NEED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. YOUNG MENS CHRISTIAN ASSOCIATION OF

MASSILLON

Inspection Employer identification number 34-0719180

OMB No. 1545-0047

Open to Public

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS A CHARITABLE, COMMUNITY SERVICE ORGANIZATION THE YMCA'S MISSION IS

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A

HEALTHY SPIRIT, MIND AND BODY FOR ALL; REGARDLESS OF GENDER, AGE, RACE,

FAITH, ABILITY OR INCOME LEVEL. FORMED TO RESPOND TO THE CRITICAL

SOCIAL NEEDS OF WESTERN STARK COUNTY, THE THEME OF THE YMCA IS TO BUILD

STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE APPROVES THE 990 TO BE FOLLOWED BY THE SIGNING OF THE CEO.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS REVIEWED AT LEAST ONCE A YEAR AND THE DIRECTORS AND EMPLOYEES ARE MADE AWARE THAT ANY CONFLICTS SHOULD BE BROUGHT TO MANAGEMENT'S ATTENTION IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15:

THE JOB PERFORMANCE OF THE CEO WAS REVIEWED BY THE BOARD, RECOMMENDATIONS

WERE MADE BY THE BOARD, AND THEN PUT TO A VOTE FOR APPROVAL OF COMPENSATION

INCREASES.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ITEMS ARE AVAILABLE ON WEBSITES SUCH AS GUIDESTAR OR IN PRINT FORM UPON

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## REQUEST.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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 032211
 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

(Rev. January 2020)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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►	File a	a separate	application	for each	i return.	

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

MASSILLON         File by the due date for filing your return. See instructions.         131 TREMONT AVENUE S.E.         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         MASSILLON, OH 44646-6637         Enter the Return Code for the return that this application is for (file a separate application for each return last this application is for (file a separate application for each return last for form 990 or Form 990-EZ         Form 990 or Form 990-EZ       01         Form 990-BL       02         Form 4720 (individual)       03	n)	34-0	719180
due date for filing your return. See instructions.       Number, street, and room or suite no. If a P.O. box, see instructions.         131       TREMONT AVENUE S.E.         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         MASSILLON, OH       44646-6637         Enter the Return Code for the return that this application is for (file a separate application for each return Application         Is For       Code         Form 990 or Form 990-EZ       01         Form 990-BL       02         Form 1041-A	n)		
Instructions.         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         MASSILLON, OH 44646-6637         Enter the Return Code for the return that this application is for (file a separate application for each return         Application       Return       Application         Is For       Code       Is For         Form 990 or Form 990-EZ       01       Form 990-T (corporation)         Form 990-BL       02       Form 1041-A	ח)		
ApplicationReturnApplicationIs ForCodeIs ForForm 990 or Form 990-EZ01Form 990-T (corporation)Form 990-BL02Form 1041-A	ו)		
Is For         Code         Is For           Form 990 or Form 990-EZ         01         Form 990-T (corporation)           Form 990-BL         02         Form 1041-A			
Form 990 or Form 990-EZ         01         Form 990-T (corporation)           Form 990-BL         02         Form 1041-A			Return
Form 990-BL 02 Form 1041-A			Code
			07
Form 4720 (individual) 03 Form 4720 (other than ind			08
	ividual)		09
Form 990-PF 04 Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11
Form 990-T (trust other than above) 06 Form 8870 UIM STANFORD			12
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li></ul>	. If this is f I TINs of all mem	ior the whold bers the ext mpt organiz	e group, check this ension is for.
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
<ul> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and</li> </ul>		Ψ	
estimated tax payments made. Include any prior year overpayment allowed as a credit.	36	\$	0.
<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by			
using EFTPS (Electronic Federal Tax Payment System). See instructions.	30	\$	Ο.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see instructions.	Form 8453-EO a	and Form 88	79-EO for payment