

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK
% MICHAEL GUARINO
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
5 WEST 63RD STREET 6TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10023

D Employer identification number
13-1624228

E Telephone number
(212) 630-9600

G Gross receipts \$ 224,233,277

F Name and address of principal officer
SHARON GREENBERGER
5 WEST 63RD STREET 6TH FLOOR
NEW YORK, NY 10023

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www ymcanyc org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1852

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
YMCA GNY IS A COMMUNITY SVC ORGANIZATION FOR ALL NEW YORKERS TO EMPOWER YOUTH, IMPROVE HEALTH AND STRENGTHEN COMMUNITY (SEE SCHEDULE O)

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

3 Number of voting members of the governing body (Part VI, line 1a)	35
4 Number of independent voting members of the governing body (Part VI, line 1b)	35
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6,296
6 Total number of volunteers (estimate if necessary)	1,800
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	358,313

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	63,651,224	45,132,948
9 Program service revenue (Part VIII, line 2g)	146,878,117	149,530,477
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,644,327	13,211,340
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	214,173,668	207,874,765
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	269,040	191,500
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)	105,223,332	109,315,221
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	283,457
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,158,500		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	85,301,201	85,419,490
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	190,793,573	195,209,668
19 Revenue less expenses Subtract line 18 from line 12	23,380,095	12,665,097
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	397,007,848	444,580,648
21 Total liabilities (Part X, line 26)	147,032,926	190,506,034
22 Net assets or fund balances Subtract line 21 from line 20	249,974,922	254,074,614

Part II Signature Block

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

Sign Here Signature of officer: MICHAEL GUARINO EVP/CFO/TREASURER
Date: 2019-10-15

Paid Preparer Use Only
Print/Type preparer's name: PricewaterhouseCoopers LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
Firm's name: PricewaterhouseCoopers LLP
Firm's EIN: [EIN]
Firm's address: 300 Madison Avenue, New York, NY 10017
Phone no: (646) 471-3000
PTIN: P01343131

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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? Yes No

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	71,058,181	including grants of \$	130,500)	(Revenue \$	25,482,936)
	See Additional Data						

4b	(Code)	(Expenses \$	61,567,363	including grants of \$	0)	(Revenue \$	86,054,933)
	See Additional Data						

4c	(Code)	(Expenses \$	41,470,173	including grants of \$	61,000)	(Revenue \$	37,992,608)
	See Additional Data						

4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	174,095,717
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Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	286
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>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</p>	2a	6,296			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (35); 1b Enter the number of voting members included in line 1a, above, who are independent (35); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CT, NJ, NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MICHAEL GUARINO 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023 (212) 630-9665).

Part VII

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. The first row contains 'See Additional Data Table'.

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

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

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		5,806,911	0 945,379

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **80**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARVEL ARCHITECTS PLLC, 145 HUDSON STREET FL 3 NEW YORK, NY 10013	ARCHITECTURE SRVCS	2,119,819
ABLE CLEANING SERVICE OF NJ LLC, 18865 STATE ROAD 54 SUITE 332 LUTZ, FL 33558	CLEANING SERVICES	1,771,564
CORE SERVICES LLC, 130 BELMONT DRIVE SOMERSET, NJ 08873	IT HOSTING & SUPPORT	601,008
PRICEWATERHOUSECOOPERS LLP, PO BOX 7247-8001 PHILADELPHIA, PA 19170	ACCOUNTING SERVICES	482,720
CROWE LLP, 320 E JEFFERSON BLVD PO BOX 7 SOUTH BEND, IN 46624	ACCOUNTING&CONSULTNG	341,334

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **19**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	75,977		
	d Related organizations	1d			
	e Government grants (contributions)	1e	30,411,363		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,645,608		
	g Noncash contributions included in lines 1a - 1f \$		191,096		
	h Total. Add lines 1a-1f		45,132,948		

Program Service Revenue			Business Code			
	2a MEMBERSHIP DUES & PROGRAM FEES			111,513,627	111,513,627	
	b RESIDENCE & RELATED SERVICES		900099	37,560,161	37,560,161	
	c OTHER FEES		900099	456,689	456,689	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f			149,530,477			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,885,158			2,885,158
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	16,559,186	9,000,000				
	c Gain or (loss)	14,794,415	438,589				
	d Net gain or (loss)	1,764,771	8,561,411				
	e Net gain or (loss)			10,326,182			10,326,182
	8a Gross income from fundraising events (not including \$ 75,977 of contributions reported on line 1c) See Part IV, line 18	a		1,125,508			
	b Less direct expenses	b		1,125,508			
	c Net income or (loss) from fundraising events			0			0
9a Gross income from gaming activities See Part IV, line 19	a		0				
b Less direct expenses	b		0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		0				
b Less cost of goods sold	b		0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			207,874,765	149,530,477		13,211,340	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	30,000	30,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	130,500	130,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	31,000	31,000		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	5,416,435	2,386,548	2,806,683	223,204
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	84,532,877	74,068,139	9,266,154	1,198,584
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,211,008	3,702,908	414,738	93,362
9 Other employee benefits.	6,446,467	5,454,923	835,645	155,899
10 Payroll taxes.	8,708,434	7,749,857	821,243	137,334
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	567,938	202,709	364,047	1,182
c Accounting.	471,880		471,880	
d Lobbying.	26,874		26,874	
e Professional fundraising services. See Part IV, line 17.	283,457			283,457
f Investment management fees.	298,190		298,190	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	20,046,050	19,194,886	283,906	567,258
12 Advertising and promotion.	3,400,243	3,115,876	88,229	196,138
13 Office expenses.	12,004,306	11,091,340	685,986	226,980
14 Information technology.	7,434,115	7,434,115		
15 Royalties.	0			
16 Occupancy.	13,077,034	12,672,635	399,669	4,730
17 Travel.	780,121	780,121		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,820,315	946,054	821,814	52,447
20 Interest.	4,767,218	4,767,218		
21 Payments to affiliates.	752,671	752,671		
22 Depreciation, depletion, and amortization.	14,993,559	14,814,312	161,322	17,925
23 Insurance.	4,978,976	4,769,905	209,071	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a				
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	195,209,668	174,095,717	17,955,451	3,158,500
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	20,798,165	1	31,243,208
	2 Savings and temporary cash investments	25,558,390	2	51,403,538
	3 Pledges and grants receivable, net	2,282,938	3	4,436,704
	4 Accounts receivable, net	9,793,887	4	9,492,920
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,276,559	9	1,087,283
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 498,486,583		
	b Less accumulated depreciation	10b 230,055,629	258,073,977	10c 268,430,954
	11 Investments—publicly traded securities	56,238,575	11	50,673,042
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	21,985,357	15	27,812,999
16 Total assets. Add lines 1 through 15 (must equal line 34)	397,007,848	16	444,580,648	
Liabilities	17 Accounts payable and accrued expenses	34,755,793	17	42,943,151
	18 Grants payable	0	18	0
	19 Deferred revenue	6,431,469	19	6,702,784
	20 Tax-exempt bond liabilities	84,685,522	20	81,169,267
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,160,142	23	6,158,572
	24 Unsecured notes and loans payable to unrelated third parties	20,000,000	24	53,532,260
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	147,032,926	26	190,506,034
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	192,762,392	27	198,047,643
	28 Temporarily restricted net assets	36,154,324	28	35,879,996
	29 Permanently restricted net assets	21,058,206	29	20,146,975
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	249,974,922	33	254,074,614	
34 Total liabilities and net assets/fund balances	397,007,848	34	444,580,648	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	207,874,765
2	Total expenses (must equal Part IX, column (A), line 25)	2	195,209,668
3	Revenue less expenses Subtract line 2 from line 1	3	12,665,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	249,974,922
5	Net unrealized gains (losses) on investments	5	-7,668,602
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-896,803
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	254,074,614

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Form 990 (2018)

Form 990, Part III, Line 4a:

YOUTH DEVELOPMENT (SEE SCHEDULE O)

Form 990, Part III, Line 4b:

HEALTHY LIVING(SEE SCHEDULE O)

Form 990, Part III, Line 4c:

SOCIAL RESPONSIBILITY(SEE SCHEDULE O)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BLUNT CHRIS CHAIRMAN & DIRECTOR	1 0 0 0	X						0	0	0
CALDERON NANCY VICE CHAIR & DIRECTOR	1 0 0 0	X						0	0	0
LIEBER ROBERT VICE CHAIR & DIRECTOR	1 0 0 0	X						0	0	0
O'CONNOR SANDIE VICE CHAIR & DIRECTOR	1 0 0 0	X						0	0	0
SKALA JUSTIN VICE CHAIR & DIRECTOR	1 0 0 0	X						0	0	0
AFSHAR PEDRAM DIRECTOR	1 0 0 0	X						0	0	0
ALEXANDER SUSAN DIRECTOR	1 0 0 0	X						0	0	0
CARROLL JUSTIN DIRECTOR	1 0 0 0	X						0	0	0
CHAN RYAN DIR(BRANCH REP) AS OF 1/1/18	1 0 0 0	X						0	0	0
CHEN WELLINGTON DIRECTOR	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DELANEY RICHARD DIRECTOR	1 0 0 0	X						0	0	0
FORCIONE STEPHEN DIRECTOR	1 0 0 0	X						0	0	0
GONTERMAN BRYAN DIRECTOR	1 0 0 0	X						0	0	0
GRAYSON STANLEY DIRECTOR	1 0 0 0	X						0	0	0
HOLLOWAY CAS DIRECTOR AS OF 6/21/2018	1 0 0 0	X						0	0	0
KIMBLE STEVEN DIRECTOR	1 0 0 0	X						0	0	0
KNAKAL ROBERT DIRECTOR	1 0 0 0	X						0	0	0
KURYK HILDY DIRECTOR	1 0 0 0	X						0	0	0
KUYKENDALL HENRY DIRECTOR	1 0 0 0	X						0	0	0
LEVY JEFFREY DIRECTOR	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAGLIETTA SAL DIRECTOR	1 0 0 0	X						0	0	0
MCSHANE JOSEPH DIRECTOR	1 0 0 0	X						0	0	0
MONTERISI FRANK DIRECTOR	1 0 0 0	X						0	0	0
O'CONNOR CHRISTOPHER DIRECTOR	1 0 0 0	X						0	0	0
PARENT MAGGIE DIRECTOR	1 0 0 0	X						0	0	0
PEEBLES DONAHUE DIRECTOR	1 0 0 0	X						0	0	0
QUINLAN THOMAS III DIRECTOR	1 0 0 0	X						0	0	0
RILEY WAYNE DIRECTOR	1 0 0 0	X						0	0	0
ROBINSON NICK DIRECTOR	1 0 0 0	X						0	0	0
RODGERS MICHAEL DIRECTOR AS OF 4/3/2018	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUECKERT CLEVELAND DIRECTOR	1 0 0 0	X						0	0	0
RUTLEDGE ELIZABETH DIRECTOR	1 0 0 0	X						0	0	0
SCAMARDELLA ROBERT DIRECTOR THRU 6/1/2018	1 0 0 0	X						0	0	0
THOMAS HOLLY DIRECTOR	1 0 0 0	X						0	0	0
WHITE-THOMAS PHYLLIS DIR(BRANCH REP) AS OF 1/1/2018	1 0 0 0	X						0	0	0
ZARCONI MICHAEL DIRECTOR AS OF 9/21/2018	1 0 0 0	X						0	0	0
GREENBERGER SHARON PRESIDENT/CEO	40 0 0 0			X				793,875	0	208,160
GUARINO MICHAEL EXECUTIVE VP/CFO/TREASURER	40 0 0 0			X				420,233	0	127,406
BERGIN ELIZABETH CORP SEC/SVP	40 0 0 0			X				373,013	0	101,900
TSE MELVIN EVP/COO	40 0 0 0			X				363,840	0	50,594

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORTON NATALIE EVP CHIEF OPER OFF THRU3/12/18	40 0 0 0			X				358,495	0	9,166
CHAN JOSEPH SVP REAL ESTATE/PROPERTY MGMT	40 0 0 0				X			343,009	0	16,461
GLASS KATHRYN SVP/CHIEF MKT & COMM OFFICER	40 0 0 0				X			273,547	0	30,204
HARVEY ANITA SR EXECUTIVE DIRECTOR	40 0 0 0				X			203,790	0	21,263
LAERMER GARY SVP CHIEF DEV OFF THRU 5/1/18	40 0 0 0				X			201,468	0	21,736
RAUTENSTRAUCH ERIKA VP FIELD OPERATIONS	40 0 0 0				X			196,292	0	20,502
DOGAN MICHAEL VP YOUTH&COMM DEV THRU 11/2/18	40 0 0 0				X			193,566	0	24,051
TRAPANI LORETTA VP OPERATIONS	40 0 0 0				X			192,735	0	36,394
COLGLAZIER KATHRYN SR EXEC DIRECTOR	40 0 0 0				X			190,281	0	27,797
SANGUILIANO LISA VP HEALTHY LIFESTYLES	40 0 0 0				X			183,766	0	27,072

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOURDAIN DORDY VP FIELD OPERATIONS	40 0 0 0				X			181,342	0	34,945
DEW CEDRIC SR EXEC DIR/TRANSITION HOUSING	40 0 0 0				X			156,923	0	32,609
DEMEE PETER CHIEF INFORMATION OFFICER	40 0 0 0					X		278,437	0	1,306
LIVEROIS HEATHER VP FINANCE	40 0 0 0					X		235,906	0	47,394
BIANCHI RICHARD VP PROPERTIES THRU 12/7/18	40 0 0 0					X		232,985	0	40,506
TROCCHIA JAMES VP HUMAN RESOURCES	40 0 0 0					X		218,526	0	45,240
CASTELLANO JOSEPH SR EX PROPERTIES THRU 11/16/18	40 0 0 0					X		214,882	0	20,673

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number

13-1624228

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	54,995,556	39,465,201	36,457,442	63,651,224	45,132,948	239,702,371
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	54,995,556	39,465,201	36,457,442	63,651,224	45,132,948	239,702,371
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)						0
6 Public support. Subtract line 5 from line 4						239,702,371

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	54,995,556	39,465,201	36,457,442	63,651,224	45,132,948	239,702,371
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,442,431	1,618,732	1,210,494	2,006,347	2,885,158	9,163,162
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						248,865,533

12 Gross receipts from related activities, etc (see instructions) **12** 718,184,181

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.318%
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	96.866%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	26,874													
c	Total lobbying expenditures (add lines 1a and 1b)	26,874													
d	Other exempt purpose expenditures	174,068,843													
e	Total exempt purpose expenditures (add lines 1c and 1d)	174,095,717													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	84,943	39,872	24,718	26,874	176,407
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number
13-1624228

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	66,042,502	57,216,272	54,751,023	57,460,060	54,713,810
b Contributions	322,227	401,789	854,477	435,331	1,289,017
c Net investment earnings, gains, and losses	-4,113,050	11,118,731	3,957,405	-961,906	3,362,367
d Grants or scholarships					
e Other expenditures for facilities and programs	2,538,287	2,409,157	2,075,069	1,904,380	1,642,844
f Administrative expenses	298,190	285,133	271,564	278,082	262,290
g End of year balance	59,415,202	66,042,502	57,216,272	54,751,023	57,460,060

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 47 000 %
 - b** Permanent endowment ▶ 33 910 %
 - c** Temporarily restricted endowment ▶ 19 090 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,170,874		14,170,874
b Buildings		402,025,824	168,573,314	233,452,510
c Leasehold improvements		294,357	225,825	68,532
d Equipment		55,684,650	49,585,941	6,098,709
e Other		26,310,878	11,670,549	14,640,329
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				268,430,954

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

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

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

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

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

(a) Description	(b) Book value
(1) OTHER ASSETS	166,087
(2) BENEFICIAL INTEREST IN TRUST	8,602,667
(3) DEBT SERVICE RESERVE	7,046,647
(4) RECOVERABLE PORTION SELF INSUR	11,997,598
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶ 27,812,999

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	199,011,170
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-7,668,602	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-896,803	
e	Add lines 2a through 2d		2e	-8,565,405
3	Subtract line 2e from line 1		3	207,576,575
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	298,190	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	298,190
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	207,874,765

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

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

1	Total expenses and losses per audited financial statements		1	194,911,478
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	194,911,478
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	298,190	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	298,190
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	195,209,668

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (\$785,751) PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST (\$111,052) TOTAL LINE 9 (\$896,803)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS THE YMCA OF GREATER NEW YORK'S ENDOWMENT FUNDS INC CLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY FOR A DONOR-SPECIFIED PERIOD AND PURPOSE, AS WELL AS UNRESTRICTED BOARD DESIGNATED FUNDS THE GOAL OF THE ENDOWMENT IS TO SUPPORT VARIOUS YMCA PROGRAMS IN FURTHERANCE OF ITS MISSION ALL DISTRIBUTIONS ARE MADE AND USED IN STRICT ACCORDANCE WITH DONORS' RESTRICTIONS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number
13-1624228

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					62,099
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					62,099

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	GENERAL SUPPORT	31,000	ACH			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1
- 3 Enter total number of other organizations or entities 1

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I LINE 2	PROCEDURES FOR MONITORING GRANTS OUTSIDE OF THE UNITED STATES OVERALL THERE IS REGULAR MONTHLY MONITORING OF THE OPERATIONS BY THE MANAGEMENT TEAM

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I LINE 3 COLUMN F AND PART II, LINE 1	ACCOUNTING METHOD THE EXPENDITURES WERE RECORDED ON THE ACCRUAL BASIS

Additional Data

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		31,000
Central America and the Caribbean			Program Services	GROUP TRAVEL	31,099

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number
13-1624228

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BRET D SILVER	INTERIM LEADERSHIP FND		No	10,626,687	207,000	10,419,687
LOUISE HOOD	INTERIM EVE NT DIRECTIO		No	0	54,400	0
GRAHAM-PELTON CONSULTING	FUNDRAISING CONSULTING		No	0	22,057	0
Total				10,626,687	283,457	10,419,687

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

CT, NJ, NY

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		DODGE DINNER (event type)	ARTS & LETTERS (event type)	18 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	253,302	209,173	739,010	1,201,485
2	Less Contributions	16,018	13,227	46,732	75,977
3	Gross income (line 1 minus line 2)	237,284	195,946	692,278	1,125,508
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	253,803	160,053	181,147	595,003
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	-501	49,120	481,886	530,505
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				1,125,508
11	Net income summary Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

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

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number
13-1624228

Part I General Information on Grants and Assistance

- 1** 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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE OF NYS YMCAS 465 NEW KARNER RD 1ST FLALBANY N ALBANY, NY 12205	01-0567018	501(c)(3)	10,000				PROGRAM SUPPORT
(2) YMCA OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVE MINNEAPOLIS, MN 55413	45-2563299	501(c)(3)	20,000				PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3** Enter total number of other organizations listed in the line 1 table 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	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BLACK ACHIEVERS IN INDUSTRY COLLEGE SCHOLARSHIPS	32	82,500		BOOK	
(2) VASEY COLLEGE SCHOLARSHIPS	2	5,000		BOOK	
(3) VON DER HEYDEN COLLEGE SCHOLARSHIPS	7	35,000		BOOK	
(4) HISPANIC ACHIEVERS SCHOLARSHIPS	3	6,000		BOOK	
(5) 2018 DIANA TAYLOR COMMITMENT TO OPPORTUNITY SCH	1	1,000		BOOK	
(6) BEDFORD SWIM TEAM SCHOLARSHIP	1	1,000		BOOK	
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I LINE 2	PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES OVERALL THERE IS REGULAR MONTHLY MONITORING OF THE OPERATIONS BY THE MANAGEMENT TEAM
SCHEDULE I, PART IV	SCHOLARSHIP PROGRAMS BLACK ACHIEVERS IN INDUSTRY COLLEGE SCHOLARSHIPS ALL AFRICAN AMERICAN COLLEGE BOUND HIGH SCHOOL SENIORS RESIDING IN THE STATE OF NEW YORK, AND PREVIOUS SCHOLARSHIP RECIPIENTS, CURRENTLY IN THEIR FRESHMAN, SOPHOMORE, AND JUNIOR YEAR OF COLLEGE ARE ELIGIBLE TO APPLY SCHOLARSHIP AWARDS ARE DETERMINED BY THE BLACK ACHIEVERS IN INDUSTRY SCHOLARSHIP COMMITTEE AND RANGE FROM \$2,500 TO \$5,000 THIS IS A ONE-TIME AWARD RECIPIENTS MUST RE-APPLY ANNUALLY TO BE ELIGIBLE FOR FURTHER AWARDS AWARDS ARE SENT DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE, TO BE CREDITED TO THE RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES VASEY COLLEGE SCHOLARSHIPS ALL NEW YORK CITY COLLEGE BOUND HIGH SCHOOL STUDENTS WHO HAVE PARTICIPATED IN YMCA OF GREATER NEW YORK TEEN PROGRAMS, SERVICE PROGRAMS AND HAVE BEEN A MEMBER OF LEADERSHIP GROUPS INCLUDING YMCA OF GREATER NY TEEN COUNCIL, YMCA OF GREATER NEW YORK TEENS TAKE THE CITY AND NEW YORK STATE YOUTH & GOVERNMENT ARE ELIGIBLE TO APPLY \$10,000 SCHOLARSHIP AWARDS ARE DETERMINED BY THE COMMITTEE TO BE PAID OUT OVER A FOUR YEAR PERIOD DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE TO BE CREDITED TO THE RECIPIENT'S TUITION AND/OR ROOM AND BOARD FEES VON DER HEYDEN COLLEGE SCHOLARSHIPS ALL NEW YORK CITY COLLEGE BOUND HIGH SCHOOL STUDENTS RESIDING IN NEW YORK AND INVOLVED IN YMCA OF GREATER NEW YORK TEEN PROGRAMS ARE ELIGIBLE TO APPLY \$10,000 TO \$25,000 SCHOLARSHIP AWARDS ARE DETERMINED BY THE KARL M VON DER HEYDEN SCHOLARSHIP COMMITTEE TO BE PAID OVER A FOUR YEAR PERIOD DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE TO BE CREDITED TO THE RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES HISPANIC ACHIEVERS SCHOLARSHIPS ALL COLLEGE BOUND HIGH SCHOOL SENIORS RESIDING IN THE STATE OF NEW YORK AND PARTICIPATING IN THE YMCA OF GREATER NEW YORK ROWE SCHOLARS PROGRAMS ARE ELIGIBLE TO APPLY ONE TIME SCHOLARSHIP AWARDS OF \$1,500 ARE DETERMINED BY THE COMMITTEE TO BE PAID DIRECTLY TO THE RECIPIENTS SCHOOL OF CHOICE, TO BE CREDITED TO THE RECIPIENTS TUITION, AND/OR ROOM AND BOARD FEES 2018 DIANA TAYLOR COMMITMENT TO OPPORTUNITY SCHOLARSHIP ALL COLLEGE BOUND HIGH SCHOOL SENIORS WHO HAD PARTICIPATED IN THE YMCA OF GREATER NEW YORK ROWE SCHOLARS PROGRAM FOR AT LEAST TWO YEARS WERE ELIGIBLE TO APPLY A ONE TIME AWARD OF \$1,000 WAS DETERMINED BY THE COMMITTEE TO BE PAID DIRECTLY TO THE RECIPIENTS SCHOOL OF CHOICE, TO BE CREDITED TO THE RECIPIENTS TUITION, AND/OR ROOM AND BOARD FEES BEDFORD SWIM TEAM SCHOLARSHIPS ALL NEW YORK CITY COLLEGE BOUND HIGH SCHOOL SENIORS THAT ARE YMCA MEMBERS IN GOOD STANDING, ARE ON THE PIRANHAS SWIM TEAM, HAVE ACCUMULATED A MINIMUM OF 40 VOLUNTEER COMMUNITY SERVICE HOURS AND HAVE A CUMULATIVE HIGH SCHOOL GRADE POINT AVERAGE BETWEEN 2.5 AND 4.0 ON A 4.0 SCALE ARE ELIGIBLE TO RECEIVE A BEDFORD SWIM TEAM SCHOLARSHIP FROM THE SCHOLARSHIP COMMITTEE OF \$1,000 TO BE PAID DIRECTLY TO THE RECIPIENT'S TUITION AND/OR ROOM AND BOARD FEES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number
13-1624228

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J - GENERAL COMPENSATION NOTES	(A) COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: BASE SALARY, ANNUAL INCENTIVE OPPORTUNITY, DISTRIBUTIONS FROM SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN, SEC 529 QUALIFIED TUITION PLAN, TERM LIFE INSURANCE, VALUE OF INSURANCE (PS58 COSTS) OF WHOLE LIFE INSURANCE IN SEC 457(F) PLAN, SUPPLEMENTAL LONG-TERM DISABILITY INSURANCE, LONG-TERM CARE INSURANCE, AND PAID SEVERANCE PAYMENTS. (B) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: CONTRIBUTION TO SEC 403(B) TAX-SHELTERED ANNUITY PLAN, CONTRIBUTIONS TO SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN AND PAYMENTS TO WELFARE BENEFIT PLANS ON BEHALF OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES SUCH AS MEDICAL, DENTAL, LIFE INSURANCE, SEVERANCE PAY, DISABILITY, ETC. (C) EXPENSE ACCOUNTS AND OTHER ALLOWANCES INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING: TAXABLE AND NON-TAXABLE FRINGE BENEFITS (OTHER THAN DE MINIMIS FRINGE BENEFITS DESCRIBED IN SEC 132(E)), EXPENSE ALLOWANCES OR REIMBURSEMENTS TO THE EXTENT THEY ARE TAXABLE TO THE RECIPIENT, PAYMENTS MADE UNDER INDEMNIFICATION ARRANGEMENTS, HOUSING, OR OTHER ASSETS OWNED OR LEASED BY THE ORGANIZATION (OR PROVIDED FOR THE ORGANIZATION'S USE WITHOUT CHARGE). ABOVE ALLOWANCES PROVIDED TO OFFICERS HAVE BEEN INCLUDED AS FORM W-2 COMPENSATION.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1	OFFICERS ARE ALLOWED TO TRAVEL FIRST CLASS IN VERY LIMITED INSTANCES ALL EMPLOYEES ON A NONDISCRIMINATORY BASIS RECEIVE, AT NO ADDITIONAL COST TO THE YMCA, MEMBERSHIP TO FACILITIES OF THE YMCA OF GREATER NEW YORK

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS WERE MADE IN 2018 AND INCLUDED IN SCHEDULE J, PART II COLUMN B, FOR THE FOLLOWING NATALIE NORTON \$216,667 MICHAEL DOGAN \$ 28,175 JOSEPH CASTELLANO \$ 23,308

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN - SOME OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES LISTED IN SCHEDULE J, MIGHT PARTICIPATE IN OTHER NONQUALIFIED RETIREMENT PLAN IN 2018 THE ALLOCATION INFORMATION IS REPORTED ON SCH J PART II COLUMN C

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	FULL TIME EMPLOYEES WHO MEET SPECIFIC ANNUAL PERFORMANCE GOALS ARE ELIGIBLE TO PARTICIPATE IN THE ANNUAL INCENTIVE OPPORTUNITY INCENTIVE AWARDS ARE DISTRIBUTED BASED ON PERFORMANCE RATING PARTICIPANTS MUST BE ACTIVELY EMPLOYED ON THE DATE INCENTIVE PAYMENTS ARE DISTRIBUTED THE PAYMENT INFORMATION IS REPORTED ON SCH J PART II COLUMN B(II)



Additional Data

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREENBERGER SHARON PRESIDENT/CEO	(i)	594,323	150,000	49,552	183,794	24,366	1,002,035	0
	(ii)	0	0	0	0	0	0	0
GUARINO MICHAEL EXECUTIVE VP/CFO/TREASURER	(i)	324,623	81,250	14,360	110,066	17,340	547,639	0
	(ii)	0	0	0	0	0	0	0
BERGIN ELIZABETH CORP SEC/SVP	(i)	295,164	72,100	5,749	92,819	9,081	474,913	0
	(ii)	0	0	0	0	0	0	0
TSE MELVIN EVP/COO	(i)	303,840	60,000	0	27,500	23,094	414,434	0
	(ii)	0	0	0	0	0	0	0
NORTON NATALIE EVP CHIEF OPER OFF THRU3/12/18	(i)	69,551	48,750	240,194	7,033	2,133	367,661	0
	(ii)	0	0	0	0	0	0	0
CHAN JOSEPH SVP REAL ESTATE/PROPERTY MGMT	(i)	268,009	75,000	0	4,287	12,174	359,470	0
	(ii)	0	0	0	0	0	0	0
GLASS KATHRYN SVP/CHIEF MKT & COMM OFFICER	(i)	228,547	45,000	0	7,382	22,822	303,751	0
	(ii)	0	0	0	0	0	0	0
HARVEY ANITA SR EXECUTIVE DIRECTOR	(i)	183,790	20,000	0	20,308	955	225,053	0
	(ii)	0	0	0	0	0	0	0
LAERMER GARY SVP CHIEF DEV OFF THRU 5/1/18	(i)	136,018	65,450	0	18,236	3,500	223,204	0
	(ii)	0	0	0	0	0	0	0
RAUTENSTRAUCH ERIKA VP FIELD OPERATIONS	(i)	176,292	20,000	0	19,629	873	216,794	0
	(ii)	0	0	0	0	0	0	0
DOGAN MICHAEL VP YOUTH&COMM DEV THRU 11/2/18	(i)	161,215	4,176	28,175	16,602	7,449	217,617	0
	(ii)	0	0	0	0	0	0	0
TRAPANI LORETTA VP OPERATIONS	(i)	179,308	13,427	0	19,902	16,492	229,129	0
	(ii)	0	0	0	0	0	0	0
COLGLAZIER KATHRYN SR EXEC DIRECTOR	(i)	184,731	5,550	0	19,278	8,519	218,078	0
	(ii)	0	0	0	0	0	0	0
SANGUILIANO LISA VP HEALTHY LIFESTYLES	(i)	176,766	7,000	0	18,635	8,437	210,838	0
	(ii)	0	0	0	0	0	0	0
JOURDAIN DORDY VP FIELD OPERATIONS	(i)	161,342	20,000	0	18,654	16,291	216,287	0
	(ii)	0	0	0	0	0	0	0
DEW CEDRIC SR EXEC DIR/TRANSITION HOUSING	(i)	146,123	10,800	0	16,212	16,397	189,532	0
	(ii)	0	0	0	0	0	0	0
DEMEE PETER CHIEF INFORMATION OFFICER	(i)	253,437	25,000	0	0	1,306	279,743	0
	(ii)	0	0	0	0	0	0	0
LIVERNOIS HEATHER VP FINANCE	(i)	214,406	21,500	0	24,633	22,761	283,300	0
	(ii)	0	0	0	0	0	0	0
BIANCHI RICHARD VP PROPERTIES THRU 12/7/18	(i)	211,145	21,840	0	23,785	16,721	273,491	0
	(ii)	0	0	0	0	0	0	0
TROCCHIA JAMES VP HUMAN RESOURCES	(i)	198,526	20,000	0	22,572	22,668	263,766	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number
13-1624228

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	BUILD NYC RESOURCE CORPORATION	45-4040561	12008EKS4	11-04-2015	45,277,393	CONSTRUCTION		X		X		X
B	BUILD NYC RESOURCE CORPORATION	45-4040561	12008EAL0	06-28-2012	55,157,274	CONSTRUCTION		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0		0				
2 Amount of bonds legally defeased		0		0				
3 Total proceeds of issue		48,235,118		55,160,792				
4 Gross proceeds in reserve funds		3,455,716		3,592,111				
5 Capitalized interest from proceeds		0		0				
6 Proceeds in refunding escrows		0		0				
7 Issuance costs from proceeds		871,150		940,796				
8 Credit enhancement from proceeds		0		0				
9 Working capital expenditures from proceeds		0		0				
10 Capital expenditures from proceeds		9,424,026		27,984,440				
11 Other spent proceeds		33,952,056		22,640,548				
12 Other unspent proceeds		532,180		0				
13 Year of substantial completion	2019		2015					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X					
15 Were the bonds issued as part of an advance refunding issue?	X			X				
16 Has the final allocation of proceeds been made?		X	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 140 %		0 140 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 140 %		0 140 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X				
b Exception to rebate?		X		X				
c No rebate due?		X	X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3 COLUMNS (A) & (B)	THE TOTAL PROCEEDS OF ISSUE ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I, COLUMN (E) FOR BOTH BONDS DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K, PART III	YMCA OF GREATER NEW YORK PERFORMED A PRIVATE BUSINESS USE STUDY AND FOUND MINIMAL PRIVATE BUSINESS USE ASSOCIATED WITH THE INCIDENTAL USE OF SPACE FOR VENDED REFRESHMENTS, SNACKS, MEALS AND OTHER PRODUCTS FOR THE BENEFIT OF MEMBERS

Return Reference	Explanation
SCHEDULE K, PART V	THE YMCA OF GREATER NEW YORK HAS WRITTEN PROCEDURES FOR A CORRECTIVE PLAN

Additional Data

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3 COLUMNS (A) & (B)	THE TOTAL PROCEEDS OF ISSUE ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I, COLUMN (E) FOR BOTH BONDS DUE TO INVESTMENT EARNINGS
SCHEDULE K, PART III	YMCA OF GREATER NEW YORK PERFORMED A PRIVATE BUSINESS USE STUDY AND FOUND MINIMAL PRIVATE BUSINESS USE ASSOCIATED WITH THE INCIDENTAL USE OF SPACE FOR VENDED REFRESHMENTS, SNACKS, MEALS AND OTHER PRODUCTS FOR THE BENEFIT OF MEMBERS
SCHEDULE K, PART V	THE YMCA OF GREATER NEW YORK HAS WRITTEN PROCEDURES FOR A CORRECTIVE PLAN

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number
13-1624228

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AURORA MINDUR	DAUGHTER OF KEY EMPLOYEE	33,692	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, LINE 1, COLUMN (D)	THE DAUGHTER OF THE KEY EMPLOYEE LISTED IN SCHEDULE L, PART IV WAS AN EMPLOYEE OF YMCA DURING THE REPORTING PERIOD HER COMPENSATION REPORTED ON SCHEDULE L WAS DETERMINED IN ACCORDANCE WITH YMCA'S REGULAR COMPENSATION PRACTICES APPLICABLE TO SIMILARLY SITUATED EMPLOYEES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number
13-1624228

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	191,096	FMV ON RECEIPT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number

13-1624228

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	<p>THE ORGANIZATION'S MISSION AND PROGRAM SERVICE EXPENSES A THE ORGANIZATION'S MISSION THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK, A NEW YORK NOT-FOR-PROFIT 501(C)(3) CORPORATION, IS A COMMUNITY SERVICE ORGANIZATION FOUNDED IN 1852 FOR ALL NEW YORKERS TO E MPOWER YOUTH, IMPROVE HEALTH AND STRENGTHEN COMMUNITY THE YOUNG MEN'S CHRISTIAN ASSOCIATI ON OF GREATER NEW YORK IS REFERRED TO HEREIN AS THE "YMCA OF GREATER NEW YORK"THE "YMCA OF GNY" THE STORY OF THE YMCA OF GREATER NEW YORK IS A STORY 166 YEARS IN THE MAKING THAT TO DAY REACHES OVER 500,000 NEW YORKERS IT IS A STORY OF MAJOR NEW INITIATIVES AND UNPRECEDEN TED GROWTH, INCLUDING THE BUILDING OF NEW FACILITIES IN BEDFORD-STUYVESANT, CONEY ISLAND, THE ROCKAWAYS, CHELSEA, CHINATOWN, DOWNTOWN BROOKLYN, PROSPECT PARK AND THE BRONX IT IS A STORY OF UNPRECEDENTED IMPACT, INCLUDING MORE THAN \$50 MILLION IN SPONSORED, FREE AND SU BSIDIZED PROGRAMS TO THOUSANDS OF MEMBERS AND PROGRAM PARTICIPANTS, ASSURING THEM OF AN EQ UAL OPPORTUNITY TO BENEFIT FROM THE YMCA OF GNY'S PROGRAMS AND SERVICES FROM ITS HUMBLE B EGINNINGS IN RENTED ROOMS PROVIDING SHELTER TO YOUNG MEN ON MANHATTAN'S LOWER EAST SIDE, T HE YMCA OF GREATER NEW YORK HAS GROWN TO SERVE OVER 500,000 PEOPLE EACH YEAR THROUGH 22 FU LL-SERVICE BRANCHES (EACH A "BRANCH") THROUGHOUT THE FIVE BOROUGHS THAT TOTAL MORE THAN 1 4 MILLION SQUARE FEET OF PROGRAM SPACE IN NEW YORK CITY TWO ADDITIONAL BRANCHES ARE IN DE VELOPMENT IN THE BRONX IN ADDITION, THE YMCA OF GREATER NEW YORK OWNS APPROXIMATELY 1,000 ACRES OF UPSTATE NEW YORK WOODLANDS, WHERE IT OPERATES A CAMP WITH THREE DISTINCT UNITS A ND A MEETING CENTER, EACH COMMITTED TO FOSTERING PERSONAL GROWTH IN CHILDREN AND TEENS AND TEACHING ENVIRONMENTAL EDUCATION THE YMCA OF GREATER NEW YORK ALSO OPERATES PROGRAMS INC LUDING AFTER-SCHOOL CARE, YOUTH SPORTS AND ADULT EDUCATION AT MORE THAN 90 SITES AT NEW YO RK CITY PUBLIC SCHOOLS, PARKS AND COMMUNITY FACILITIES IN NEIGHBORHOODS ACROSS NEW YORK C ITY, THE YMCA OF GREATER NEW YORK HAS THE PRESENCE, VISION, LEADERSHIP AND CREDIBILITY TO DELIVER LASTING AND PERSONAL SOCIAL CHANGE, RESULTING IN A BETTER FUTURE FOR ALL NEW YORKE RS THE YMCA OF GREATER NEW YORK DEVELOPS NEW YORK CITY'S YOUTH, DELIVERING PROGRAMS TO MO RE THAN 250,000 CHILDREN AND TEENS THAT ENGENDER POSITIVE BEHAVIORS, BETTER HEALTH AND IMP ROVED EDUCATIONAL ACHIEVEMENT THE YMCA OF GREATER NEW YORK IMPROVES THE HEALTH AND WELL B EING OF NEW YORKERS, LEVERAGING ITS GROWING CAPACITY AND LOCAL REACH TO EXPAND PROGRAMS TH AT IMPROVE COMMUNITY HEALTH THE YMCA OF GREATER NEW YORK PROVIDES A STRONG FOCUS ON NEW Y ORK CITY'S MOST CRITICAL SOCIAL NEEDS, MOST VULNERABLE CITIZENS AND UNDERSERVED POPULATION S AMONG THE HUNDREDS OF PROGRAMS OFFERED BY THE YMCA OF GREATER NEW YORK ARE YOUTH PROGRA MS, INCLUDING INFANT CARE, UNIVERSAL PRE-KINDERGARDEN, CHILD CARE, DAY CARE AND AFTER SCHO OL CARE PROGRAMS, SWIMMING AND SPORTS LEAGUES, INSTRUCTIONAL CLASSES, EVENING TEEN CENTERS , COUNSELING AND HEALTH AWAREN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	<p>ESS, LIFE/SOCIAL SKILLS, MENTORING, LEADERSHIP TRAINING AND DEVELOPMENT, SERVICE LEARNING, COMPUTER TRAINING, COLLEGE/CAREER PREPARATION, AND DAY CAMPS AND SLEEP-AWAY CAMPS ALL YOUTH PROGRAMS ARE DESIGNED TO NURTURE THE POTENTIAL OF EACH CHILD AND TEEN ALL OF THE YMCA OF GREATER NEW YORK'S PROGRAMS TEACH THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY AND CONTINUE ITS TRADITION OF EMPHASIS UPON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY THE YMCA OF GREATER NEW YORK GIVES THOUSANDS OF YOUNG PEOPLE A PLACE TO COME AFTER SCHOOL FOR SAFE AND PRODUCTIVE ACTIVITIES THAT ENCOURAGE AND SUPPORT ACADEMIC PERFORMANCE AND THAT HELP TO BUILD THEIR SELF-ESTEEM AND DEVELOP HEALTHY LIFESTYLES THE YMCA OF GNY HAS ALWAYS GROWN FROM WITHIN ITS COMMUNITY AND IS A REFLECTION OF THE DIVERSITY AND VALUES OF THAT COMMUNITY AT THE YMCA OF GNY, NO ONE IS TURNED AWAY DUE TO AN INABILITY TO PAY TO OFFER THE BROADEST POSSIBLE ACCESS TO ITS PROGRAMS, SERVICES AND FACILITIES AND TO PROVIDE FOR THOSE INDIVIDUALS AND COMMUNITY GROUPS THAT MIGHT NOT BE ABLE TO AFFORD THE FULL COST OF ITS PROGRAMS, SERVICES AND FACILITIES, THE YMCA OF GNY ENGAGES IN FUNDRAISING THROUGH THE ANNUAL CAMPAIGN, SPECIAL EVENTS AT THE CORPORATE AND BRANCH LEVELS, GRANTS, BEQUESTS AND INDIVIDUAL, CORPORATE AND FOUNDATION SUPPORT</p> <p>B PROGRAM SERVICES EXPENSES PROGRAM DESCRIPTION AND PROGRAM SERVICE EXPENSES AND REVENUE CONSISTED OF THE FOLLOWING AT DECEMBER 31, 2018 EXPENSES 1) YOUTH DEVELOPMENT - \$71,058,181 2) HEALTHY LIVING - \$61,567,363 3) SOCIAL RESPONSIBILITY - \$41,470,173 REVENUE 1) YOUTH DEVELOPMENT - \$25,482,936 2) HEALTHY LIVING - \$86,054,933 3) SOCIAL RESPONSIBILITY - \$37,992,608 THE TOTAL PROGRAM SERVICE EXPENSES WERE IN THE AMOUNT OF \$174,095,717 FOR 2018 THE PROGRAM SERVICE EXPENSES INCLUDE GRANTS IN THE AMOUNT OF \$191,500 THE TOTAL PROGRAM SERVICE REVENUE WAS IN THE AMOUNT OF \$149,530,477 PLEASE ALSO SEE ABOVE FOR A DESCRIPTION OF THE PROGRAMS RUN BY THE YMCA OF GREATER NEW YORK THE PROGRAM SERVICE EXPENSES INCLUDE SCHOLARSHIPS PAID TO INDIVIDUALS AND SUPPORT TO OVERSEAS YMCA BRANCHES PLEASE SEE SCHEDULE F AND I FOR MORE DETAILS REGARDING GRANTS PAID IN 2018</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 11	REVIEW PROCESS FOR FORM 990 FORM 990 IS FIRST SENT TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND THEN SENT TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	CONFLICT OF INTEREST POLICY YMCA'S CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION YMCA'S BYLAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS THE GOVERNING BOARD IS CHARGED WITH REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES YMCA'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION POLICY AT ITS REGULAR MEETING HELD ON JANUARY 29, 2019, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE YMCA OF GREATER NEW YORK CONDUCTED A REVIEW OF THE REASONABLENESS OF THE COMPENSATION BEING PROVIDED TO THE CHIEF EXECUTIVE AND OTHER TOP EXECUTIVE OFFICERS OF THE YMCA OF GREATER NEW YORK, INCLUDING THE EXECUTIVE VP'S AND THE SR VP'S, ALL IN ACCORDANCE WITH TREAS REG S 53 4958-6(C)(2) BIANNUALLY, MOST RECENTLY ON JANUARY 29, 2018, FOR THIS PURPOSE AND TO SATISFY THE PROFESSIONAL ADVICE REQUIREMENTS OF TREAS REG S 53 4958-1(D) (4)(III), THE COMMITTEE RETAINED SMITH COMPENSATION CONSULTING TO COMPARE THE YMCA OF GREATER NEW YORK'S COMPENSATION AND BENEFITS TO MAJOR NEW YORK CITY NON-PROFITS AND MAJOR U S METROPOLITAN YMCA'S BASED ON THIS DATA AND COMPARATIVE REPORT PREPARED BY SMITH COMPENSATION CONSULTING, THE COMMITTEE CONCLUDED THAT THE COMPENSATION AND BENEFITS PROVIDED TO THE CHIEF EXECUTIVE AND TO THE OTHER TOP EXECUTIVE OFFICERS IS REASONABLE AND NOT EXCESSIVE, IN TERMS OF THE IRS "INTERMEDIATE SANCTIONS" REGULATIONS THE COMMITTEE CONDUCTS A COMPLETE INTERMEDIATE SANCTIONS REVIEW IN ACCORDANCE WITH THE APPLICABLE TREASURY REGULATIONS NO LESS THAN BI-ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND THE YMCA OF GREATER NEW YORK WEBSITE OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (\$785,751) PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST (\$111,052) TOTAL (\$896,803)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT - CLEANING SVCS TOTAL FEES 7629380

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONTRACT SERVICES TOTAL FEES 6615317

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CREDIT CARD EXPENSES TOTAL FEES 2584327

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT - LAUNDRY SERVICES TOTAL FEES 1074865

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 978672

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION GUARD SERVICE TOTAL FEES 639359

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 524130

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number

13-1624228

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)YMCA RETIREMENT FUND 120 BROADWAY NEW YORK, NY 102711999 13-5562401	SUPPORTING	NY	501(C)3	12 TYPE I	NA		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)PERPETUAL TRUST (1)	TRUST DISTRIB	NY	NA	TRUST					

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation