Form **990** 

# **Return of Organization Exempt From Income Tax**

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

2017

DLN: 93493163000048 OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

mema	i Keven	nie service							Inspection
A Fo	or the	<b>2017</b> ca		ginning 01-01-2017 ,and en	nding 12-31	-2017			
□ Add	ck if ap dress cl me cha	-	C Name of organization THE YOUNG MEN'S CHRISTIAN A	ASSOCIATION OF WICHITA KANSAS (2	2311)		<b>D Employ</b> 48-055		ication number
☐ Init	tial retu	-	Doing business as GREATER WICHITA YMCA						
	ended	return n pending	Number and street (or P O box 402 N MARKET ST	ıf mail ıs not delivered to street addres	ss) Room/suit	e	E Telephoi (316) 2	ne number 219-9622	
			City or town, state or province, WICHITA, KS 672022012	country, and ZIP or foreign postal code	9		<b>G</b> Gross re	eceipts \$ 6	2,309,827
			F Name and address of prin	cipal officer		H(a) Is this	a group re	turn for	
			Steve Cox 402 N MARKET ST				dinates?		□Yes 🗹 No
			WICHITA, KS 672022012			H(b) Are al includ	l subordina ed?	tes	☐ Yes ☐No
Tax	r-exem	pt status	<b>✓</b> 501(c)(3)	) ◀ (insert no ) ☐ 4947(a)(1) or	□ 527				instructions)
W	ebsite	e:► WW	W YMCAWICHITA ORG			H(c) Group	exemption	number	<b>&gt;</b>
<b>∢</b> Form	n of org	ganızatıon	✓ Corporation ☐ Trust ☐	Association ☐ Other ►		<b>L</b> Year of forma	tion 1886	<b>M</b> State	of legal domicile KS
Pa	rt I	Sumi	mary						
Governance	<u>F/</u> —	AMILIES,	AND POSITIVE YOUTH DEVEL	INCIPLES INTO PRACTICE THROU OPMENT TO BUILD HEALTHY SPI	RIT, MIND A	ND BODY FOR	R ALL, REGA	ARDLESS	
ි ජ				rning body (Part VI, line 1a) .				3	45
e> (	4 1	Number o	of independent voting member	s of the governing body (Part VI,	line 1b) .			4	45
AIC.	5	Total num	nber of individuals employed in	n calendar year 2017 (Part V, line	2a)			5	2,224
ACUMUES &	6	Total num	nber of volunteers (estimate if	necessary)			•	6	5,250
`				Part VIII, column (C), line 12 .			•	7a	150,045
	l d	Net unrel	ated business taxable income	from Form 990-T, line 34			•	7b	C
	_					Pri	or Year		Current Year
ĝ			• •	e 1h)			4,522,		6,321,294
Ravenue		-	,	e 2g)			38,430,		39,966,20
Ŗ				(A), lines 3, 4, and 7d )			1,348,		2,225,408
				nes 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A)	Line 12)		392, 44,694,		339,692 48,852,599
				[X, column (A), lines 1–3 )	· · · · · · · · · · · · · · · · · · ·		· '	000	4,800
			· ·	X, column (A), line 4)				-	4,000
s		•	·	e benefits (Part IX, column (A), li			18,298,	423	20,379,77
Expenses		•		column (A), line 11e)	•				28,80
рe	_		aising expenses (Part IX, column (I						·
Ĭ	17 (	Other exp	penses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)	•		17,272,	998	19,574,776
	18	Total exp	enses Add lines 13-17 (must	equal Part IX, column (A), line 2	5)		35,573,	421	39,988,160
	19 F	Revenue	less expenses Subtract line 1	8 from line 12			9,121,	062	8,864,439
Net Assets or Fund Balances						Beginning	of Current \	/ear	End of Year
sse Bala	20	Total asse	ets (Part X, line 16)				208,159,	422	217,478,312
M I	21	Total liab	lities (Part X, line 26)				25,654,	465	23,959,188
Ž	22	Vet asset	s or fund balances Subtract li	ne 21 from line 20			182,504,	957	193,519,124
	t II		ature Block						
cnowl	edge a	and belie		kamined this return, including acc lete Declaration of preparer (oth					
iny Ki	nowled	age Il							
•••		Signati	ire of officer			2019 Date	8-06-12 e		
Sign Here		ľ							
			Hammond CFO r print name and title						
		P P	rınt/Type preparer's name	Preparer's signature	Da	te		PTIN	
Paic	ı	K	evin Ensminger	Kevin Ensminger		Che	ck 🔲 ıf   employed	P0131055	8
	oare	r 🖪	rm's name 🕨 BKD LLP	•	· ·		n's EIN ► 44	-0160260	
	Onl	1 =	rm's address ► 1551 N WATERFRO	NT PKWY STE 300		Pho	ne no (316)	265-2811	
			WICHITA, KS 672	066601					
اay tl	he IRS	discuss	this return with the preparer s	shown above? (see instructions)				. <b></b>	ſes □No

Form	1 990 (2017)					Page <b>2</b>
Pai	t IIII Statement	t of Program Servi	ce Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to a	any line in this Part III		🗆
1		organization's mission		·		
		tian principles into practify spirit, mind and boo			ealthy lifestyles, strong families a	nd positive youth
2					hich were not listed on	
	•	or 990-EZ?				☐ Yes 🗹 No
	,	ese new services on Sc				
3	<u>-</u>	cease conducting, or r	<del>-</del>	changes in how it cond	ucts, any program · · · · · · · · · · · ·	☐ Yes ☑ No
	If "Yes," describe th	ese changes on Schedu	le O			
4	Section 501(c)(3) ai		ons are required	to report the amount	largest program services, as med of grants and allocations to others	
	(Code	) (Expenses \$	23,275,078	including grants of \$	0 ) (Revenue \$	30,814,531 )
	See Additional Data					
4b	(Code	) (Expenses \$	13,142,792	including grants of \$	0 ) (Revenue \$	9,084,199 )
	See Additional Data					
4c	(Code	) (Expenses \$	469,506	ıncludıng grants of \$	4,800 ) (Revenue \$	67,475 )
	See Additional Data					
4d	Other program serv	ıces (Describe in Sched	ule O )			
	(Expenses \$	ınd	luding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses ▶	36,887,3	76		

or X as applicable

**Checklist of Required Schedules** 

Page 3

No

Nο

Nο

No

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

Nο

No

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Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Yes

5

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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18

19

Yes

Yes

Yes

Yes

Yes

No No

Yes

29

Nο

Νo

Nο

Νo

Nο

Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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33

34

35a

35b

36

37

Yes

Yes

Yes

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Yes

Yes

Yes

orm !	990 (2017)			Page .
Par	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 274			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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	2b	Yes	
D	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)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		-110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
	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	13a		
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		10
٠	in res, has it hed a form 720 to report these payments in No, provide an explanation in Schedule O		00	<b>0</b> (201

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI $$ . $$ .					✓
Se	ction	A. Governing Body and Management				Vaa	N.
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	45		Yes	No
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are independent	1b	45			
2		ا ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee منتخب			2		No
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets?	5		No
6		e organization have members or stockholders?			6	Yes	
	Did th	e organization have members, stockholders, or other persons who had the power to bers of the governing body?	to elec	t or appoint one or more	7a	Yes	
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?	mem	bers, stockholders, or	7b		No
8		e organization contemporaneously document the meetings held or written actions llowing	undert	caken during the year by			
а	The g	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C		t be reached at the	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code		
10-	D. J +L	a company to the contract of t			10-	Yes	No
	If "Yes	e organization have local chapters, branches, or affiliates?			10a 10b	Yes Yes	
11a		ranches to ensure their operations are consistent with the organization's exempt pine organization provided a complete copy of this Form 990 to all members of its go	•		11a	Yes	
h		be in Schedule O the process, if any, used by the organization to review this Form	990		IIa	165	
		e organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
		officers, directors, or trustees, and key employees required to disclose annually int				103	
	conflic				12b	Yes	
-		fule O how this was done	•		12c	Yes	
13		e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy?			14	Yes	
15	persor	e process for determining compensation of the following persons include a review ones, comparability data, and contemporaneous substantiation of the deliberation and					
		rganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or sill e entity during the year?			16a		No
b	ın join	s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?	ard th		16b		
Se	ction	C. Disclosure					
17	List th	e States with which a copy of this Form 990 is required to be filed▶					
18		in 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ble for public inspection  Indicate how you made these available  Check all that ap		990-T (501(c)(3)s only)			
19	Descri	wn website $\square$ Another's website $ olimits  oli$					
20	State ►Shel	the name, address, and telephone number of the person who possesses the organ ly Hammond 402 N MARKET ST WICHITA, KS 672022012 (316) 219-9622	ızatıon	's books and records			
						orm 901	0 (2017

orm 990 (2	017)										Page <b>7</b>					
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,					
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>					
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees						
ear	e this table for all persons require										-					
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-						
	of the organization's <b>current</b> key		•													
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the						
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-									
List all operation	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9					
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest						
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee						
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(D) (E) portable Reportable pensation compensation om the from related ization (W- organizations						
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations					
See Additiona	al Data Table															

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Part \	VIII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and	High	est Co	mpensate	ed Employees	(con	tınued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					son	Rep comp fro organi:	(D) cortable censation om the zation (W-	(E) Reportable compensation from related organizations ( 2/1099-MISC	w-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/109	99-MISC)				ion and ed ations
See Ad	ditional Data Table													
												+		
												+		
												-		
												+		
												$\dashv$		
	b-Total				-		<b>&gt;</b>				· ·	ľ		
	tal from continuation sheets to P tal (add lines 1b and 1c)  .   .	•		•		•	<b>▶</b>		1	.043,254		0		114,886
2	Fotal number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rece						
													Yes	No
	Old the organization list any <b>former</b> ine 1a? <i>If "Yes," complete Schedule</i> .	•					oyee,		-	mpensated	employee on	3		No
C	For any individual listed on line 1a, is organization and related organization ndividual	the sum of repositions of the sum of repositions of the sum of the	ortable ( 3150,00	comp 0? <i>If</i>	ensa "Yes,	tion ," co	and o	ther te Sc	comper chedule i	sation fron I for such	n the	_	Vaa	
	Old any person listed on line 1a recei	ve or accrue cor	nnensat	ion fi	rom :	- anv	unrela	ted	organiza	tion or ind	ividual for	4	Yes	
	services rendered to the organization											5		No
Sec	tion B. Independent Contract	ors												
	Complete this table for your five high rom the organization Report compe											nper	nsation	
	<u> </u>	(A)		, cui	Cild	9	***************************************	. ,,,,,	inii ciic (	Ī	(B)		(0	
Coonroc	Name a	and business addre	ess							Desc Constructio	ription of services n		Comper 1	,818,920
	KS 67277													
	r Johnson Cox Frey									ARCHITECT	FEES			426,444
	ROADWAY A, KS 67202													
Wray Ro	pofing Inc									Roofing Rep	airs / Replacement			338,937
PO Box North N	420 ewton, KS 67117													
	Inlimited									Athletic Floo	oring Systems			232,294
PO Box Stillwate	1207 er, OK 74076													
	Landscaping Inc									Landscaping	3			215,463
	SW Butler Rd													
	r, KS 67002 tal number of independent contractor	rs (including but	not lim	uted t	o the	ose	listed	ahov	(e) who	received m	ore than \$100 00	nn of	:	

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 ▶ 14

Part		I Statement of	Revenue									rage <b>3</b>
				a respo	onse or note to any l	line in th	ıs Part VII	ı				🗹
				· · · · · ·		( <b>A</b> Total re	١)	Rela ex fui	(B) ated or empt action	U	(C) nrelated susiness evenue	(D) Revenue excluded from tax under sections
	12	Federated campaign	ns	1a	123,118			re	venue			512-514
nts nts		<b>b</b> Membership dues		1b	l 0							
irat 10 u		c Fundraising events		10 1c	258,700							
s. G Am		d Related organizatio			62,911							
iii Ia		_		1d	<u> </u>							
s, (		e Government grants (co		1e	2,382,183							
ion	1	<ul> <li>All other contributions, and similar amounts no</li> </ul>		1f	3,494,382							
Contributions, Giffs, Grants and Other Similar Amounts	,	above  Noncash contribution in lines 1a-1f \$			, , _							
Cont and	h	Total.Add lines 1a-1	.f	<del>.</del> .	•	6 '	321,294					
	┵						321,234	T				
Service Revenue	2a	· Healthy Living				813410	30,8	314,531	30,81	4,531		
4	_	Youth Development				813410	9,0	084,199	9,08	4,199		
Ce F	С	Social Responsibility				813410		67,475	6	7,475		
erv	d											
Š	e											
Program	f	All other program se	rvice revenue	<u> </u>				0		0		0 0
ď	a	<b>Total.</b> Add lines 2a-2f	f		39,9	66,205						
		Investment income (ii			Interest and other	1		T		I		
		similar amounts) .					1,262,79	4	0		150,045	1,112,749
		Income from investme		-	ond proceeds <b>&gt;</b>			0	0		0	
	5	Royalties			•			0	0		0	0
		Currents	(ı) Rea		(II) Personal							
	ьа	Gross rents		0	0							
	b	Less rental expenses		0	0	1						
		Dontol wasses on		-								
	C	: Rental income or (loss)		0	0							
	d	Net rental income o	r (loss)			1		0	0		0	0
			(ı) Securit	ties	(II) Other							
	7a	Gross amount from sales of assets other than inventory	14,1	.07,477	10,850							
	b	Less cost or other basis and sales expenses		.55,713								
		Gain or (loss)	<u> </u>	51,764	10,850	ļ						
		Net gain or (loss)		•	<b>•</b>	ļ	962,61	4	0		0	962,614
Other Revenue		Gross income from formal (not including \$ contributions reported See Part IV, line 18	258,700 ed on line 1c)	of	,							
ά		Less direct expense		b		]	-20,61	7			0	-20,617
heı		: Net income or (loss)			ents •	1	-20,61	<del>'</del>				-20,617
ŏ	Ja	Gross income from g See Part IV, line 19		ies								
				а								
		Less direct expense		b	0							
		: Net income or (loss)		activit	ies <b>&gt;</b>	1		0	0		0	0
	10a	Gross sales of invent returns and allowand	cory, less	a	555,894							
	b	Less cost of goods s	sold	b	196,135	]						
	c	Net income or (loss)		invent	tory ►		359,75	9	0		0	359,759
		Miscellaneous	Revenue		Business Code							
	11	a <sub>Misc</sub>			900099		55	0	0		0	550
	b											
	c	:										
	d	All other revenue .			<del>                                     </del>			0	0		0	0
		<b>Total.</b> Add lines 11a			•							
	12	: <b>Total revenue.</b> See	Instructions				55					
					· P		48,852,59	9	39,966,205		150,045	2,415,055 Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,800	3,800		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	1,000	1,000		
4 Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	515,341	0	441,463	73,878
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7 Other salaries and wages	17,104,872	15,678,528	1,240,965	185,379
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	645,846	545,026	93,112	7,708
9 Other employee benefits	547,625	470,431	66,725	10,469
<b>10</b> Payroll taxes	1,566,093	1,378,279	162,163	25,651
11 Fees for services (non-employees)				
a Management	0	0	0	0

19,397

46,115

19,200

28,807

218,530

714,320

540,098

160,218

0

0

2,256,761

4,433,750

233,481

183,224

435,893

421,334

9,069,166

217,547

176,122

68,031

128,212

232,429

39,988,160

948

0

43,810

19,200

622,402

496,372

119,648

2,190,734

4,417,172

218,214

87,157

433,283

416,026

8,992,078

205,789

157,253

30,935

127,810

232,429

36,887,376

19,397

2,167

218,530

86,403

35,238

56,520

38,136

15,584

14,228

76,688

2,427

5,308

72,463

11,053

17,737

13,407

402

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948

2,691,064

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0

138

28,807

5,515

8,488

9,507

2,434

0

994

1,039

19,379

183

4,625

1,132

23,689

0

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0

409,720

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705

0

**b** Legal

c Accounting

d Lobbying . . . . .

f Investment management fees .

**12** Advertising and promotion .

13 Office expenses .

**20** Interest . . .

23 Insurance . . .

a Membership Dues

**b** Volunteer costs

15 Royalties .

**17** Travel .

16 Occupancy .

14 Information technology

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

c Equipment - expendable or rented

21 Payments to affiliates . . .

expenses on Schedule O )

d Provision for bad debts

e All other expenses

q Other (If line 11q amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

18

19

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33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Grants payable .

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Page **11** 

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2,133,546

15,000,000

4.198.789

752.693

40.000

23,959,188

191.509.021

2.010.103

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193,519,124

217,478,312

Form **990** (2017)

332.290

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19

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21

22

23

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30 0

31 0

32

33

34

2,087,513

18,750,000

1.577.385

25,654,465

180.780.817

182,504,957

208,159,422

1,724,140

0

852 056

0 25

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

		Beginning of year		End of year
1	Cash-non-interest-bearing	9,950	1	9,710
2	Savings and temporary cash investments	9,211,109	2	11,362,866

	<u>-</u>	1		
:	2 Savings and temporary cash investments	9,211,109	2	11,362,866
;	B Pledges and grants receivable, net	1,899,140	3	1,764,557
4	4 Accounts receivable, net	347,672	4	1,486,708
!	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
'	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) valuntary employees' beneficiary organizations (see instructions) Complete	0	6	

Part II of Schedule L . Assets Notes and loans receivable, net Inventories for sale or use . 0 8 157.936 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 224,734,238 10a basis Complete Part VI of Schedule D accumulated depreciation 10h 73 860 618 150 947 017 150 873 620

D	Less accumulated depreciation	100	73,000,010	150,947,017	100	150,673,620
11	Investments—publicly traded securities .			40,333,608	11	44,843,188
12	Investments—other securities See Part IV, line	11 .		5,193,759	12	6,805,373
13	Investments—program-related See Part IV, line	11 .		0	13	
14	Intangible assets			0	14	0
15	Other assets See Part IV, line 11			59,231	15	0
16	Total assets.Add lines 1 through 15 (must equa	al line	34)	208,159,422	16	217,478,312
17	Accounts payable and accrued expenses			2,387,511	17	1,834,160

Page **12** 

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

No

No

Form 990 (2017)

3	Revenue less expenses Subtract line 2 from line 1	3	8,8
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	182,
5	Net unrealized gains (losses) on investments	5	2,:
6	Donated services and use of facilities	6	

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Form 990 (2017)

Part XII

Schedule O

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

5	Net unrealized gains (losses) on investments	5	2,149,728
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0

6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	193,519,124

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

#### Additional Data

**Software Version:** 2017v2.2

**Software ID:** 17005876

**EIN:** 48-0554440 Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA

KANSAS (2311)

Form 990 (2017)

Form 990, Part III, Line 4a:

Healthy Living, See Schedule O

Form 990, Part III, Line 4b: Youth Development, See Schedule O

### Form 990, Part III, Line 4c: Social Responsibility, See Schedule O

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

organization and related organizations

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

	any hours		direct			ee)	•	organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Steve Cox	1 0	×		x				0	
Chairperson / Director		^		^				J	
David Shannon	1 0			,				0	
Vice Chair / Director		×		X				U	
Tım Alexander	1 0	Y		v				0	

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and Independent Contractors

Secretary / Director

Treasurer / Director

Randy Carlgren

Blake Wells

Gary Poore

Marilyn Pauly

Mary Beth Jarvis

Director

Director

Director

Director

Director

Director

Pat Boyarski

Askıa Ahmad

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

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

and Independent Contractors

Director

Director

Director

Jım Hattan

Helen Healy

	any hours		otn a direct			ee)	1	organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Greg Allison	1 0	x						0	0	0	
Director										0	
Mike Bukaty	1 0	x						0	0	0	
Director	1 0								٥		
Steve Clark	1 0										
		X	1	1	l			l o	l o	0	

Director						
Mike Bukaty	1 0	x			0	0
Director	1 0				0	U
Steve Clark	1 0	×			0	0
Director		^			O	U
Debbie Coan	1 0	×			0	0

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Director		^			0	0	
Debbie Coan	1 0					0	
Director		X			l o	,	
Richard DeVore	1 0	×			0	0	
Director		^			0	0	
Aron Dunn	1 0						

Director					_	-	
Richard DeVore	1 0	~			0	0	
Director		^				0	
Aron Dunn	1 0				0	0	
Director		X			l o	0	
	1 0						

		X			l o	l o	
Director					-	-	
Aron Dunn	1 0				0		
Director		^			\ 	0	
Ron Engelbrecht	1 0				0	0	

Aron Dunn	1 0				0	0	
Director		^					
Ron Engelbrecht	1 0				0	0	
Director							

Ron Engelbrecht	1 0					0	0
Director	1 0	^			٥	٥	0
Dr S Jim Farha	1 0				0	0	0

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

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

and Independent Contractors

Dan Peare

David Redfern

Mike Relihan

Director

Director

Director

Jon Rolph

Director

Director

Director

Director

David Urban

Joe Rothwell

Grant Tidemann

	any hours for related	(	direct	or/ti	ruste	ee)		organization (W-	organizations	from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	es voldme Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Dr Greg Joyce	1 0	х							0	
Director		_ ^						U	0	0
Joe Kiefer	1 0	x						0	0	0
Director		^							0	0
Tom Lasater	1 0	x						0	0	0
Director		_ ^								U

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

organization and related organizations

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

	any hours	٠	lirect	or/tr	uste	ee)		organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Kylie Hurtig	1 0	l						0	0	
Director		X						0	0	
Brian Wilkinson	1 0	x						0	0	
Director		_ ^						U	0	
Suzie Locke	1 0	×						0	0	
Director		_ ^						U	0	
Amy Mounts	1 0	×						0	0	
Director		^						ا	١	

Brian Wilkinson	1 0	×			0	
Director		_ ^				
Suzie Locke	1 0	×			0	
Director		_ ^			U	
Amy Mounts	1 0	×			0	
Director		_ ^			0	

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and Independent Contractors

Cindy Deree

Scott Schaffer

Director

Director

Director

Director

Director

Director

Josh Wells

Cynthia Hocker

Steve Funk

Chief Gordon Ramsay

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

Office

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

	any hours for related organizations below dotted line)
Pat Belt	1 0
Director	
Mark Murphy	1 0
Director	
Dr Eric Fair	1 0
Director	

Scott Swindler

Director

Director

Pam Chiles

Ronn McMahon

CEO / President

Shelly Hammond

Mım McKenzie

Brian Pond

VP of Technology

Jennifer Keen

VP of Finance / CFO

Chief Operating Officer (COO)

VP of Membership & Wellness

and Independent Contractors

Institutional

Individual trustee or director

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132,820

153,437

159,981

122,385

(W- 2/1099-

MISC)

organization and

related

organizations

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36,021

4,843

12,275

3,550

14,339

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

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

for related organizations below dotted line)  Jim Korroch VP of Advancement  Of class of the state of the sta		any hours		direct			ee)		organization (W-	organizations	from the
X 119,786 0 16,907		organizations below dotted	wdual tru director	cnal Tru	Officer	ı	ee compens	HHLU	2/1099-MISC)		related
	Jim Korroch						v		119 786		16 907
	VP of Advancement						_^		113,700		10,507

108,586

26,951

50 0

Josh Whitson

VP of Programs / Branch Director

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		ULE A			Charity Statu	s and Dul	nlic Sunn		OMB No 1545-0047			
	m 990		Com		rganization is a sect			l l	2017			
990I	EZ)			•	4947(a)(1) nonexe	mpt charitable	trust.		201/			
•		the Treasury	▶ Info	ormation abou	► Attach to Form It Schedule A (Form <u>www.irs.g</u>			ictions is at	Open to Public Inspection			
Nam	e of th	ne organiza		ON OF WICHITA K	ΔNSΔS (2311)			Employer identific	ation number			
		TEN 5 CHRISTI	ANT ASSOCIATIO	on or wiching	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			48-0554440				
	rt I				<b>us</b> (All organization it is (For lines 1 thro			See instructions.				
_	rganiz		•		•	J ,	,	/ <b>*</b>				
1		·			sociation of churches							
2		A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ) )					
3		·	·	·	vice organization desc			•				
4			esearch orga and state _	nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive	,			ped in <b>section 170</b>			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).				
7		section 17	'0(b)(1)(A)	( <b>vi).</b> (Complete				init or from the genera	al public described in			
8		A communi	ty trust descr	ibed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a			
10	<b>✓</b>	An organization that normally receives (1) more than 331/3% 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 331/3% 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 organiza	ation organize	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box			
а		<b>Type I.</b> A so	supporting or n(s) the powe	ganization oper er to regularly a	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A	supporting o		ervised or controlled i ation vested in the sar							
С		must com	plete Part IV	/, Sections A a		·						
			• ,	, ,	ons) You must com	•						
d		functionally	integrated <sup>-</sup>	The organization	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution i	requirement and					
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally			
f	Enter			on-functionally l organizations	integrated supporting	organization						
g				-	ipported organization(	s)						
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota												

(Complete only if you ch	ecked the box o	n line 5, 7, 8, oi	r 9 of Part I or i	f the organization	on failed to quali	ıfy under Part			
III. If the organization fails to qualify under the tests listed below, please complete Part III.)									
ection A. Public Support									
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total			
Gifts, grants, contributions, and									

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	<b>Total support.</b> Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,
	check this box and <b>stop here</b>					🕨	
S	ection C. Computation of Public			_	•	•	
14	Public support percentage for 2017 (line	e 6, column (f) dı	vided by line 11, o	olumn (f))		14	

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

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. 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—2017. 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—2016. 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 Schedule A (Form 990 or 990-EZ) 2017 Section A. Public Support

Part III

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,462,457	6,487,194	8,157,806	4,522,597	6,321,294	30,951,348
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	35,132,285	36,082,241	37,931,867	38,974,358	40,522,099	188,642,850
3	Gross receipts from activities that are not an unrelated trade or business under section 513	23,745	20,119	30,006	148,615	84,763	307,248
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	40,618,487	42,589,554	46,119,679	43,645,570	46,928,156	219,901,446
7a	3 received from disqualified persons	424,682	575,708	710,643	311,394	659,260	2,681,687
b	Amounts included on lines 2 and 3						

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

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

	· · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	40,618,487	42,589,554	46,119,679	43,645,570	46,928,156	219,901,446
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	424,682	575,708	710,643	311,394	659,260	2,681,687
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	424,682	575,708	710,643	311,394	659,260	2,681,687
8	<b>Public support.</b> (Subtract line 7c from line 6 )						217,219,759
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> ⊤otal
9	Amounts from line 6	40,618,487	42,589,554	46,119,679	43,645,570	46,928,156	219,901,446
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	333,140	387,639	443,222	552,020	1,112,749	2,828,770

	paid to or expended on its behalf	U	o o	U	U	0	U
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	o	0	0	o	0
6	Total. Add lines 1 through 5	40,618,487	42,589,554	46,119,679	43,645,570	46,928,156	219,901,446
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	424,682	575,708	710,643	311,394	659,260	2,681,687
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	424,682	575,708	710,643	311,394	659,260	2,681,687
8	Public support. (Subtract line 7c						217,219,759
	from line 6 )						217,213,733
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	40,618,487	42,589,554	46,119,679	43,645,570	46,928,156	219,901,446
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	333,140	387,639	443,222	552,020	1,112,749	2,828,770
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	333,140	387,639	443,222	552,020	1,112,749	2,828,770
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	221,856	167,594	171,364	43,101	150,045	753,960
12	·	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	41,173,483	43,144,787	46,734,265	, ,	, ,	223,484,176
14	First five years. If the Form 990 is f	or the organizatio	n's first, second, t	hırd, fourth, or fıf	th tax year as a se	ection 501(c)(3) or	ganızatıon,
	check this box and <b>stop here</b>						▶□
Se	ection C. Computation of Public						
15	Public support percentage for 2017 (I	ne 8 column (f) o	divided by line 13	column (f))		1 1 5	07 20 %

7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	424,682	575,708	710,643	311,394	(	559,260	2,681,687
ь	Amounts included on lines 2 and 3							
	received from other than							
	disqualified persons that exceed the	0	0	0	0		0	0
	greater of \$5,000 or 1% of the							
	amount on line 13 for the year	424,682	F7F 700	710.642	211 204			2 (01 (07
	Add lines 7a and 7b	424,682	575,708	710,643	311,394		559,260	2,681,687
8	<b>Public support.</b> (Subtract line 7c from line 6 )							217,219,759
Se	ection B. Total Support							
	Calendar year	( ) 2012	(1.) 2044	( ) 2045	(1) 2016	( ) 20	4.7	
	(or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 20	1/	(f) Total
9	Amounts from line 6	40,618,487	42,589,554	46,119,679	43,645,570	46,9	928,156	219,901,446
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	333,140	387,639	443,222	552,020	1,:	112,749	2,828,770
	and income from similar sources							
ь	Unrelated business taxable income							
	(less section 511 taxes) from	0	0	0	0		ام	0
	businesses acquired after June 30,	ď	ď	٥	٩		ไ	O
	1975							
С	Add lines 10a and 10b	333,140	387,639	443,222	552,020	1,:	112,749	2,828,770
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the	221,856	167,594	171,364	43,101	:	150,045	753,960
	business is regularly carried on							
12	Other income Do not include gain							
	or loss from the sale of capital	0	0	0	0		0	0
	assets (Explain in Part VI )							
13	Total support. (Add lines 9, 10c,	41,173,483	43,144,787	46,734,265	44,240,691	48.:	190,950	223,484,176
	11, and 12)	, ,	, ,	, ,	· · · 1			
14	First five years. If the Form 990 is f	or the organization	n s first, secona, t	nira, fourth, or fift	in tax year as a sec	ction 201(	c)(3) org	_
	check this box and stop here							▶⊔
	ection C. Computation of Public Public support percentage for 2017 (I			(f))		T .= 1		
15		. , ,	, ,	column (1))		15		97 20 %
16	Public support percentage from 2016	·	·			16		97 64 %
	ction D. Computation of Inves			luna 43 - anlium //	5) )	1 1		
17	Investment income percentage for 20	•		line 13, column (1	1))	17		1 27 %

	check this box and stop here						▶ ∐
14	First five years. If the Form 990 is f	for the organizatio	n's first, second, t	hırd, fourth, or fıf	th tax year as a se	ection 501(c)(3) o	rganization,
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	41,173,483	43,144,787	46,734,265	44,240,691	48,190,950	223,484,176
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
	line 10b, whether or not the business is regularly carried on	,		<b>,</b>	,		

13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	41,173,483	43,144,787	46,734,265	44,240,691	48,	190,950	223,484,1		
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							▶ □		
Se	Section C. Computation of Public Support Percentage									
15	Public support percentage for 2017 (I	ine 8, column (f)	divided by line 13	column (f))		15		97 20		

	check this box and <b>stop here</b>
S	ection C. Computation of Public Support Percentage
15	Public support percentage for 2017 (line 8, column (f) divided by line 1
16	Public support percentage from 2016 Schedule A, Part III, line 15

- Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 331/3% support tests—2017. 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
- ▶□ not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 ightharpoonsPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

b 33 1/3% support tests—2016. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18

0 89 %

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

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

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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	4b	$\overline{}$	
	supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	$\overline{}$	
	to the colony purposed organization mad accordingly because 175(e)(E) purposed			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	cnecked 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			
	e organization have ultimate control and discretion in deciding whether to make grants to the foreign supported ization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or vised by or in connection with its supported organizations e organization support any foreign supported organization that does not have an IRS determination under sections (3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support foreign supported organization was used exclusively for section 170(c)(2)(B) purposes  e organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and low (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported izations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the ization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $1/0(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

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 <b>Part VI.</b>			
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)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

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		i

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

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

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

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

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection 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 instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
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> .	3a		
	<b>b</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 <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

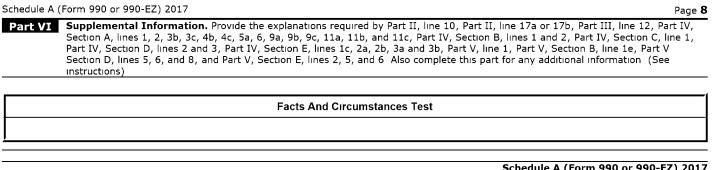
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.



SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493163000048

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	te Part I-A only n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta)	ection 501(h)) Co ider section 501(h	omplete Part II-A i)) Complete Pa	Do not ort II-B D	compo not	plete Part II-l t complete Pa	art II-A
Pro	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organia	s), then	() (see separate i	iistructions) or	roiii <del>s</del>	3U-E2	L, Part V, IIII	e 350
Nar	me of the organization E YOUNG MEN'S CHRISTIAN ASSOCIATIO	•		Emp	loyer id	entif	ication nun	ıber
INC					554440			
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a section 52	7 orga	niza	tion.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	npaign activities ir	n Part IV (see in	struction	s for	definition of	
2	Political campaign activity expend	ditures (see instructions)			<b>&gt;</b>	\$_		
3	Volunteer hours for political camp	<u> </u>						
		nization is exempt under section						
1 2		ax incurred by the organization under se ax incurred by organization managers u			<b>&gt;</b>	\$ <sub>-</sub>		
3		tion 4955 tax, did it file Form 4720 for t				₹.	Yes	
4a	Was a correction made?	,	,				□ Yes	□ No
b		nization is exempt under section	n F01/a) avec	nt costion E	01(6)(	21		
1		led by the filing organization for section		-	<u>∪1(c)(</u> .	<u>5).</u>		
2	' '	panization's funds contributed to other o	•		pt	Ψ_		
	function activities				<b>&gt;</b>	\$_		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b	<b>&gt;</b>	\$_		
4	Did the filing organization file For	rm 1120-POL for this year?					☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organizat political organiza	ion's fun	ds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount filing organi funds If nor -0-	izatıon's		(e) Amount contributions and promp directly deliv separate p organization enter	s received otly and vered to a political If none,
1								
2								
3								
4								
5								
6								
or P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S S	chedule	C (Fo	rm 990 or 990	D-EZ) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

cne	dule C (Form 990 or 990-E2) 2017				Pa	age <b>3</b>
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	)		(b)	
	Y		No		Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				19,200
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total Add lines 1c through 1i					19,200
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion		
_	W 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2		_		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?		-	3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(c	)(6)
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).					
а	Current year	2a				
b	Carryover from last year	2b				
С	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				
	ort IV Supplemental Information	1				

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

PROGRAMS AND SERVICES IN KANSAS THE ANALYST REPORTS TO AN INFORMAL ALLIANCE OF KANSAS-

Explanation

Return Reference

**ACTIVITY** 

instructions), and Part II-B, line 1 Also, complete this part for any additional information

THE GREATER WICHITA YMCA PAYS A PORTION OF A STATEWIDE RETAINER FOR A LEGISLATIVE ANALYST

TO MONITOR GOVERNMENTAL TRENDS AND LEGISLATION WHICH MIGHT IMPACT YMCA INTERESTS, PROGRAMS AND SERVICES IN KANSAS. THE ANALYST REPORTS TO AN INFORMAL ALLIANCE OF KANSAS-

BASED YMCA'S TWICE A YEAR AND IS AVAILABLE TO ALLIANCE MEMBERS

**ACTIVITY** 

Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING

THE GREATER WICHITA YMCA PAYS A PORTION OF A STATEWIDE RETAINER FOR A LEGISLATIVE ANALYST Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING TO MONITOR GOVERNMENTAL TRENDS AND LEGISLATION WHICH MIGHT IMPACT YMCA INTERESTS,

BASED YMCA'S TWICE A YEAR AND IS AVAILABLE TO ALLIANCE MEMBERS

Schedule C (Form 990 or 990EZ) 2017

SCHEDULE D Supplemental Fina

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

# Supplemental Financial Statements

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

2017

DLN: 93493163000048

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization **Employer identification number** THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311) 48-0554440 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

 ${f d}$  Equipment .

Page 2

	4 11111	Organizations Ma	intaining Collections	OT AFT, H	IISTOFI	caiii	reasi	ures, oi	otner	Similar As	<b>ssets</b> (con	tinued)	
3		g the organization's acquis (check all that apply)	isition, accession, and othe	r records,	check a	any of	the fo	ollowing t	hat are a	sıgnıfıcant u	ise of its co	llection	
а		Public exhibition			d		Loan	or exch	ange prog	rams			
b		Scholarly research			e		Othe	er					
c		Preservation for future	generations										
4	Provi Part :	vide a description of the organization's collections and explain how they further the organization's exempt purpose in											
5			nization solicit or receive do ds rather than to be mainta										
Pai	rt IV		dial Arrangements. anization answered "Yes	s" on For	m 990	, Part	: IV,	ıne 9, o	r reporte	d an amou			
1a			trustee, custodian or other	ıntermedı	ary for	contri	bution	ns or othe	er assets I	not	☐ Yes	□ No	
b	If "Ye	es." explain the arrangen	nent in Part XIII and compl	ete the fol	llowina	table				A	mount		
c		nning balance							1c				
d	_	nons during the year							1d				
e		ributions during the year  1e											
f		ng balance						1f					
2a		Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No											
b			nent in Part XIII Check her										
÷ē	rt V	Endowment rund	s. Complete if the organ (a)Curre			or yea				(d)Three yea		Four years back	
1a	Beainn	ning of year balance .		1,372,873	(0)=		5,266	(C) I WO y	1,255,802		171,469	1,015,768	
	_	butions		0			7,294		52,851		101,361	8,105	
		vestment earnings, gains	and losses	179,980		109	9,345		40,778		41,891	201,721	
		s or scholarships		0			0		0		0	0	
	Other	expenditures for facilities		62,911		60	0,304		55,751		50,710	47,425	
f	Admın	istrative expenses		8,058		8	8,728		8,414		8,209	6,700	
		year balance		1,481,884		1,372	2,873		1,285,266	1,	255,802	1,171,469	
2 a		de the estimated percent d designated or quasi-en	tage of the current year en	d balance	(line 1g	g, colu	mn (a	)) held a	S		<u> </u>		
b		anent endowment ►	1 %										
U		porarily restricted endowi											
С			2b, and 2c should equal 10	n%									
3a	Are t	<del>-</del>	not in the possession of the		on that	are h	eld ar	nd admin	istered foi	r the		Yes No	
	-	nrelated organizations									3a(i)	-	
ь	(ii) r	elated organizations .		required o	 on Sche	 dule P					3a(ii		
4	Desci	ribe in Part XIII the inter	nded uses of the organization					• •				1 '00	
Pai	rt VI				m 000	Do	T\/ 1	ıno 11-	S00 F0-	-m 000 n-	r+ V   1.55	10	
	Descr	iption of property	anization answered "Yes (a) Cost or other basis (investment)	(b) Cost						epreciation		IO. Book value	
1 -	Land		0			17 0	43,335					17,943,33	
	Buildin	F-					26,250	1		63,992,714		125,033,53	
		nold improvements				100,00	0,230			03,992,714		123,033,33	
C	LEGSE	ioid IIIIDIOVEIIIEIILS	U	1			U	1		U			

17,757,515

7,138

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

7,889,611

150,873,620

7,138

9,867,904

Part VII Investments—Other Securities. Complete if the or See Form 990, Part X, line 12.	ganization a	inswered "Yes"	on Form 990, Par	t IV, line 11b.
(a) Description of security or category (including name of security)	(b Boo valu	ok (	(c) Method of va Cost or end-of-year n	
(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 I\	V, line 11c. See	e Form 990, Part X	, line 13.
(a) Description of investment	(b) Book va		(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				_
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>-</b>			
Part IX Other Assets. Complete if the organization answered 'Yes  (a) Description	S OII FOITH 990	o, Part IV, line II	u See Form 990, Pa	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				
Part X Other Liabilities. Complete if the organization answers			►  rt IV, line 11e or 1	l 1f.
1. (a) Description of liability (1) Federal income taxes	(1	o) Book value		
Federal income tax payable (2)		40,0	00	
(3)				
(4)				
(5)			$\dashv$	
(6)				
(7)			$\dashv$	
(8)			$\dashv$	
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u></u>	40,0	00	
2. Liability for uncertain tax positions In Part XIII, provide the text of the	footnote to th	e organization's	financial statements	_
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	uneck here if	tne text of the fo	octnote has been pro	vided in Part XIII L

Schedule D (Form 990) 2017

	Complete if the organi	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d	'			2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b    .	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines <b>4a</b> and <b>4b</b>	'			4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12 )			5	
Par		penses per Audited Financial Statem			Returi	n.
		zation answered 'Yes' on Form 990, Part	: IV, l	ne 12a.	1	_
1	Total expenses and losses per aud	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII ) .		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18	) .		5	
Pai	t XIII Supplemental Info	ormation				
Prov XI,	vide the descriptions required for P. lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and as 2d and 4b. Also complete this part to provide	4, Pari any a	t IV, lines 1b and 2b, Part idditional information	: V, line	4, Part X, line 2, Part
	Return Reference					
See A	Additional Data Table					

Page 4

Page <b>5</b>		Schedule D (Form 990) 2017	
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

#### **Additional Data**

**Software ID:** 17005876 Software Version: 2017v2.2

**EIN:** 48-0554440

Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA

KANSAS (2311)

**Supplemental Information** 

Explanation

Return Reference Schedule D, Part V, Line 4

funds

The supporting organization, YMCA Foundation of Wichita, Inc. uses earnings from the funds to provide scholarships to YMCA program participants that qualify for financial assistance

Intended uses of endowment

е

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934931630000							
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the Uni	ited S	tates	OMB No 1545-0047
(F01111 <del>330)</del>	► Compl	lete if the organi		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1!	5, or 16.	2017
Department of the Treasury Internal Revenue Service	▶ Informa	ition about Sche	dule F (Form 990) a	and its instructions is at wi	vw.irs.gov,	/form990.	Open to Public Inspection
Name of the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Employer ider	ntification number
THE YOUNG MEN'S CHRI	STIAN ASSOCIA	ATION OF WICH	IITA KANSAS (231	1)		48-0554440	
	Information Part IV, line		o Outside the U	<b>Jnited States.</b> Comple	te if the	organization a	inswered "Yes" to
1 For grantmaker	<b>s.</b> Does the or	ganızatıon ma	ıntaın records to	substantiate the amount	of its gr	ants and	_
•	•	- ,	ne grants or assis	stance, and the selection	criteria i	used	
to award the grar	nts or assistan	ce?					☐ Yes ☐ No
2 For grantmaker outside the United		Part V the org	anızatıon's proce	dures for monitoring the	use of it	s grants and ot	her assistance
3 Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed )		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spe	rity listed in (d) is a service, describe icific type of ce(s) in region	(f) Total expenditures for and investments in region
( 1) Central America and Caribbean	d the	C	0	Investments			4,045,917
( 2)							
( 3)			+				
(4)			+				
( 5)			1				
3a Sub-total b Total from continua Part I	tion sheets to		0 0				4,045,917 0 4,045,917

(1)				
( 2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.				
Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
(1)											
( 2)											
(3)											

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	rt 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)	<b>✓</b> 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, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>√</b> 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	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐ Yes	<b>☑</b> No
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !						
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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 pany additional information (see instructions).							
	ReturnReference	Explanation						

Schedule F (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G

DLN: 93493163000048

OMB No 1545-0047

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Open to Public

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ.

Inspection ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311) 48-0554440 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e 🗹 Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations 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 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 (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (ii) Activity fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Feasibility Study Donor by Design Group LLC 725 West Gilbert Road 0 27,309 No -27,309Palatine, IL 60067 5 8 10

licensing

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

0

-27,309

27,309

Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	J	(a)Event #1  Bowlathon (event type)	(b) Event #2  Wine & Dine (event type)	(c)Other events  7 (total number)	(d) Total events (add col (a) through col (c))
Revenue					
_	1 Gross receipts	148,194	75,618	119,651	343,463
	2 Less Contributions	140,373	40,155	78,172	258,700
	Gross income (line 1 minus line 2)	7,821	35,463	41,479	84,763
	4 Cash prizes	200	0	3,200	3,400
Ñ	<b>5</b> Noncash prizes	0	0	500	500
esue	6 Rent/facility costs	10,187	2,000	34,906	47,093
Expenses	<b>7</b> Food and beverages	0	1,980	26,814	28,794
Direct	8 Entertainment	0	500	3,941	4,441
۵	<b>9</b> Other direct expenses	6,637	1,968	12,547	21,152
	10 Direct expense summary Add lines 4 t	•	105,380		
	11 Net income summary Subtract line 10				-20,617
Reversie	on Form 990-EZ, line 6a.	(a) Bingo	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gam		(d) Total gaming (add col (a) through col (c))
3ev€					
	1 Gross revenue				
Expenses	2 Cash prizes				
å ä	3 Noncash prizes				
Direct E	4 Rent/facility costs				
<u> </u>	5 Other direct expenses		_	_	
		☐ Yes %	☐ Yes %	☐ Yes <u>%</u>	
	<b>6</b> Volunteer labor	∐ No		∐ No	
	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary Subtract	line 7 from line 1, colum	n (d)	•	
9 a b	Enter the state(s) in which the organization licensed to conduct gas If "No," explain	iming activities in each of	these states?		☐ Yes ☐ No
10a b		enses revoked, suspende	d or terminated during the	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page <b>3</b>						
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No							
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No							
13	Indicate the percentage of gaming acti	vity conducted in										
а	The organization's facility		13	а		%						
b	An outside facility		13	ь		%						
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s								
	Name ►											
	Address •											
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No							
Ь		evenue received by the organization ► \$ a the third party ► \$	and the									
c	If "Yes," enter name and address of the	e third party										
	Name •											
	Address ▶											
16	Gaming manager information											
	Name ▶											
	Gaming manager compensation ► \$											
	Description of services provided ►											
	☐ Director/officer	☐ Employee ☐ Independent contractor										
17	Mandatory distributions											
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to	)	□Yes	Пио							
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spities during the tax year <b>&gt;</b> \$	pent	63								
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).						
	Return Reference	Explanation										

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349316									
Sch	edule J	Compensation Information	OMB No	1545-	0047				
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	17	7				
		▶ Attach to Form 990.							
•	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .	Open Inst	to Pu Jectio					
Nar	ne of the organiza								
THE	YOUNG MEN'S CHR.	ISTIAN ASSOCIATION OF WICHITA KANSAS (2311) 48-0554440							
Pa	rt I Questi	ons Regarding Compensation							
				Yes	No				
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Form ection A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class	s or charter travel Housing allowance or residence for personal use							
		companions $\square$ Payments for business use of personal residence							
		nification and gross-up payments $\square$ Health or social club dues or initiation fees							
	☐ Discretion	nary spending account							
b		xes in line 1a are checked, did the organization follow a written policy regarding payment or reimburseme all of the expenses described above? If "No," complete Part III to explain	nt <b>1b</b>						
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all ses, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2						
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a7							
3		If any, of the following the filing organization used to establish the compensation of the							
		EO/Executive Director Check all that apply Do not check any boxes for methods and organization to establish compensation of the CEO/Executive Director, but explain in Part III							
	·								
		ation committee  Written employment contract  Compensation consultant  Compensation survey or study							
		of other organizations  Approval by the board or compensation committee							
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or							
	related organiza								
а	Receive a sever	ance payment or change-of-control payment?	4a		No				
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement plan?	4b		No				
С		r receive payment from, an equity-based compensation arrangement?	4c		No				
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation c	ontingent on the revenues of							
а	The organization	n?	5a		No				
b	Any related orga		5b		No				
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of							
a	The organization		6a		No				
b	Any related orga		6b		No				
_	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III	7		No				
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		No				
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure described in Regulations section	9		140				
For I	Danarwark Badı	uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule	1/Form	2 000)	2017				

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	•		of W-2 and/or 1099-MIS(  (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990				
1 Ronn McMahon	(i)	246,259	0	0	20,314	15,707	282,280	0				
CEO / President	(ii)	0	0	0	0	0	0	0				
2 Mim McKenzie	(i)	153,437	0	0	12,275	0	165,712	0				
Chief Operating Officer (COO)	(ii)	0	0	0	0	0 0 0		0				
3 Brian Pond	(i)	159,981	0	0	0 3,550		163,531	0				
VP of Technology	(ii)	0	0	0	0	0	0	0				
1		·	·			·	Schedule	J (Form 990) 2017				

Schedule J (Form 990) 2017 Page 3 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 1 (Form 990) 2017

efi	le GRAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN:	93493:	16300	0048	
Sc	hedule K	<u> </u>	onlomontal In	formation o	n Tey F	V0.55	nt F	) ondo				ОМВ	No 154	5-0047	7	
(Fo	orm 990)	Sup Supplete if the	pplemental In e organization answe	TOTTIALION O	II I dX-E	Xem	pt E	SONUS Provide des	crintions				201	7		
		P Complete ii tiid	explanations, a	nd any additional	information			riovide des	criptions,			4	4 U I	. /		
	rtment of the Treasury nal Revenue Service	▶Information	, ◆ n about Schedule K (I	Attach to Form 99 Form 990) and its		s is at и	vww.i	rs.aov/for	n990.		Open to Public Inspection					
Name	e of the organization		•	, ,						Emplo	yer ıden		n numbe			
THE	YOUNG MEN'S CHRISTIAN ASSO	CIATION OF WICHITA	KANSAS (2311)							48-05	54440					
Pa	art I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	(	f) Description	n of purpose	(g) De	feased		On .		Pool	
												1	alf of suer	finai	ncing	
										Yes	No	Yes	No	Yes	No	
Α	CITY OF NEWTON KANSAS	48-6004391		06-04-2015	16,0				up YMCA facility		Х		×		X	
							in ivev	vton Kansas								
Pa	rt III Proceeds			·		•				•						
					,	4		E	3	C	С			D		
1_	Amount of bonds retired					1,000	,000									
	Amount of bonds legally defea						0									
3	Total proceeds of issue					16,000	,000									
4	Gross proceeds in reserve fund						0									
5	Capitalized interest from proce						0									
6	Proceeds in refunding escrows						0									
7_	Issuance costs from proceeds				114,523											
8	Credit enhancement from proc				0											
9	Working capital expenditures f				0											
10	Capital expenditures from prod			• •		15,885	,477									
11	Other spent proceeds						0									
12	Other unspent proceeds						0									
13	Year of substantial completion			•		16										
					Yes	No		Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part		•			Х										
15	Were the bonds issued as part					Х										
16	Has the final allocation of proc	eeds been made? .     .			Х											
17	Does the organization maintain proceeds?	n adequate books and	records to support the	final allocation of	×											
Pai	rt IIII Private Business U				•									•		
					1	A B C						D				
	18/ the even '				Yes	No		Yes	No	Yes	No		Yes		No	
1	Was the organization a partne financed by tax-exempt bonds					х										
2	Are there any lease arrangement property?	ents that may result in	private business use of			Х										
For	Panerwork Reduction Act Not				Cal	No 50	1193F		•	'	<u> </u>	chedul	a K /Fo	rm 990	1) 2017	

9

Part IV

Arbitrage

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

organization, or a state or local government . . . . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

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

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

No

Page 2

		Α		В		C			,	
		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?		×							
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?									
С	Are there any research agreements that may result in private business use of bond-financed property?		х							
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?									

0 %

0 %

0 %

C

No

Yes

Schedule K (Form 990) 2017

Yes

Х

Х

Yes

No

Х

No

Χ

Χ

Х

Α

Yes

Χ

Schedule K (Form 990) 2017

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

(GIC)?

period?

Part V

Part VI

Return Reference

Schedule K, Part I, Column (b)

COLUMN A 2015 ISSUE

Par	Arbitrage (Continued)			
			4	
		Yes	No	Yes
5a	Were gross proceeds invested in a guaranteed investment contract		.,	

Page 3

No

No

D

Yes

Yes

No

Yes

Χ

Х

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

ISSUER NAME CITY OF NEWTON, CONSTRUCT AND EQUIP YMCA FACILITY IN NEWTON KANSAS

Explanation

Yes

Χ

No

Yes

No

No

Yes

No

Return Reference	Explanation
edule K, Part VI COLUMN A	Proceeds for bond issuance identified in column A were drawn as needed to pay for construction costs

Schedi 2015 I

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)  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  (a) Name of disqualified person  (b) Relationship between disqualified person and organization organization  (c) Description of transaction  (d) Yes  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  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 (b) Relationship (c) Purpose (d) Loan to or from the organization amount due disquality Approved by board or board or line organization?  Employer identification numbers and 48-0554440  Employer identification numbers and 501(c)(29) organization solly)  (d) Organization organization	o Public ection umber  Corrected? s No
Department of the Treasun Internal Revenue Service  Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)  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 organization organization organization organization organization organization organization  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 organization.  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 organization organization?  (a) Name of (b) Relationship (c) Purpose of loan organization?  (b) Relationship (c) Purpose of loan organization?  (b) Relationship (c) Purpose of loan organization?  (c) Description of (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)	Corrected?
Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)    Part I	Corrected? s No
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) Yes  2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section  4958	s No
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes  2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	s No
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committee?	)Written eement?
To From Yes No Yes Vo 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 (e) Purpose of (f) Type of assistance   (e) Purpose of (f) Type of assistance   (e) Purpose of (f) Type of assistance   (e) Purpose of (f) Type of assistance   (f) Type of assistanc	assistance

**Explanation** 

Schedule I (Form 990 or 990-F7) 2017

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

Return Reference

#### **Additional Data**

(1) Substantial Contributor

(1) Substantial Contributor

**Software ID:** 17005876 Software Version: 2017v2.2

**EIN:** 48-0554440

Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA

KANSAS (2311)

Form 990, Schedule L, Part IV - Busine	ess Transactions Inv	olving Interested P	ersons
(a) Name of interested person	(b) Relationship	(c) Amount of	(d) Descrip

(a) Name of interested person (b) Relationship (c) Amount of between interested person and the	(a) Name of interested person	(c) Amount of transaction (d) Desc

organization

Substantial Contributor

Substantial Contributor

(c) Amount of transaction	(d)

369,837 Purchase of supplies

1,815,570 | Purchase of equipment

ns	
) Description of transaction	

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( <b>e)</b> Sharing of
ganızatıon':
revenues?

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organız	atıo
reven	ues
Yes	N

# No

No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (3) Substantial Contributor Substantial Contributor 371.912 Purchase of food for childcare Nο 338,937 | Roofing (1) Substantial Contributor Substantial Contributor No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (5) Substantial Contributor Substantial Contributor 1.818.920 Construction Services Nο (1) Substantial Contributor Substantial Contributor 133,010 Purchase of food for childcare No

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of transaction of of organization's revenues?

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

Substantial Contributor

(7) Substantial Contributor

1 -			
		Yes	No

125,123 Sports and employee shirts

Nο

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9		: 93493163000048		
SCHEDUL	ΕO	Supplemental Information to Form	990 or 990-EZ	OMB No 1545-0047
(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.		2017
Department of the T		► Information about Schedule O (Form 990 or 990-EZ) www.irs.gov/form990.	<del></del> -	Open to Public Inspection
Internal Reviews Service Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)  Employer identification		tification number		
THE TOONS MENS	CINISTAN	A ASSOCIATION OF WICHITA NATURAS (2011)	48-0554440	
990 Schedule	e O, Sup	plemental Information		
Return Reference		Explanation		
Form 990, Part III, Line 1 MISSION STATEMENT	LIFESTY	SSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THE PRINCIPLE STAND POSITIVE YOUTH DEVELOPMENT, REGARDLESS OF ABILITY TO PAY		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Any person who supports the purpose of the Association may become a member and shall be entitled to all benefits of membership as established by the Board of Directors. Any person within one or more of the following definitions shall be a member of this Association. A Participating Members Any person within one or more of the following definitions who pays participating membership fees as established under Section 3 of this Article shall be a participating member entitled to use the Association's facilities. (1) Family Member. One or two adults and their dependents age 23 and under residing in the same household. The Board by resolution may interpret the family definition as needed. (2) Adult Member. Any person 18 years of age or over other than a family member. (3) Youth Member. Any person under the age of 18 other than a family member. B. Sustaining Members. Any other person making a financial contribution to the Association shall be a sustaining member.

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Any participating member or sustaining member 18 years of age or older shall be a voting member of this association and shall be entitled to cast one vote on any item of business properly before the members for consideration. The board of directors are elected by the voting members at the annual meeting

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Chief Financial Officer (CFO) prepares, and the audit firm's tax department reviews the Form 990 which is made available to the audit committee and board members for review before filing it with the IRS

990 Schedule O, Supplemental Information

Return

Form 990.

Reference The conflict of interest policy covers key staff and decision-making policy volunteers. Upon hire, all key staff members are asked to

Explanation

sign the conflict of interest policy. All policy volunteers are asked to sign the statement upon initiation of their volunteer Part VI. Line 12c Conflict assignment. All key staff members and policy volunteers are required to update and sign the conflict of interest policy annually of interest Under the direction of the volunteer audit committee chairperson, the CFO reviews the staff conflict of interest disclosures. The CFO and the audit committee chair, determine whether a potential conflict exists. Annually, the board of directors reviews all voilog potential conflicts of interest. Persons with a conflict are prohibited from participating in all deliberations and decisions surrounding the identified potential conflict of interest transaction. The board asks the interested persons to step out of the meeting for deliberation and voting

990 Schedule O, Supplemental Information

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Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Y uses the Hay system in "pointing" all of its positions, including the CEO Compensation of the Y's CEO is determined each year by the executive committee, consisting of 8 board members. The committee established annual goals for the CEO, evaluates the CEO's performance, and uses comparability data in setting the CEO's compensation. The committee maintains written records of its deliberations and discussions. Compensation of other officers and key employees is determined by their supervisors, utilizing the Hay system and the expertise of the Y's people's services department.

Explanation

Return Reference
Form 990, See narrative for Part VI, Line 15a

Part VI, Line
15b Process
to establish
compensation
of other
employees

990 Schedule O, Supplemental Information

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Reference

Explanation

Reference	
Form 990, Part VI, Line 19 Required documents available to the public	The governing documents, conflict of interest policy, and financial statements may be available upon request. Request should be directed to Shelly Hammond, CFO

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

Return Explanation
Reference

Schedule D,	Management has evaluated their income tax positions under the guidance included in ASC 740 Based on their review,
Part XIII Fin	management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements
48 (ASC 740)	
Footnote	

Return Reference	Explanation
Continuation of Mission Related Services Part III	YMCA of Wichita was founded by volunteers in 1885. It was officially charted with the YMCA of the USA on January 10th of that year, and incorporated in the state of Kansas on January 30, 1886. Upon the addition of the El Dorado YMCA in Butler County, YMCA of Wichita bec ame known as the Greater Wichita YMCA. As a charitable organization, the YMCA seeks to mee tithe needs of the Greater Wichita community by providing life changing programs to all agies, incomes, genders, races, faiths and abilities. In 2017, the Greater Wichita YMCA consisted of thirteen branches, each with a volunteer board, dedicated to serving all people in the community by providing affordable licensed childcare and camp, free outreach services like swim lessons, after school and mentoring programs targeted toward low-income kids, community wellness activities, and accessible healthy lifestyle programs such as swimming, dance, gymnastics, youth sports, employee wellness, nutrition, family recreation, disease management and much more. These programs focus on youth development, healthy living, and social responsibility. They are offered in Sedgwick, Butler and Harvey counties at more than 200 sites including schools, municipal fields, churches, area businesses, other community facilities, and 9 YMCA multi-purpose facilities. More than 1,300 employees, 5,250 volun teers and 4,981 contributors made the delivery of these services possible. These services were provided to 308,303 people in 2017. With all the Y services and program sites, they provide a family environment with policies, training and staff procedures established to en courage the participation of youth. Children ages 10 and older may participate independent by in Y recreational activities like swimming, family centers, youth fitness and indoor sports. Youth ages 13 and older have the same access and privileges as adults and are included in all Y recreational and wellness activities such as swimming, group exercise, wellnes is centers, racquetball courts and much more. In addition, t

Return Reference	Explanation
Continuation of Mission Related Services Part III	sease management (diabetes, arthritis, obesity) and better serve those who are struggling health seekers or have special physical needs C Social Responsibility - building caring communities a Become more visible as healthy community policy advocates b Make quality programs and services accessible and affordable to all area youth and families c Mobilize volunteers and members to serve and strengthen their communities D Organizational Health - maintain our YMCA's long-term health a Sustain program and facility excellence through is sound fiscal management and operational excellence b Ensure effective capabilities in organizational development, fundraising, risk management program innovation and marking and communication. Our Core Values The Greater Wichita YMCA is an organization that is * An association of members, volunteers, staff, and contributors who support the YMCA mission, vision and values * Focused on program outcomes, which develop healthy lifestyles, support the family, provide social interaction, develop character and gain an appreciation for diversity in a safe and fun environment * Driven by Christian principles of our mission - respect, responsibility, caring and honesty * Inclusive in its membership - a place where everyone has a sense of belonging and which nurtures personal growth * Assertive in responding to community needs and collaboration with other community groups for the common good. Free and Assisted Programs The Greater Wichita YMCA's policy is that, within its means, no one is turned away because of their inability to pay. The Y's financial assistance program provides scholarships for memberships and programs based on a sliding fee scale. This need-based program is promoted throughout Y literature and awards participants scholarship is of up to 60 percent of their membership or program enrollment costs A confidential application is available on the Y's website and at all full-service family branches. In 2017, the Y provided \$15.5 million in free and assisted services, supporting criti

# 990 Schedule O, Supplemental Information Return Explanation

Reference	
Continuation of Mission Related Services Part III	iduals and families develop healthy lifestyles. Through these programs and services, the Y saves local governments and taxpayers the costs to build and operate recreational facilities and outdoor water parks that are accessible to all

Return Reference	Explanation
Continuation of Mission Related Services Part III	YOUTH DEVELOPMENT - YOUTH SPORTS The Y's sports, recreation and youth programs promote an appreciation of one's own worth Youth sports focus on progression of skill as well as participation for all. Every child plays in every game. The Y's youth sports programs also help to strengthen families. Parents coach teams and turn out with brothers and sisters to watch kids play. Young people participating in sports build lifelong positive attitudes, is ustainable physical fitness habits and good nutrition, and learn ways to have fun as adult is. The Y is the largest provider of youth sports programs in the greater Wichita community, offering basketball, baseball, soccer, flag and tackle football, volleyball and more. Whether it is a youth or adult sport program at the Y, the same values apply - no putdowns, name calling, profanity, display respect for others and give everyone a chance to play. The Y's core values of caring, honesty, respect and responsibility are included in coaching curriculum. In addition, both adult and youth sports programs value cooperation over competition, fair play over winning at any cost, good feeling and good health over a good score, and building self-esteem over beating the opponent. The Y knows that with this approach everyone wins - undefeated in spirit, mind and body. In 2017, the Y had 65,364 participant registrations in youth sports programs in our communities, consisting of basketball, base ball, soccer, football, volleyball, softball, gymnastics, cheerleading, dance, climbing wall, and martial arts. Youth sports programs are subsidized to keep them affordable to the community and many participants are given the opportunity to participate through the YMCA's financial assistance program. YOUTH DEVELOPMENT - EARLY LEARNING & EDUCATIONAL PROGRAMS. The Greater Wichita YMCA provides working families and teen parents with affordable, accessible, quality childcare for their children on a daily basis in our community. The Y provides scholarship assistance to families and children in need. C

990 Schedule O, Supplemental Information

Return Reference	Explanation
Continuation of Mission Related Services Part III	dren but also in their parents and families. Accordingly, parents play an important role in policy and program decisions. Y childcare uses evidence-based curriculum such as Creative curriculum, and After School is Cool to help children develop moral and ethical behavior. self-esteem and leadership. Y childcare allows parents to remain gainfully employed, kno wing that their children are thriving in a safe, supportive environment. The Y also provide schildcare services in seven area high schools, allowing teen parents an opportunity to complete their education or continue with career and technical education programs offered by the school district. The high school centers also provide observation experiences and serve as training labs for vocational students. The Y's childcare programs follow the nutri tion guidelines set by the Child and Adult Care Food Program for each age group. The Y's childcare programs include a national physical activity curriculum to keep children active and healthy, and conduct annual parent conferences and parent events to keep families enga ged in each child's progress. The Y also offers affordable childcare services to teen pare nts through child development centers operating inside area high schools. These student parents receive both financial and personal support to help care for their children, develop strong parenting skills and stay in school for graduation. The Y's financial assistance policies help ensure that the Y is a place where children of all economic levels, from the affluent to the disadvantaged, receive the same quality care in the same setting. YMCA day camps foster self-confidence and self-respect as campers meet challenges and learn to coo perate. The Y's camping programs for kids who have completed kindergarten through age. 15 a re-educational, they promote spiritual awareness, mental development, physical well-being, social growth, and a respect for the environment. Through a variety of activities and the use of natural surroundings, Y camping seeks to help parti

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Return Reference	Explanation
Continuation of Mission Related Services Part III	rams at 45 childcare and camping sites in 2017. For the 13 weeks of summer in 2017, our local YMCA had 9,770 camp participant registrations. As in the case of other Y programs, fin ancial assistance is available for those who qualify. In 2017, the Y continued another free program for its third year, focused on preventing the learning loss that many low-income kids experience each summer. Hosted at Ortiz Elementary, 24 children had fun as they improved their effective reading age by an average of 2 months in the Y-SOAR (Summary of Aweso me Reading) program. To address the widening achievement gap in Kansas, the Y also launche d a free Power Scholars AcademyTM in 2016, which continued in 2017. This partnership between the Y, the national nonprofit BELL (Building Educated Leaders for Life), and Goddard US D #265 increased 60 students' academic success and boosted self-confidence, while also eng aging families in the education process. This six-week, full-day summer learning experience combined small group, rigorous academic instruction with fun, hands-on enrichment activities, field trips, and service projects. Designed to help students gain new academic skill s, this program strengthened their literacy and math skills so they could enter school in the fall ready to succeed. Instruction is led by certified teachers and supported by teach ing assistants. During 2017, test results showed that students gained 2 months of academic progress in literacy and 2.5 months in mathematics over the summer months. The Y is the Largest provider of Kansas Department of Health and Environment (KDHE) licensed childcare and camp in the metropolitan area for children from 2 weeks through the early teen years, providing quality, affordable childcare. In addition, no family is turned away due to an in ability to pay. The Y's childcare program is unique because of its multiple locations, community partnerships, sliding fee scale, comprehensive services for working families, and N ational Association for the Education of Young Children (

Return Reference	Explanation
Continuation of Mission Related Services Part III	HEALTH LIVING - PERSONAL WELLNESS In addition to the youth development efforts for the purpose of strengthening our community, the Y also offers a lifelong progression of medicall y-based health and wellness activities, experiences and education, including programs for children, teens, families and seniors. The Y offers medically-based health and wellness activities for all ages and abilities, ranging from prenatal and parent / child fitness to senior wellness programs. People with disabilities and those with chronic ailments such as arthritis, cancer and heart disease find Y programs that are tailored to them. Wellness, a quatics, sports, dance, gymnastics and other youth development programs are subsidized to keep them affordable to the community and many participate through the Y's financial assis tance program. Y programs are designed to attract people of all ages, all abilities, and all incomes and did so by serving 308,303 people in 2017. The Y's healthy living programs a re designed to impact wellness of the community. The familiar Y triangle emphasizes the on eness of spirit, mind and body. The Y healthy lifestyle programs help achieve this unity through medically based programs that stress proper physical activity, nutrition, stress ma nagement and health education. Within our full-service YMCA facilities, the emphasis is on family with a full complement of programs for individuals six weeks in age to senior citi zens. Y policies, training and staff procedures are also in place to encourage the partici pation of youth As stated previously, the Y also creates a safe and inclusive environment with certified staff members supervising pools, family centers and wellness centers to en sure youth and adult safety. The Y also targets staffing and training to best serve the most unfit participants. New YMCA members, ages 13 and older, are offered free of charge, un limited featured workouts to introduce them to fitness activities and develop healthy life style habits. In addition, participants may receive up to

Return Reference	Explanation
Continuation of Mission Related Services Part III	re able to use facilities independently as a place to go during the summer, after school or on weekends. The Y has dedicated, safe and supervised space and time for programs specifically designed to get and keep them fit in spirit, mind and body. Youth ages 13 and up are also eligible to participate in all adult Y recreational and wellness activities. The Y offers day and guest fees that allow non-members to use the full-service facilities. The Y provides financial assistance to non-member program participants for swim lessons, dance, gymnastics, youth sports and many other programs. The Y keeps health and wellness program is affordable for most families as is demonstrated by the participation of 35,000 area households with annual incomes below \$50,000. Furthermore, the Y's affordable programs and fin ancial assistance policies help low-income families who are less likely to be physically a ctive or have adequate health care gain access to wellness activities. The Y also offered community wellness days and open houses for Thanksgiving and New Year's Day in 2017. These activities provided free access to a variety of services and health screenings for all community members in an effort to encourage healthy habits for kids, adults and families through the year. Other wellness challenge events including a holiday weight management program, half-marathon training, triathlons, racquetball tournaments, and 100-mile swim club to promote wellness and change the lives of thousands of area kids and adults HEALTHY LIVIN G - DISEASE MANAGEMENT. The Y offers a variety of chronic disease management and prevention programs. The YMCA's Diabetes Prevention Program is a year-long behavior change program designed to help adults who are at high risk for developing type 2 diabetes reduce their c hances of developing the disease. Risk for developing type 2 diabetes may be reduced or eliminated by weight loss, healthier eating and increased physical activity. According to the Kansas Department of Health and Environment, in 2014 approx

Return Reference	Explanation
Continuation of Mission Related Services Part III	ional ability while enhancing their emotional well-being in a supportive community 24% of Kansans have a cancer diagnosis Exercise is proven to improve quality of life, fatigue a nd other treatment related symptoms in cancer survivors. This free program was provided to 81 participants in 2017. EnhanceFitness is a proven community-based senior fitness and ar thritis management program. It is recognized by the Center for Disease Control and Prevent ion, U.S. Department of Health and Human Services, U.S. Administration on Aging, and Natio nal Council on Aging to improve physical abilities and functioning for older adults and re duce symptoms and physical impairment associated with arthritis 24% of Kansans have an ar thritis diagnosis. Measured and reported outcomes for the program include increased streng th, improved balance and flexibility, enhanced activity levels and relief from arthritis symptoms. Fitness testing occurs every 16 weeks to monitor participant progress and program outcomes. During 2017, 110 individuals participated in the Y's EnhanceFitness program. HE ALTHY LIVING - NUTRITION. The Y's renewed focus on creating a culture of good nutrition is a with continuation of multiple programs for area youth and adults in 2017. Classes like Junior Chef Academy and Cooking Matters for adults created opportunities for kids and adults to discover the benefits and ease of healthier eating. The Y partnered with the Girl Scou ts to assist students in earning their cooking and nutrition badges, as well as offered in dividuals personalized grocery shopping tours to help them discover how to shop for the preparation of healthy and affordable meals. The Y also partnered with USD 259 to once again provide free health lunches to area youth through the Summer Food Program, which averaged 53 meals per day at the Downtown YMCA and 79 meals per day at the South YMCA branch. By year's end, over 3,500 participants discovered healthier eating at the Y. HEALTHY LIVING. AQUATICS & WATER SAFETY. The Y's aquatics programs are ano

Return Reference	Explanation
Continuation of Mission Related Services Part III	Thousands of children and adults go through infant, progressive, and adult instructional c lasses. The Y's therapeutic pools are designed to meet the needs of disabled, infants, sen iors and families, as the 90-degree water is perfect for hydrotherapeutic exercises. Addit lonally, the Y's aquatics programs provide opportunities to individuals who have been shut out from any wellness activities. The Y provides countlies hours of therapeutic exercise for the physically and mentally disadvantaged. Other community agencies use YMCA pools and thousands of dollars in free services are provided each year. The aquatics program includes swimming lessons, lap swim, family and recreational swim, water aerobics, pre/postnatal classes, classes for the disabled, classes for those with arthritis, and lifeguard classes. In 2017, we had 17,629 participant registrations in swim lessons in our communities, consisting of infants through adults and including the free Splash Learn-to-Swim program. These numbers do not reflect the amount of free agency usage, lifeguard training classes, or the roughly 26,000 times that Y members attended arthritic water exercise classes, but do es show that we're the largest provider of swim lessons in our community. In addition, the YMCA's four outdoor family water parks were visited approximately 137,000 times by area k ids and adults between Memorial Day and Labor Day. The Y also offered free water safety classes and a community education campagin with our Water Wise program. SOCIAL RESPONSIBILITY - STRENGTHENING COMMUNITY. The Greater Wichita YMCA provides leadership to Wichita and surrounding communities for the development of healthy lifestyles through the Health & Well ness Coalition. The Health & Wellness Coalition was organized by the Y through a grant fun ded by the Kansas Health Foundation in 2003, and it consists of more than 80 area organizations outside of this coalition to promote better health through wellness and nutrition. The Y's community-based wellness activities are designed to

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Return Reference	Explanation
Continuation of Mission Related Services Part III	RESPONSIBILITY - COMMUNITY OUTREACH The Y's community outreach programs exist to reach o ut to low-income youth and adults needing a safe place to belong, grow and excel in develo ping self-esteem and positive character values, including caring, honesty, respect and res ponsibility. The Y's Job Prep, SPLASH (water safety swim skills), and after school program s provide life-long skills education in a safe and structured environment under the influe nec of positive role models for all participants. The Y offers these programs (see details below) free of charge to participants in low-income schools. The Y's Middle School After School Program is offered free to all youth in 16 middle schools, grades 6th-8th, in and a round the Wichita area. This program served 4,686 participants in 2017. The program operate is Monday through Thursday from the time youth are released form the regular school day un til 5 30pm. These youth are provided a safe, supervised, and structured environment, along with the opportunity to participate in a variety of classes to learn, develop and enhance life-long skills, and from the influence from positive adult role models (both volunteers and staff) outside of their family and school. Students, at no cost to them, are offered one field trip each week which includes the Y's bus transportation, visiting museums, recreational facilities and their local YMCA community. Partners in this program include the U nited Way of the Plains, the local unified school district and Catholic schools, and a few other youth-serving organizations. The Y's SPLASH (water safety swim skills) program is offered free to second grand students from 28 low-income elementary schools (60% or higher free/reduced lunch percentage). In 2017, this program taught 2,054 students basic life-sav ing swimming techniques as well as water and pool safety. For six weeks, each second grade class is picked up once a week from its school by one of the twelve Y busses and brought to their local YMCA for the program. All students are giv

Return Reference	Explanation
Continuation of Mission Related Services Part III	ot have or could not afford. In 2017, YMCA facilities and services were used, free of char ge, over 5,500 times by participants from 39 different agencies including the Association of Retarded Citizens, Big Brothers / Big Sisters, Boy Scouts, Heartspring, the Veteran's A dministration, the Wichita Children's Home and many more. The Y developed the Job Prep pro gram to help area teens prepare to enter the workforce. Job Prep is a 12-week training pro gram that helps teens, ages 15 to 17, develop communication skills, fill out an application, learn how to dress and prepare for an interview, and develop skills such as professional ism, financial responsibility and quality customer service. The Y's Job Prep participants learn from a variety of sources including guest speakers from local businesses and agencies, and the Internal Revenue Service during their weekly meetings. Youth also become certified in CPR and first aid. Upon completion, participants may be eligible for a summer job with the Greater Wichita YMCA or other local businesses. 59 teens from diverse backgrounds participated in the Job Prep program during the summer of 2017. The Y continued to host its annual "We Care" Thanksgiving dinner and coat drive. In 2017, the Y provided the space and a free annual Thanksgiving dinner, coats, hats and gloves to 996 needly and homeless members of our community. Free bus passes are also provided through the local public transportation department to ensure the event is accessible to needly families from throughout the community. During the Y's annual We Care dinner, community volunteers shared their time and resources with others less fortunate in the spirit of the Thanksgiving holiday. 2017 also saw the start of a new community outreach program for teens called Late Night. Offered at the South YMCA branch location in 2017, the Y reopens after the regular close of business on Saturday nights for high school students to attend and participate in swimming, bask etball, Zumba, and other activities. This provides a safe,

Return Reference	Explanation
Continuation of Mission Related Services Part III	The Y also received donated services valued at \$7 9 million consisting of 5,250 program, fundraising, and policymaking volunteers who donated 358,226 hours collectively. The El Dorado Y continued its Togetherhood initiative to give back to the community, hosting its second volunteer-driven community events. THE GREATER WICHITA YMCA BELONGS TO THE COMMUNITY. The Y meets many important community needs, but is more than just a collection of programs and activities. The Y is an association of members, volunteers, contributors and staff who come together for the good of all. In addition, the YMCA is a community gathering place that is convenient, inclusive, affordable and accessible to all. These gathering places feature 32 gymnasiums, 26 swimming pools (including 4 outdoor water parks), 60 child care centers, an indoor soccer center, two indoor courts centers, 124 acres of camp grounds, and 80 acres of outdoor sport fields with artificial turf fields at El Dorado and Maize school districts. Through these community gathering places, the Y provides a framework within which people from all walks of life can come together for the common good. As a charitable organization, the Y reinvests all excess funds into serving the greater Wichita community through expanded programs, services and facilities. The Y is proud to be an organization that supports families through life changing programs like child care, camping, swimming, sports, wellness, nutrition, character development and more. We give families a safe, reliable and affordable place to spend time together. Recreational opportunities such as family swim and gym time, outdoor water parks, family wellness centers and youth sports lets families relax and enjoy each other. The Y can be summed up through our three areas of focus, we're for youth development, health living and social responsibility. All Greater Wichita YMCA programs and activities are dedicated to these purposes.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

**Related Organizations and Unrelated Partnerships** 

**Employer identification number** 

2017 Open to Public

DLN: 93493163000048

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

48-0554440 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) 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 (c) (d) (f) (e) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)YMCA FOUNDATION OF WICHITA INC SUPPORT KS 501(c)(3) Type I The Young Men's Christian Yes 402 N MARKET ST Association of Wichita Kansas WICHITA, KS 67202 23-7128129 (2)CAMP HYDE SUPPORT KS 501(c)(3) 10 The Young Men's Christian 26201 W 71ST STREET S Association of Wichita Kansas VIOLA, KS 67149 48-1240885

(a) Name, address, and EIN of related organization		<b>(b)</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		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Figing (	(k) Percent owners
								Yes	No		Yes	No	
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Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line .	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	L	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13	(ı) tion 5 ) cont entity
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		со	untry)									<u>_</u>	
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schedule R (Form 990) 2017					Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes	" on Form 990, Par	t 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?		П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	Yes	
<b>d</b> 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)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				<b>1</b> i		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)				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	insaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount ır	nvolved	
1)YMCA Foundation of Wichita Inc	С	62,911	Cash			

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

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

was not a related organization. See instructions regarding exclusion for certain investment partiterships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	Schedule R (Form 990) 2017												0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017