

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)
Doing business as
GREATER WICHITA YMCA
Number and street (or P O box if mail is not delivered to street address) Room/suite
402 N MARKET ST
City or town, state or province, country, and ZIP or foreign postal code
WICHITA, KS 672022012

D Employer identification number
48-0554440
E Telephone number
(316) 219-9622
G Gross receipts \$ 69,069,641

F Name and address of principal officer
David Shannon
402 N MARKET ST
WICHITA, KS 672022012

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW YMCAWICHITA ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1886

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, AND POSITIVE YOUTH DEVELOPMENT TO BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL, REGARDLESS OF ABILITY TO PAY

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

| | |
|--|-------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 45 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 45 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 2,151 |
| 6 Total number of volunteers (estimate if necessary) | 2,425 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 9,114,999 | 6,874,002 |
| 9 Program service revenue (Part VIII, line 2g) | 42,795,965 | 43,534,854 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,254,531 | 2,018,892 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 323,698 | 374,149 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 54,489,193 | 52,801,897 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 25,100 | 17,645 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 20,245,013 | 20,348,751 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 14,175 | 19,615 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶468,649 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 21,502,194 | 23,187,588 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 41,786,482 | 43,573,599 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 12,702,711 | 9,228,298 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 228,252,591 | 255,888,105 |
| 21 Total liabilities (Part X, line 26) | 27,159,943 | 39,548,218 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 201,092,648 | 216,339,887 |

Part II Signature Block

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

Sign Here
Signature of officer: Shelly Hammond CFO
Date: 2020-06-25
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: BKD LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01663908
Firm's name: BKD LLP
Firm's EIN: 44-0160260
Firm's address: 1551 N WATERFRONT PKWY STE 300 WICHITA, KS 672066601
Phone no: (316) 265-2811

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our mission is to put Christian principles into practice through programs that promote healthy lifestyles, strong families and positive youth development to build healthy spirit, mind and body for all, regardless of ability to pay

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 26,326,990 including grants of \$ 14,145) (Revenue \$ 33,838,723)
See Additional Data

4b (Code) (Expenses \$ 12,822,297 including grants of \$ 0) (Revenue \$ 9,609,667)
See Additional Data

4c (Code) (Expenses \$ 602,013 including grants of \$ 3,500) (Revenue \$ 86,464)
See Additional Data

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

4e Total program service expenses ▶ 39,751,300

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming winnings.

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

| | | | |
|---|------------------------|------------|-----------|
| <p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p> | <p>2a 2,151</p> | | |
| <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | <p>2b</p> | <p>Yes</p> | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | <p>3a</p> | | <p>No</p> |
| <p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p> | <p>3b</p> | | |
| <p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> | <p>4a</p> | | <p>No</p> |
| <p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> | <p>4b</p> | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | <p>5a</p> | | <p>No</p> |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | <p>5b</p> | | <p>No</p> |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | <p>5c</p> | | |
| <p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p> | <p>6a</p> | | <p>No</p> |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | <p>6b</p> | | |
| <p>7 Organizations that may receive deductible contributions under section 170(c).</p> | | | |
| <p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p> | <p>7a</p> | <p>Yes</p> | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | <p>7b</p> | <p>Yes</p> | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | <p>7c</p> | <p>Yes</p> | |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | <p>7d</p> | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | <p>7e</p> | | <p>No</p> |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | <p>7f</p> | | <p>No</p> |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | <p>7g</p> | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | <p>7h</p> | | |
| <p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p> | <p>8</p> | | |
| <p>9 Sponsoring organizations maintaining donor advised funds.</p> | <p>9a</p> | | |
| <p>a Did the sponsoring organization make any taxable distributions under section 4966?</p> | <p>9a</p> | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | <p>9b</p> | | |
| <p>10 Section 501(c)(7) organizations. Enter</p> | <p>10a</p> | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | <p>10a</p> | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | <p>10b</p> | | |
| <p>11 Section 501(c)(12) organizations. Enter</p> | <p>11a</p> | | |
| <p>a Gross income from members or shareholders</p> | <p>11a</p> | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p> | <p>11b</p> | | |
| <p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p> | <p>12a</p> | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p> | <p>12b</p> | | |
| <p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p> | | | |
| <p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p> | <p>13a</p> | | |
| <p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p> | <p>13b</p> | | |
| <p>c Enter the amount of reserves on hand</p> | <p>13c</p> | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | <p>14a</p> | | <p>No</p> |
| <p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p> | <p>14b</p> | | |
| <p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p> | <p>15</p> | | <p>No</p> |
| <p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p> | <p>16</p> | | <p>No</p> |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (45), 1b (45), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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|---|--|--|--|--|--|-----------|---|---------|
| 1b Sub-Total | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | 1,186,256 | 0 | 152,670 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **7**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| Coonrod & Associates PO Box 12589 Wichita, KS 67277 | Construction | 19,924,062 |
| Utility Maintenance Contractors PO Box 4780 Wichita, KS 67204 | Waterpark / Pool Maintenance & Rehabilitation | 858,119 |
| Wray Roofing Inc PO Box 420 North Newton, KS 67117 | Roof Replacements / Repairs | 624,575 |
| Schaefer Johnson Cox Frey 257 N BROADWAY WICHITA, KS 67202 | ARCHITECT FEES | 598,478 |
| Five Star Mechanical 1707 S Hoover Rd Wichita, KS 67209 | Commercial/Industrial HVAC | 363,745 |

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 ▶ **23**

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a 112,875 | | | |
| | b Membership dues | 1b 0 | | | |
| | c Fundraising events | 1c 337,585 | | | |
| | d Related organizations | 1d 51,581 | | | |
| | e Government grants (contributions) | 1e 1,970,039 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 4,401,922 | | | |
| | g Noncash contributions included in lines 1a - 1f \$ | 1g 123,138 | | | |
| | h Total. Add lines 1a-1f | | 6,874,002 | | |

| Program Service Revenue | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|--|---------------|----------------------|--|---|--|
| | | Business Code | | | | |
| 2a Healthy Living | | 813410 | 33,838,723 | 33,838,723 | | |
| b Youth Development | | 813410 | 9,609,667 | 9,609,667 | | |
| c Social Responsibility | | 813410 | 86,464 | 86,464 | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | 0 | 0 | 0 | 0 |
| g Total. Add lines 2a-2f. | | | 43,534,854 | | | |

| | | | | | | | |
|---|---|---|----------------------|------------|---------|-----------|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,930,897 | 0 | | 1,930,897 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | 0 | 0 | 0 | |
| | 5 Royalties | | 0 | 0 | 0 | 0 | |
| | 6a Gross rents | (i) Real | 6a 0 | 0 | | | |
| | | | (ii) Personal | 0 | 0 | | |
| | | b Less rental expenses | 6b 0 | 0 | | | |
| | | c Rental income or (loss) | 6c 0 | 0 | | | |
| | d Net rental income or (loss) | | | 0 | 0 | 0 | 0 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 7a 16,003,384 | 54,651 | | | |
| | | | (ii) Other | 0 | 0 | | |
| | | b Less cost or other basis and sales expenses | 7b 15,970,040 | 0 | | | |
| | | c Gain or (loss) | 7c 33,344 | 54,651 | | | |
| | d Net gain or (loss) | | | 87,995 | 0 | 0 | 87,995 |
| | 8a Gross income from fundraising events (not including \$ 337,585 of contributions reported on line 1c) See Part IV, line 18 | | 8a 98,190 | | | | |
| | | | 8b 123,319 | | | | |
| | | c Net income or (loss) from fundraising events | | | -25,129 | 0 | -25,129 |
| | 9a Gross income from gaming activities See Part IV, line 19 | | 9a 0 | | | | |
| | | | 9b 0 | | | | |
| | | c Net income or (loss) from gaming activities | | | 0 | 0 | 0 |
| | 10a Gross sales of inventory, less returns and allowances | | 10a 566,597 | | | | |
| 10b 174,385 | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | 392,212 | 0 | 0 | 392,212 |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Misc | | 900099 | 7,066 | 0 | 0 | 7,066 | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | 0 | 0 | 0 | 0 | |
| e Total. Add lines 11a-11d | | | 7,066 | | | | |
| 12 Total revenue. See instructions | | | 52,801,897 | 43,534,854 | 0 | 2,393,041 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 14,145 | 14,145 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | 0 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 3,500 | 3,500 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 777,446 | 32,627 | 642,825 | 101,994 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 16,677,119 | 15,165,177 | 1,326,098 | 185,844 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 837,778 | 714,953 | 105,119 | 17,706 |
| 9 Other employee benefits | 606,724 | 533,577 | 60,183 | 12,964 |
| 10 Payroll taxes | 1,449,684 | 1,245,538 | 178,796 | 25,350 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 24,971 | 7,908 | 17,063 | 0 |
| c Accounting | 45,406 | 43,136 | 2,134 | 136 |
| d Lobbying | 19,200 | 19,200 | 0 | 0 |
| e Professional fundraising services See Part IV, line 17 | 19,615 | | | 19,615 |
| f Investment management fees | 301,863 | 0 | 301,863 | 0 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,258,776 | 974,204 | 272,169 | 12,403 |
| 12 Advertising and promotion | 617,964 | 543,973 | 44,862 | 29,129 |
| 13 Office expenses | 2,468,656 | 2,344,109 | 110,550 | 13,997 |
| 14 Information technology | 399,389 | 372,300 | 25,464 | 1,625 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 4,767,154 | 4,742,034 | 23,613 | 1,507 |
| 17 Travel | 205,302 | 190,581 | 12,967 | 1,754 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 183,079 | 91,918 | 71,261 | 19,900 |
| 20 Interest | 427,630 | 418,649 | 8,368 | 613 |
| 21 Payments to affiliates | 430,808 | 424,684 | 6,124 | 0 |
| 22 Depreciation, depletion, and amortization | 10,993,710 | 10,900,263 | 87,840 | 5,607 |
| 23 Insurance | 349,798 | 321,061 | 27,013 | 1,724 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a Membership Dues | 180,730 | 171,934 | 8,268 | 528 |
| b Volunteer costs | 67,029 | 34,324 | 16,452 | 16,253 |
| c Equipment - expendable or rented | 85,590 | 80,585 | 5,005 | 0 |
| d Provision for bad debts | 209,467 | 209,467 | 0 | 0 |
| e All other expenses | 151,066 | 151,453 | -387 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 43,573,599 | 39,751,300 | 3,353,650 | 468,649 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 9,535 | 1 | 9,495 |
| | 2 Savings and temporary cash investments | 21,708,682 | 2 | 23,046,574 |
| | 3 Pledges and grants receivable, net | 3,708,472 | 3 | 2,668,578 |
| | 4 Accounts receivable, net | 395,026 | 4 | 469,039 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 549,322 | 9 | 163,122 |
| | 10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D | 10a 255,777,778 | | |
| | b Less accumulated depreciation | 10b 88,944,259 | 151,019,200 | 10c 166,833,519 |
| | 11 Investments—publicly traded securities | 45,179,065 | 11 | 53,821,763 |
| | 12 Investments—other securities—See Part IV, line 11 | 5,678,289 | 12 | 8,876,015 |
| | 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 | 5,000 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 228,252,591 | 16 | 255,888,105 | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,716,947 | 17 | 4,074,304 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 2,318,781 | 19 | 2,017,178 |
| | 20 Tax-exempt bond liabilities | 14,321,571 | 20 | 27,191,908 |
| | 21 Escrow or custodial account liability—Complete Part IV of Schedule D | 100,318 | 21 | 79,872 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 6,049,058 | 23 | 5,631,080 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 653,268 | 24 | 553,876 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D | 0 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 27,159,943 | 26 | 39,548,218 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 195,472,931 | 27 | 207,963,729 |
| | 28 Net assets with donor restrictions | 5,619,717 | 28 | 8,376,158 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | 0 | 29 | 0 |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | 0 | 30 | 0 |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 0 | 31 | 0 |
| 32 Total net assets or fund balances | 201,092,648 | 32 | 216,339,887 | |
| 33 Total liabilities and net assets/fund balances | 228,252,591 | 33 | 255,888,105 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 52,801,897 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 43,573,599 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 9,228,298 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 201,092,648 |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,832,147 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 186,794 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 216,339,887 |

Part XII Financial Statements and Reporting

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

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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 48-0554440

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

Form 990 (2019)

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| David Shannon Chairperson / Director | 10 | X | | X | | | | 0 | 0 | 0 |
| Randy Carlgren Vice Chair / Treasurer / Director | 10 | X | | X | | | | 0 | 0 | 0 |
| Tim Alexander Secretary / Director | 10 | X | | X | | | | 0 | 0 | 0 |
| Amy Mounts Director | 10 | X | | | | | | 0 | 0 | 0 |
| Aron Dunn Director | 10 | X | | | | | | 0 | 0 | 0 |
| Askia Ahmad Director | 10 | X | | | | | | 0 | 0 | 0 |
| Averie Nelson Director | 10 | X | | | | | | 0 | 0 | 0 |
| Blake Wells Director | 10 | X | | | | | | 0 | 0 | 0 |
| Brad Marshall Director | 10 | X | | | | | | 0 | 0 | 0 |
| Brenna Davis Director | 10 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Instructional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joe Kiefer Director | 10 | X | | | | | | 0 | 0 | 0 |
| Joe Rothwell Director | 10 | X | | | | | | 0 | 0 | 0 |
| Joel Elsea Director | 10 | X | | | | | | 0 | 0 | 0 |
| Josh Wells Director | 10 | X | | | | | | 0 | 0 | 0 |
| Kylie Hurtig Director | 10 | X | | | | | | 0 | 0 | 0 |
| Lavonta Williams Director | 10 | X | | | | | | 0 | 0 | 0 |
| Manilyn Pauly Director | 10 | X | | | | | | 0 | 0 | 0 |
| Mark Murphy Director | 10 | X | | | | | | 0 | 0 | 0 |
| Mary Beth Jarvis Director | 10 | X | | | | | | 0 | 0 | 0 |
| Mike Bukaty Director | 10 10 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Mike Relihan Director | 10 | X | | | | | | 0 | 0 | 0 |
| Pat Belt Director | 10 | X | | | | | | 0 | 0 | 0 |
| Pat Boyarski Director | 10 | X | | | | | | 0 | 0 | 0 |
| Richard Devore Director | 10 | X | | | | | | 0 | 0 | 0 |
| Ron Engelbrecht Director | 10 | X | | | | | | 0 | 0 | 0 |
| Ryan Henry Director | 10 | X | | | | | | 0 | 0 | 0 |
| Sarah Selmon Director | 10 | X | | | | | | 0 | 0 | 0 |
| Steve Clark Director | 10 | X | | | | | | 0 | 0 | 0 |
| Steve Cox Director | 10 | X | | | | | | 0 | 0 | 0 |
| Steve Funk Director | 10 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Steve Packebush Director | 10 | X | | | | | | 0 | 0 | 0 |
| Todd Farha Director | 10 | X | | | | | | 0 | 0 | 0 |
| Todd Tangeman Director | 10 | X | | | | | | 0 | 0 | 0 |
| Tom Lasater Director | 10 | X | | | | | | 0 | 0 | 0 |
| William Voloch Director | 10 | X | | | | | | 0 | 0 | 0 |
| Ronn McMahon CEO / President | 50 | | | X | | | | 361,066 | 0 | 46,908 |
| Shelly Hammond VP of Finance / CFO | 50 | | | X | | | | 156,998 | 0 | 20,550 |
| Mim McKenzie Chief Operating Officer | 50 | | | | X | | | 173,886 | 0 | 18,039 |
| Brian Pond VP of Technology | 50 | | | | | X | | 161,061 | 0 | 21,056 |
| Jason Pedigo VP of Operations - West | 50 | | | | | X | | 101,716 | 0 | 13,737 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Insttutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Jennifer Bruning Executive Director, Kansas State Alliance | 50 0 | | | | | X | | 100,176 | 0 | 13,968 |
| Jennifer Keen VP of Membership & Wellness | 50 0 | | | | | X | | 131,353 | 0 | 18,412 |

SCHEDULE A
 (Form 990 or 990-EZ)

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

OMB No 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number
 48-0554440

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI)) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 **15**

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 8,157,806 | 4,522,597 | 6,321,294 | 9,114,999 | 6,874,002 | 34,990,698 |
| 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 | 37,931,867 | 38,974,358 | 40,522,099 | 43,308,868 | 44,101,451 | 204,838,643 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 30,006 | 148,615 | 84,763 | 122,390 | 98,190 | 483,964 |
| 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 | 46,119,679 | 43,645,570 | 46,928,156 | 52,546,257 | 51,073,643 | 240,313,305 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 710,643 | 311,394 | 659,260 | 724,569 | 1,630,877 | 4,036,743 |
| 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 | 1,957,310 | 2,584,430 | 4,541,740 |
| c Add lines 7a and 7b | 710,643 | 311,394 | 659,260 | 2,681,879 | 4,215,307 | 8,578,483 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 231,734,822 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 46,119,679 | 43,645,570 | 46,928,156 | 52,546,257 | 51,073,643 | 240,313,305 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 443,222 | 552,020 | 1,112,749 | 1,674,560 | 1,930,897 | 5,713,448 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 10a and 10b | 443,222 | 552,020 | 1,112,749 | 1,674,560 | 1,930,897 | 5,713,448 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 171,364 | 43,101 | 150,045 | 29,650 | 0 | 394,160 |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 18,570 | 7,066 | 25,636 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 46,734,265 | 44,240,691 | 48,190,950 | 54,269,037 | 53,011,606 | 246,446,549 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | 94 03 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 95 91 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | 2 32 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | 1 76 % |

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| | | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | | 3 | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule A, Part III, Line 12 Other Income | DESCRIPTION - , COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - 18570 0, COLUMN E - 7066 0, COLUMN F - 25636 0, |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

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2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

| | |
|--|--|
| Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311) | Employer identification number 48-0554440 |
|--|--|

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

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

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

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

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

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

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

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

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

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

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

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

| | | |
|--|--|--|
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | 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? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | 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 |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number
48-0554440

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,326,194 | 1,481,884 | 1,372,873 | 1,285,266 | 1,255,802 |
| b Contributions | 10,000 | 0 | 0 | 47,294 | 52,851 |
| c Net investment earnings, gains, and losses | 243,237 | -86,942 | 179,980 | 109,345 | 40,778 |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 51,581 | 64,860 | 62,911 | 60,304 | 55,751 |
| f Administrative expenses | 3,865 | 3,888 | 8,058 | 8,728 | 8,414 |
| g End of year balance | 1,523,985 | 1,326,194 | 1,481,884 | 1,372,873 | 1,285,266 |

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

- a** Board designated or quasi-endowment ▶ 99 %
- b** Permanent endowment ▶ 1 %
- c** Temporarily restricted endowment ▶ 0 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 17,943,335 | | 17,943,335 |
| b Buildings | | 200,690,974 | 78,623,976 | 122,066,998 |
| c Leasehold improvements | | | | |
| d Equipment | | 19,200,408 | 10,320,283 | 8,880,125 |
| e Other | | 17,943,061 | 0 | 17,943,061 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 166,833,519 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 48-0554440

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

Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule D, Part IV, Line 2b Explanation of escrow agreement | The YMCA acted as fiscal agent for two arrangements in 2019 1) Health & Wellness Coalition fiscal agent activity was transferred to the YMCA from another local nonprofit in early 2018 The Health & Wellness Coalition is a separate community-based organization that supports physical activity and healthy eating initiatives in the Wichita community Funds are held on their behalf , and 2) the Kansas Alliance of YMCAs, an organization that represents the collective voice of all 11 Kansas YMCA Associations by fostering statewide communication and cooperation, and by inspiring and strengthening communities by advancing youth development, healthy living and social responsibility through advocacy, programming and collaboration |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule D, Part V, Line 4 Intended uses of endowment 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 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047
2019
Open to Public Inspection

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number
48-0554440

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Central America and the Caribbean | 0 | 0 | Investments | | 8,876,015 |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 8,876,015 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 8,876,015 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
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Part IV Foreign Forms

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

Part V Supplemental Information

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

| ReturnReference | Explanation |
|-----------------|-------------|
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number
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.

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|-----------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| Words Data and Images LLC 3190 Rider Trail South Earth City, MO 63045 | Direct Mail Campaigns | | No | 58,617 | 10,615 | 48,002 |
| Donor by Design Group LLC 725 West Gilbert Road Palatine, IL 60067 | Consulting | | No | 0 | 9,000 | -9,000 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 58,617 | 19,615 | 39,002 |

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

KS

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|--|----------------------------------|--|----------------------------|-------------------------------|
| | | Bowlathon (event type) | Wine & Dine (event type) | 7 (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 163,983 | 124,454 | 147,338 | 435,775 |
| | 2 Less Contributions | 157,338 | 88,483 | 91,764 | 337,585 |
| | 3 Gross income (line 1 minus line 2) | 6,645 | 35,971 | 55,574 | 98,190 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 5,170 | 0 | 5,170 |
| | 6 Rent/facility costs | 8,000 | 1,190 | 34,757 | 43,947 |
| | 7 Food and beverages | 2,310 | 3,469 | 19,116 | 24,895 |
| | 8 Entertainment | 0 | 0 | 0 | 0 |
| | 9 Other direct expenses | 7,272 | 8,003 | 34,032 | 49,307 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | | -25,129 |

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party
- Name ▶
- Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

| Return Reference | Explanation |
|---|--|
| Schedule G, Part I, Line 2b(v) payment of fees or payment of expenses | WORDS, DATA AND IMAGES, LLC-FEES FOR POSTAGE AND MAILING ARE BILLED FOR SEPARATELY , |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number
48-0554440

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|--|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | 4a | No | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4c | No | | | | | | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | | | | | | | | |
| a The organization? | 5a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III | 5b | No | | | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | | | | | | | | |
| a The organization? | 6a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III | 6b | No | | | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | Yes | | | | | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | No | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Ronn McMahon CEO / President | (i) | 324,066 ----- | 25,000 ----- | 12,000 ----- | 28,000 ----- | 18,908 ----- | 407,974 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 2 Shelly Hammond VP of Finance / CFO | (i) | 146,998 ----- | 10,000 ----- | 0 ----- | 15,885 ----- | 4,665 ----- | 177,548 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 3 Mim McKenzie Chief Operating Officer | (i) | 163,886 ----- | 10,000 ----- | 0 ----- | 17,389 ----- | 650 ----- | 191,925 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 4 Brian Pond VP of Technology | (i) | 156,061 ----- | 5,000 ----- | 0 ----- | 16,241 ----- | 4,815 ----- | 182,117 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| | | | | | | | | |
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Part III Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule J, Part I, Line 7 Non-fixed payments | Bonuses are discretionary and determined based upon overall performance. Total compensation of the CEO is evaluated by the Executive Committee and compared to similarly suited not-for-profit organization leaders and other similarly sized YMCAs. Compensation, including bonuses, of other officers and key employees is determined by their supervisors based on overall performance evaluations. |

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number

48-0554440

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|--------------------------|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A CITY OF NEWTON KANSAS | 48-6004391 | 000000000 | 06-04-2015 | 16,000,000 | Construct and equip YMCA facility in Newton Kansas | | X | | X | | X |
| B City of Wichita Kansas | 48-6000653 | 000000000 | 12-13-2018 | 22,500,000 | Construct/equip facility on campus of Wichita State University, expand/renovate East YMCA facility | | X | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | |
|---|------------|----|------------|----|-----|----|-----|----|
| 1 Amount of bonds retired | 7,000,000 | | 3,000,000 | | | | | |
| 2 Amount of bonds legally defeased | 0 | | 0 | | | | | |
| 3 Total proceeds of issue | 16,000,000 | | 22,500,000 | | | | | |
| 4 Gross proceeds in reserve funds | 0 | | 0 | | | | | |
| 5 Capitalized interest from proceeds | 0 | | 0 | | | | | |
| 6 Proceeds in refunding escrows | 0 | | 0 | | | | | |
| 7 Issuance costs from proceeds | 114,523 | | 0 | | | | | |
| 8 Credit enhancement from proceeds | 0 | | 0 | | | | | |
| 9 Working capital expenditures from proceeds | 0 | | 0 | | | | | |
| 10 Capital expenditures from proceeds | 15,885,477 | | 19,383,314 | | | | | |
| 11 Other spent proceeds | 0 | | 0 | | | | | |
| 12 Other unspent proceeds | 0 | | 3,116,686 | | | | | |
| 13 Year of substantial completion | 2016 | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | X | | | | |
| 15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | X | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

| Return Reference | Explanation |
|---|--|
| Schedule K, Part I, Column (b) COLUMN A 2015 ISSUE | ISSUER NAME CITY OF NEWTON, CONSTRUCT AND EQUIP YMCA FACILITY IN NEWTON KANSAS |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part VI COLUMN A 2015 ISSUE | Proceeds for bond issuance identified in column A were drawn as needed to pay for construction costs |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part VI Column B 2018 Issue | Proceeds from the bond issuance identified in column B are being drawn as needed to pay for construction costs. The total tax-exempt issuance amount is \$22,500,000, of which \$16,383,314 had been drawn down as of December 31, 2019. The East YMCA renovation/ expansion project was completed in 2019, and the construction of a new YMCA facility on the campus of Wichita State University is anticipated to be completed in January 2020. |

| Return Reference | Explanation |
|--|---------------------------------------|
| Schedule K, Part V Different Procedures to Undertake Corrective Action | Issuer name CITY OF NEWTON KANSAS N/A |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part V Different Procedures to Undertake Corrective Action | Issuer name City of Wichita, Kansas N/A |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number

48-0554440

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 48-0554440
Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Substantial Contributor | Substantial Contributor | 395,563 | Purchase of supplies | | No |
| (1) Substantial Contributor | Substantial Contributor | 1,783,306 | Purchase of equipment | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (3) Substantial Contributor | Substantial Contributor | 295,062 | Purchase of food for childcare | | No |
| (1) Substantial Contributor | Substantial Contributor | 502,743 | Purchase of Equipment | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (5) Substantial Contributor | Substantial Contributor | 19,924,062 | Construction Services | | No |
| (1) Substantial Contributor | Substantial Contributor | 198,454 | Electrical contractor | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (7) Substantial Contributor | Substantial Contributor | 144,227 | Sports and employee shirts | | No |
| (1) Substantial Contributor | Substantial Contributor | 276,039 | Landscaping | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|-------------------------------------|---|----|
| | | | | Yes | No |
| (9) Substantial Contributor | Substantial Contributor | 245,509 | Telecommunications/Security Cameras | | No |
| (1) Substantial Contributor | Substantial Contributor | 363,745 | Commercial / Industrial HVAC | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (11) Substantial Contributor | Substantial Contributor | 624,575 | Roofing replacement & repairs | | No |
| (1) Substantial Contributor | Substantial Contributor | 858,119 | Waterpark / pool renovation & repairs | | No |

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------------|--|----------------------------------|---------------------------------------|--|-----------|
| | | | | Yes | No |
| (13) Substantial Contributor | Substantial Contributor | 135,460 | Security cameras / other technology | | No |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WICHITA KANSAS (2311)

Employer identification number
48-0554440

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 1 | 8,500 | Market value |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 2 | 114,638 | Market value |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

| | Yes | No |
|------------|-----|----|
| 30a | | No |
| 31 | Yes | |
| 32a | | No |
| 33 | | |

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

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

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

b If "Yes," describe in Part II

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

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

| Return Reference | Explanation |
|---|--|
| Schedule M, Part I Explanations of reporting method for number of contributions | Securities - Publicly traded - We are reporting the number of contributions received. Cars and other vehicles - We are reporting the number of items received. |

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury

Name of the organization

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

Employer identification number

48-0554440

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| Form 990, Part III, Line 1 MISSION STATEMENT | OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES AND POSITIVE YOUTH DEVELOPMENT TO BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL, REGARDLESS OF ABILITY TO PAY |

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| 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 |

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| 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 |

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| 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 |

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| Form 990, Part VI, Line 12c Conflict of interest policy | <p>The conflict of interest policy covers key staff and decision-making policy volunteers. Upon hire, all key staff members are asked to sign the conflict of interest policy. All policy volunteers are asked to sign the statement upon initiation of their volunteer assignment. All key staff members and policy volunteers are required to update and sign the conflict of interest policy annually. 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 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.</p> |

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| 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 10 board members The committee establishes 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 Human Resources department |

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| Form 990, Part VI, Line 15b Process to establish compensation of other employees | See narrative for Part VI, Line 15a |

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| 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. |

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| 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 , |

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| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Implementation of ASU 2014-09 and ASU 2018-08 pertaining to revenue recognition in 2019 - 186794, |

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

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| Continuation of Mission Related Services Part III | <p>YMCA of Wichita was founded by volunteers in 1885. It was officially chartered 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 became known as the Greater Wichita YMCA. As a charitable organization, the YMCA seeks to meet the needs of the Greater Wichita community by providing life-changing programs to all ages, incomes, genders, races, faiths and abilities. In 2019, 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, 2,425 volunteers and 4,942 contributors made the delivery of these services possible. These services were provided to 297,314 people in 2019. With all the Y services and program sites, they provide a family environment with policies, training and staff procedures established to encourage the participation of youth. Children ages 10 and older may participate independently 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, wellness centers, racquetball courts and much more. In addition, the Y creates a safe and inclusive environment with certified staff members supervising pools, family centers and wellness centers to ensure youth and adult safety.</p> <p>Our Strategic Organizational Priorities</p> <p>A Youth development - nurturing the potential of kids</p> <ul style="list-style-type: none"> a Continue to serve and grow as the region's youth sports, childcare and camp leader b Become the area's leading organization for promoting youth health and nutrition c Foster community engagement, leadership and responsibility in youth by connecting them with supportive adults and with opportunities to serve others <p>B Healthy Living - being a catalyst for healthy lifestyles</p> <ul style="list-style-type: none"> a Family health - expand our role as a safe, positive place for families to participate together in healthy activities and learn about nutrition and health living choices b Older adults - expand and continually evolve offerings for empty-nesters, retirees and other active older adults c Specific needs - aid in di |

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| Continuation of Mission Related Services Part III | <p>sease management (diabetes, arthritis, obesity) and better serve those who are struggling health seekers or have special physical needs</p> <p>C Social Responsibility - building caring communities</p> <ul style="list-style-type: none"> 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 <p>D Organizational Health - maintain our YMCA's long-term health</p> <ul style="list-style-type: none"> a Sustain program and facility excellence through h sound fiscal management and operational excellence b Ensure effective capabilities in organizational development, fundraising, risk management program innovation and marketing and d communication <p>Our Core Values</p> <p>The Greater Wichita YMCA is an organization that is</p> <ul style="list-style-type: none"> * A n 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 <p>Free and Assisted Programs</p> <p>The Greater Wichita YMCA's policy is that, within its means, no one is turned away because of their inability to pay</p> <p>The Y's financial assistance program provides scholarships for memberships and programs based on a sliding fee scale</p> <p>This need-based program is promoted throughout Y literature and awards participants scholarship s of up to 60 percent of their membership or program enrollment costs</p> <p>A confidential application is available on the Y's website and at all full-service family branches</p> <p>In 2019, the Y provided \$14 million in free and assisted services, supporting critical access to approximately 71,000 low-income children, youth and families (24% of total participants) served through a variety of programs in childcare, camp, the aforementioned outreach programs , youth sports, healthy living activities, access to cooperative agencies and more</p> <p>Through these and other Y activities, the Greater Wichita YMCA served 112,180 children and youth (more than two out of every three youth in the area), and 60% of total program participants were children and youth</p> <p>Demographic research also shows that our Y serves a representative portion of each income level in our community which lets us know that our sliding fee scale works as it should to provide access to all</p> <p>Furthermore, the Y provides area kids and adults with a comprehensive menu of programs ranging from organized sports and wellness activities to nutrition programs and recreational activities that are convenient, affordable and effective in helping</p> |

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| Continuation of Mission Related Services Part III | individuals 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 |

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| Continuation of Mission Related Services Part III | <p>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, sustainable physical fitness habits and good nutrition, and learn ways to have fun as adults 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 2019, the Y had 53,237 participant registrations in youth sports programs in our communities, consisting of basketball, baseball, 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</p> <p>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 Children in Y childcare programs grow and develop in stimulating environments and engage in appropriate activities and interaction with trained adults Over 2 million contact hours are provided annually to achieve developmental milestones and school-readiness In 2019, the Greater Wichita YMCA childcare and camp programs, in partnership with 6 school districts, operated 45 licensed locations for up to 11.5 hours daily These locations included 10 accredited preschool sites, services were provided to more than 5,400 children with 54% receiving financial assistance</p> <p>Strengthening families and meeting the needs of children have always been central to the Y mission of building healthy spirit, minds and bodies for all The central focus of all pre-school and school-aged childcare programs is to foster growth and development, not only in children but also in their parents and families Accordingly, parents play an important role in policy and program</p> |

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| Continuation of Mission Related Services Part III | <p>m decisions Y childcare uses evidence-based curriculum such as Creative curriculum, and A fter School is Cool to help children develop moral and ethical behavior, self-esteem and Leadership Y childcare allows parents to remain gainfully employed, knowing that their children are thriving in a safe, supportive environment The Y also provides childcare 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 nutrition 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 engaged in each child's progress The Y also offers affordable childcare services to teen parents 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 cooperate The Y's camping programs for kids who have completed kindergarten through age 15 are 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 participants achieve their fullest potential in spirit, mind and body Low-cost Y camping programs offered at the rural YMCA Camp Hyde and 8 additional urban locations in Sedgwick and Butler counties are also a safe, high-quality alternative for working parents The Y owns 12 buses that transport children to our YMCA Camp Hyde location, making our programs accessible Knowing that a child is being cared for in a Y camp program enables these parents to remain gainfully and productively employed A continued partnership with Gear Up through Wichita State University made it possible for inner city teens to attend the Y's leaders in training summer camp program In 2019, YMCA school age childcare and camp programs continued to include science, technology, engineering and math (STEM) curriculum in many of the Y programs The Y continued its free early learning readiness (ELR) program at two locations, and its healthy eating and physical activity (HEPA) programs at 45 childcare and camping sites in 2019 For the 12 weeks of summer in 2019, our YMCA had 8,300 camp p</p> |

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| Continuation of Mission Related Services Part III | <p>participant registrations As in the case of other Y programs, financial assistance is available for those who qualify In 2019, the Y continued another free program for its fourth year, focused on preventing the learning loss that many low-income kids experience each summer Hosted at Caldwell Elementary, 32 children had fun as they improved their effective reading age by an average of 2 months in the Y Scholars program In 2019 a new location was added at Newton USD #373 where the program increased 23 students' academic success and boosted self-confidence, while also engaging 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 skills, 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 teaching assistants During 2019, test results showed that students increased their grade equivalency by 2 months based on literacy assessments 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 inability 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 National Association for the Education of Young Children (NAEYC) accreditation Partners in this program include 6 unified school districts in Wichita and neighboring communities, Child and Adult Care Food Program, Downtown Lions Club, Deaf and Hard of Hearing Council, Kansas Children's Cabinet, Kansas Children's Service League, Kansas Department of Children and Families, Rainbows United, Summer Food Service Program, United Way of the Plains, and Wichita State University Desired program outcomes are measured by the following</p> <ul style="list-style-type: none"> * Maintenance of KDHE licensing compliance and NAEYC accreditation * Achievement of developmental milestones and school-readiness using the IGDI, My IGDI, Class, ASQ, ASQ SE and Create Curriculum benchmarks * Participation in supplemental programs, parent / curriculum activities, health and wellness activities, and support services * Enrollment and number of scholarship recipients |

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| Continuation of Mission Related Services Part III | <p>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 medically-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, aquatics, 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 assistance program Y programs are designed to attract people of all ages, all abilities, and all incomes and did so by serving 297,314 people in 2019 The Y's healthy living programs are designed to impact wellness of the community The familiar Y triangle emphasizes the oneness 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 management 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 citizens Y policies, training and staff procedures are also in place to encourage the participation 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 ensure youth and adult safety The Y also targets staffing and training to best serve the most unmet participants New YMCA members, ages 13 and older, are offered free of charge, unlimited featured workouts to introduce them to fitness activities and develop healthy life style habits In addition, participants may receive up to three free sessions with a certified fitness coach to help them establish wellness goals to change behavior and improve both fitness and nutrition processes Y wellness centers are staffed with certified trainers that offer assistance to our members and program participants Youth Fun Fit classes, teen classes and senior arthritic classes are also offered free to members Many participants are given the opportunity to participate through the Y's financial assistance program and may receive assistance up to 60% off the regular Y membership rate The Y offers a welcoming atmosphere, where those who are new to a wellness routine can feel comfortable and receive the support they need to improve their health All 9 full-service YMCA locations have a drop-in nursery that provides healthy activities for children ages 6 weeks through 7 years of age while their parent or guardian participates in adult wellness activities Young members, ages 10 and older, a</p> |

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| Continuation of Mission Related Services Part III | <p>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 programs affordable for most families as is demonstrated by the participation of 28,000 area households with annual incomes below \$50,000. Furthermore, the Y's affordable programs and financial assistance policies help low-income families who are less likely to be physically active 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 2019. 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 throughout 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.</p> <p>HEALTHY LIVING - DISEASE MANAGEMENT The Y offers a variety of chronic disease management and prevention programs. During 2019, the YMCA offered the Diabetes Prevention Program, a year-long behavior change program designed to help adults who are at high risk for developing type 2 diabetes reduce their chances of developing the disease. Prediabetes occurs when blood sugar levels are higher than normal but not high enough for a type 2 diabetes diagnosis. 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 approximately 10.3% of Kansas adults had a diabetes diagnosis. 6.5% of Kansas adults have been diagnosed with pre-diabetes, but it is estimated that 1 in 3 adults are actually at risk for type 2 Diabetes based on multiple risk factors. Treating diabetes in Kansas costs an estimated \$2.6 billion in direct and indirect costs. The YMCA's Diabetes Prevention Program has demonstrated a 58% risk reduction in risk - reaching 71% risk reduction in adults over 60 years. In 2019, the Greater Wichita YMCA worked with 21 participants to help them reduce their risk of diabetes.</p> <p>LIVESTRONG™ at the YMCA is a partnership between the LIVESTRONG Foundation and the Y-USA to support cancer survivors in healing the whole person. Participants work with trained Y staff to build muscle mass and strength, increase flexibility and endurance.</p> |

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| Continuation of Mission Related Services Part III | <p>ce, and improve functional 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 and other treatment related symptoms in cancer survivors This free program was provided to 117 participants in 2019 EnhanceFitness is a proven community-based senior fitness and arthritis management program It is recognized by the Center for Disease Control and Prevention, U S Department of Health and Human Services, U S Administration on Aging, and National Council on Aging to improve physical abilities and functioning for older adults and reduce symptoms and physical impairment associated with arthritis 24% of Kansans have an arthritis diagnosis Measured and reported outcomes for the program include increased strength, 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 2019, 205 individuals participated in the Y's EnhanceFitness program</p> <p>HEALTHY LIVING - NUTRITION The Y's renewed focus on creating a culture of good nutrition saw the continuation of multiple programs for area youth and adults in 2019 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 also partnered with USD 259 to once again provide free healthy lunches to area youth through the Summer Food Program, which provided over 4,000 meals over the summer at the Downtown YMCA and the South YMCA branches By year's end, over 3,500 participants discovered healthier eating at the Y</p> <p>HEALTHY LIVING - AQUATICS & WATER SAFETY The Y's aquatics programs are another vital part of our overall goal of building healthy spirit, mind and body In addition to providing specific swimming and water safety skills, they promote good health through regular physical activity They also promote teamwork, self-confidence and leadership Aquatics programs are subsidized to keep them affordable to the community and many participants are given the opportunity to participate through the Y's financial assistance program As residents of a community which offers river and lake recreational opportunities, people in this community could be subject to traumatic incidents around water The Y's aquatics programs help prevent deaths and injuries The Y is the largest provider of swim lessons in the greater Wichita area and provides water education instruction for infants six months of age through senior citizens</p> |

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| Continuation of Mission Related Services Part III | <p>Thousands of children and adults go through infant, progressive, and adult instructional classes. The Y's therapeutic pools are designed to meet the needs of disabled, infants, seniors and families, as the 90-degree water is perfect for hydrotherapeutic exercises. Additionally, the Y's aquatics programs provide opportunities to individuals who have been shut out from any wellness activities. The Y provides countless 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 2019, we had 24,270 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 23,000 times that Y members attended arthritic water exercise classes, but does 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 132,000 times by area kids and adults between Memorial Day and Labor Day.</p> <p>SOCIAL RESPONSIBILITY - STRENGTHENING COMMUNITY The Greater Wichita YMCA provides leadership to Wichita and surrounding communities for the development of healthy lifestyles through the Health & Wellness Coalition. The Health & Wellness Coalition was organized by the Y through a grant funded by the Kansas Health Foundation in 2003, and it consists of more than 80 area organizations that promote physical activity and healthy eating for all generations. The Greater Wichita YMCA also partners with 55 organizations outside of this coalition to promote better health through wellness and nutrition. The Y's community-based wellness activities are designed to impact the health of the community and include free seminars, wellness challenge events, blood pressure screenings, cholesterol tests, and wellness evaluations. In 2019, the Greater Wichita YMCA conducted 80 free health fairs that included screenings, physical fitness and nutrition activities for over 5,000 people in the community. Furthermore, the Y provides area kids and adults with a comprehensive menu of programs ranging from organized sports and wellness activities to nutrition programs and recreational activities that are convenient, affordable and effective in helping individuals 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.</p> <p>SOCIAL RESPONSIBILITY - COMMUNITY OUTREACH The Y's community outreach programs exist to reach out to low-income yo</p> |

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| Continuation of Mission Related Services Part III | <p>youth and adults needing a safe place to belong, grow and excel in developing self-esteem and positive character values, including caring, honesty, respect and responsibility The Y's Job Prep, SPLASH (water safety swim skills), and after school programs provide life-long skills education in a safe and structured environment under the influence 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 15 middle schools, grades 6th-8th, in and around the Wichita area This program served 3,406 participants in 2019 The program operates Monday through Thursday from the time youth are released from the regular school day until 5 00pm 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 United 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 grade students from 28 low-income elementary schools (60% or higher free/reduced lunch percentage) In 2019, this program taught 2,074 students basic life-saving 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 given a pre-test and post-test to show their improvements in swimming skills and safety knowledge Each child completing the program receives a certificate of completion The Y is the only provider of this type of program for this population in our community Partners in this program include three school districts The Y's STARS (students together afterschool for recreation and sports) Program was provided to two low income USD 259 elementary schools This free after school program provides students in grades 3-5 the opportunity to come to the Downtown YMCA once a week to swim, enjoy physical activity in the gym, or to play games as a group Through the Y's Cooperative Agency program, local non-profits are provided access to YMCA facilities with their clients throughout the year for free The majority of these agencies serve the mentally and physically challenged, at-risk youth and/or adults The Y's open doors to these community organizations allows for less duplication of services, broader access to resources and a seamless experience for clients In 2019,</p> |

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| Continuation of Mission Related Services Part III | <p>YMCA facilities and services were used, free of charge, over 8,000 times by participants from 39 different agencies including the Arc of Sedgwick County, Big Brothers / Big Sisters, Boy Scouts, Heartspring and many more. The Y developed the Job Prep program to help area teens prepare to enter the workforce. Job Prep is a 12-week training program 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 professionalism, 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. 97 teens from diverse backgrounds participated in the Job Prep program during 2019. The Y continued to host its annual "We Care" Thanksgiving dinner and coat drive. In 2019, the Y provided the space and a free annual Thanksgiving dinner, coats, hats and gloves to 768 needy 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 needy 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. During 2017, the YMCA started a new community outreach program for teens called Late Night. In 2018, that program was expanded to a second location. Now offered at both the South and North YMCA branch locations, the Y reopens after the regular close of business on Saturday nights for high school students to attend and participate in swimming, basketball, Zumba, and other activities. This provides a safe, fun place for teens to gather, participate in healthy activities, and interact with caring adults. Late Night is free to all participants, and membership is not required. During 2019, 599 teens participated in Late Night, with weekly attendance ranging from 100 to 250 per night.</p> |

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| Return Reference | Explanation |
|---|---|
| Continuation of Mission Related Services Part III | <p>SOCIAL RESPONSIBILITY - VOLUNTEERISM The Greater Wichita YMCA was founded by volunteers in 1885, and volunteers continue to be the bedrock of the organization From making policy decisions and fundraising, to providing grounds maintenance and mentoring youth, volunteers continue to be an important part of the Y's daily activities Volunteer leadership skills are utilized for coaches, tutors, mentors, and youth activity leaders Opportunities are available for policy makers, in special events, work days, and more The Y also received donated services valued at \$6 million consisting of 2,425 program, fundraising, and policymaking volunteers who donated 256,345 hours collectively 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</p> |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

48-0554440

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|--|---------------------|---------------------------|---|
| (1) YMCA Wichita UC LLC 402 N Market Wichita, KS 67202 83-2232766 | Owner of portion of YMCA facility being constructed at Wichita State University | KS | | 1,597 | The Young Men's Christian Association of Wichita Kansas |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|---|--|----|
| | | | | | | Yes | No |
| (1) YMCA FOUNDATION OF WICHITA INC 402 N MARKET ST WICHITA, KS 67202 23-7128129 | SUPPORT | KS | 501(c)(3) | Type I | The Young Men's Christian Association of Wichita Kansas | Yes | |
| (2) CAMP HYDE 26201 W 71ST STREET S VIOLA, KS 67149 48-1240885 | SUPPORT | KS | 501(c)(3) | 10 | The Young Men's Christian Association of Wichita Kansas | Yes | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)YMCA Foundation of Wichita Inc | C | 51,581 | Cash |
| (2)YMCA Foundation of Wichita Inc | E | 18,191,908 | Proceeds drawn on 2018 bond issue |
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Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

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

| Return Reference | Explanation |
|-------------------------|--------------------|
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