DLN: 93493216002160 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.

Department of the

Internal Revenue Service

Treasury

Expenses

Paid

Preparer Use Only OMB No 1545-0047

2019

Open to Public Inspection

For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable Young Men's Christian Association of the Greater Houston Area ☐ Address change 74-1109737 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 2600 North Loop West 300 ☐ Application pending (713) 659-5566 City or town, state or province, country, and ZIP or foreign postal code Houston, TX $\,$ 77092 G Gross receipts \$ 151,481,832 Name and address of principal officer H(a) Is this a group return for Stephen Ives □Yes ☑No subordinates? 2600 North Loop West 300 H(b) Are all subordinates Houston, TX 77092 ☐ Yes ☐No included? I Tax-exempt status **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www ymcahouston org L Year of formation 1886 M State of legal domicile TX K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities The YMCA of the Greater Houston Area is a Christian fellowship dedicated to improving quality of life through programs which promote healthy living, youth development and social responsibility Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 36 Number of independent voting members of the governing body (Part VI, line 1b) 4 6,634 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 8,944 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 36,492,917 44,275,647 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 90,614,275 91,994,169 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 4,966,855 3,442,127 367,635 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 234,898 140,079,578 132,308,945 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 2,339,208 3,620,853

	19	Revenue less expenses Subtract line 18 from	n line 12		7,695,42	24 1,480,4
Net Assets or Fund Balances				Begin	ning of Current Ye	ear End of Year
sse. Bala	20	Total assets (Part X, line 16)			315,513,03	37 315,228,4
절절	21	Total liabilities (Part X, line 26)		148,831,87	75 146,216,9	
žZ	22	Net assets or fund balances Subtract line 21	from line 20		166,681,16	62 169,011,5
Pa	rt II	Signature Block				
	edge	lalties of perjury, I declare that I have examine and belief, it is true, correct, and complete ledge				
		Complete of afficient			2020-08-03	
Sign Here		Signature of officer Jennifer Garcia EVP and CFO		Date		
		Type or print name and title				
D-:-		Print/Type preparer's name	Preparer's signature	Date		TIN 01386215

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

14 Benefits paid to or for members (Part IX, column (A), line 4) . . .

16a Professional fundraising fees (Part IX, column (A), line 11e) .

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,249,715 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

Firm's name Blazek & Vetterling

Firm's address ▶ 2900 Weslayan Ste 200

Houston, TX 77027

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

☑ Yes ☐ No Form 990 (2019)

0

0

68,919,820

66,058,432

138,599,105

self-employed Firm's EIN ► 76-0269860

Phone no (713) 439-5739

61,410,595

60,863,718

124,613,521

Forn	990 (2019)					Page 2
Pa	Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the o	rganization's mission		·		
body		partially implement th			ractice through programs that bu alues in all of its programs Respe	
2	-			vices during the year w	hich were not listed on	□ Yes ☑ No
	If "Yes," describe the					
3	Did the organization of services?	☐ Yes 🗹 No				
	If "Yes," describe the	se changes on Schedu	le O			
4		d 501(c)(4) organızatı	ons are required	to report the amount	largest program services, as me of grants and allocations to other	
4a	(Code) (Expenses \$	55,601,952	including grants of \$	20,000) (Revenue \$	48,597,707)
-	See Additional Data	, (=::,-:::				
4b	(Code) (Expenses \$	40,070,461	including grants of \$) (Revenue \$	29,625,685)
	See Additional Data					
4c	(Code) (Expenses \$	23,906,073	including grants of \$	3,600,853) (Revenue \$	13,770,777)
	See Additional Data					
4d		es (Describe in Sched	ule O)			_
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)
	(Expenses a					<u>'</u>

Form 990 (2019)							
Pa	t IV Checklist of Required Schedules						
			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No			
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		No			

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

Nο

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

Yes

Yes

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

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

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

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

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

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

17

18

19

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

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

government on Part IX, column (A), line 1⁷ If "Yes," complete Schedule I, Parts I and II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

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

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

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

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

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

No Nο 11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

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Yes

No

Nο

Form 990 (2019) Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Yes 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and Yes 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b No Did the organization maintain an escrow account other than a refunding escrow at any time during the year Nο 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . No 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Nο b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Nο Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former

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28a

28b

28c

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33

34

35a

35b

36

37

38

33

0

1a |

1b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes | Form **990** (2019)

No

No

No

Nο

Nο

No

No

Nο

Nο

Nο

officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family

a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L*, Part III

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

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

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

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

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

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

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

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

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

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

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

instructions for applicable filing thresholds, conditions, and exceptions)

29

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) 2	orm	990 (2019)			Page 5
Tax Statements, filed for the calendar year ending with or within the year covered by this return. If I delies the service of the calendar year ending with or within the year covered by this return. If I delies with one is reported on line 2a, did the organization in earlier granted federal employment tax returns? About if the sum of lines 2a and 2a is greater than 250, you may be required to ending the year? 3a but the organization have unrelated ossinesses gross income of \$1,000 or more during the year? 3b If I''es; "and if delies of more year. 4a 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, secretise account, or other nancial accounts? 4b If "res," enter the rame of the foreign country be. 5c and service organization and party to a prohibited tax sheller transaction at any time during the tax year? 5c If "res," on line Sa or Sb, did the organization file form 8835-I? 6c If "res," on line Sa or Sb, did the organization file form 8835-I? 6c Does the organization below the very solicitation an express otherment that such contributions or gifts were not tax deductible? 6c If "res," of the did organization multide with every solicitation an express otherment that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c Of the organization self, exchange, or otherwise cisospe of tangible personal property for which it was required to file provided to the payor? 6c Of the organization self, exchange, or otherwise cisospe of tangible personal property for which it was required to file organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6c Of the organization self in the properties of the provided of the properties of the properti	Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Note: if the sum of lines Ia and 2s is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross mome of \$1.000 or more during the year? 3 a J If "Yes," has it filed a Form 990-T for the year?" "Wo" to her 3b, provide an explanation in Schedule O 4 an annual account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts, (FBAR) Sa Was the organization a profit bed task bether transaction at any time during the tax year? D If "Yes," "Interest the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization a profit bed tax of profit bed tax whether transaction at any time during the tax year? D If any taxable party notify the organization that it was on is a party to a prohibited tax shelter transaction? So If "Yes," to line Sa or \$5, did the organization file form 8885-7? So If "Yes," to line Sa or \$5, did the organization that it was on is a party to a prohibited tax shelter transaction as or the promoted of the organization has enable contributions. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). D If "Yes," did the organization bright with the promoted to the promoted to the promoted to the promoted. If "Yes," indicate the number of Forms 8828 filed during the year. D If the organization sell, exchange, or therewise dispose of tangible personal property, for which it was required to file Form 8829 as required. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required. If the organization received a contribution of qualified mellectual property, did the organization file Form 8899 as required. Jo dits expression progr	2a	Tax Statements, filed for the calendar year ending with or within the year covered by			
b. If "res," and if field a Form 990-T for this year? If "No" to her 3b, provide an explanation in Schedule O 4a. At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a 4a by 1" res," either the rame of the foreign country. See instructions for filing requirements for FinCER Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa. Was the organizations a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party norty the organization file form 889-17 6c If "res," to line Sa or 5b, did the organization file form 888-17 6d Does the organization have amail goos receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6d Did with a comparization and the organization file form 889-17 6d Did the organization stark were not tax deductible as chantable contributions. 6d Did the organization and the organization and server solicitations under section 170(c). 8d Did the organization stark were not tax deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of 575 made partly as a contribution and partly for goods and services provided to the payor? 9d Did the organization of the value of the value of the goods or services provided? 7d If "res," indicates the number of Forms \$282 filed during the year 9d Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1995 are required. 8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization small tailing donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization seri	b		2b	Yes	
a 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 accounts (Park). If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Fince (Fin Tim 14, Report of Foreign Bank and Financial accounts (FBAR) Sa was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization have foreign accounts a party to a prohibited tax shelter transaction? Sb Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sc C B Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any outtrebutions that were not tax declibrated in the state of the total contributions. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax declibrated to the payor? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the doner of the value of the goods or services provided? Organizations that may receive deductible contributions under section 170(c). If "Yes," indicate the number of Forms 6282 filed during the year. If If "Yes," indicate the number of Forms 6282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The put the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The put the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-c? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-c? Sponsoring organization was a partity of the public	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
financial account in a foreign country (such as a bank account, securities account, or other financial accounts). b If "Ves," inter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR) 5a. Was the organization in party to a prohibited tax shelter transaction? b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b. c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. d Does the organization have annual gross receipts that are normally greater than \$100,009, and did the organization of solicitiany contributions that twee not tax deductible as shartable contributions? 5c. 6d. b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b. If "Yes," indicate the number of the walk of the goods or services provided? 7c. 7d. If "Yes," indicate the number of forms \$892 filed during the year. 7d. If "Yes," indicate the number of forms \$892 filed during the year. 7d. If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7. 7f. 7g. If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7. 7h. 8 Sponsoring organizations maintaining donor advised funds. D d a disonor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsori			3b		
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b D d any taxable garty notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55 c 1 "Yes," to line Sa or 5b, did the organization file form 8886-17 Sc a Does the organization are annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tex deductible as charitable contributions? 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$232? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$232? 9 Did the organization received an ontribution of qualified intellectual property, did the organization file a Form 1098-07. 7 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-07. 7 Did the organization make a contribution of qualified intellectual property, did the organization file a Form 1098-07. 8 Sponsoring organization maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Description organization maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring	5 -		F 2		No
If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict arty contributions shat were not tax deductible as characterized contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," indicates the number of the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise clapses of trangible personal property for which it was required to file Form \$282? 6b If "Yes," indicates the number of Forms 6282 filed during the year 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as recuired? 7f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-08-c? 7g If the organization received a contribution of cast, boats, airplanes, or other vehicles, did the organization file a Form 1998-08-c? 7g If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 8 Sponsoring organization maintaining donor advised funds. 9 Sponsoring organization maintaining donor advised funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised funds. 10 Did the organization and the fo		, , , , ,	-		No
6a Dess the organization have amust gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 field during the year 7d If "Yes," indicate the number of Forms 8282 field during the year Pid the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7h If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7h If the organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make and stimulation to a donor, donor advisor, or related person? 9b Did the sponsoring organization make and stimulation to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9c Foress receipts, included on					
not tax deductble? 7 Organizations that may receive deductble contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services by 17 Yes, indicate the number of Forms 8282 filed during the year. 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of caris, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a vitaxible distributions under section 4966? 9 Sponsoring organization make a vitaxible distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 Sponsoring organization make a vitaxible distributions under section 4966? 9 Sponsoring organization make a vitaxible distributions under section 4966? 9 Sponsoring organization make a vitaxible distribution to a donor, donor advised, funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised funds. 11 Did 12 Section 501(c)(12) organizations		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			No
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services by If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? d If "Yes," indicate the number of Forms \$282 filed during the year	b		6b		
b If "Yes," and the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If 'Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did the sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966?	7	Organizations that may receive deductible contributions under section 170(c).			
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	а		7a	Yes	
Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7b If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Cotton 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from embers or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(12) organizations. Enter a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is 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 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 c Enter the amount of reserves on hand 14a Did the organization is licensed to ssue qualified health plans if "Yes," has it field a Form 720 to report these payments?! "No," provide an explanation in Schedule O 15 Is the organization and fiel	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 12b 13 Section 501(c)(12) organizations. Enter a Gross income from embers or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization incresed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization mist report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization in surface and in the organization in the organization in surface and in the organization in surface and in the organization in r		Form 82827	7c		No
7e 7c 7f 7f 7f 7f 7f 7f 7f					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Seponsoring 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? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them Ital Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Ital 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 0 Ital Ital Did the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule 0 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 Enter the amount of reserves any payments for indoor tanning services during the tax year? Ital					No
required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations included on Port VIII, line 12 10 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts, included on Form 990, Part VIII, line 12 11 Did by Gross receipts included on Form 990, Part VIII, line 12 11 Did by Gross receipt			7f		No
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?	-	required?	7g		
Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 July 10 July	h		7h		
a Did the sponsoring organization make any taxable distributions under section 4966?	8		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
a Initiation fees and capital contributions included on Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·	9a		
a Initiation fees and capital contributions included on Part VIII, line 12			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		1 1			
a Gross income from members or shareholders					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
against amounts due or received from them)	а	Gross income from members or shareholders			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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 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		If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
which the organization is licensed to issue qualified health plans	а		13a		
14a Did the organization receive any payments for indoor tanning services during the tax year?		which the organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		100	_		
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?					No
parachute payment(s) during the year?			14b		
		parachute payment(s) during the year?	15		No
	16		16		No

Form	990 (2019)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" resp	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 37	<u>'</u>		ĺ
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 36	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	ĺ
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			

a	The organization's CEO, Executive Director, or top management official	134	163	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

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Form 990 (2	2019)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						, ,		
of compensa	of the organization's current off ation Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas p	paid				
	of the organization's current key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t								e
	ions for the order in which to list	•									
☐ Check t	this box if neither the organization		d orgar	nizatio			ensate	d ar	ny current officer, di	rector, or trustee	_
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, ι n of or/t	t che unles ficer rust	· and a ee)	on	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table										_
					_						
											_

	1 990 (2019)													Page 6
Pa	rt VII Section A. Officers, Dire	ctors, Trustees	, Key	Empl			and	High	nest Co	mpensa	ted Employees	(conti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u in off tor/t	t ch inle: ficei rust	r and a	son	Rep comp fro orga	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensatio from related organization (W-2/1099-	n I s	Estima Estima amount c compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		ISC)	MISC)		relat organiza	ed
See	Additional Data Table													
	Sub-Total				•		>							
	Total from continuation sheets to Total (add lines 1b and 1c)				•		>		2,	342,034		0		374,591
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bov.	e) who	rece	eived mo	re than \$	100,000			
3	Did the organization list any forme								_	mpensate	ed employee on		Yes	No
4	line 1a? If "Yes," complete Schedule For any individual listed on line 1a, organization and related organization individual	is the sum of rep ons greater than \$	ortable (3150,00	comp 0? <i>If</i>	ensa "Yes	tior	n and o	te Sc	compen chedule J	for such		3	Vac	No
5	Did any person listed on line 1a reconservices rendered to the organization	eive or accrue cor	npensat	tion fi	rom	any	unrela	ated	organıza			5	Yes	No No
Se	ection B. Independent Contra	ctors												110
1	Complete this table for your five hig from the organization Report comp	hest compensate										mpens	sation	
	Name	(A) e and business addre	ess							De	(B) scription of services		(C Comper	
Teller	osen Builders									Construct	· ·			,334,476
SUIT	BENMAR DRIVE E 400 ton, TX 77060													
	Harvey Builders									Construct	on		5	,935,638
	WESTCHASE ton, TX 77042													
Sehg	al & Sons Enterprises LP									Janıtorıal			1	,919,785
Staffo	1 Corporate Drive ord, TX 77477													
	N SERVICE COMPANY CAPITOL									Construct	on		1	,137,135
HOUS	STON, TX 77003 wstone Landscape									Grounds N	1aintenance		1	,115,453
POB	3ox 205742 s, TX 75320													
2	Total number of independent contract compensation from the organization		not lim	ited t	o th	ose	listed	abov	/e) who r	eceived i	more than \$100,0	00 of		

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
raii	VIII				respo	nse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	ııgns	s	1a	2,329,366		revenue		512 - 514
unts		b Membership dues	5.		1 b	0				
Gra mo		c Fundraising even	ts .	[1c	557,849				
fts, ir A		d Related organiza	tions	5	1 d	103,866				
, <u>Gi</u> mili		e Government grants	(con	tributions)	1e	21,633,987				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above	s not	ıncluded	1f	19,650,579				
ntrib d Ott		g Noncash contributio lines 1a - 1f \$	ns in	icluded in	1 g	7,277,671				
<u>ة ت</u>		h Total. Add lines	1a-1	f		•	44,275,647			
						Business Code	56,815,023	56,815,023		
a.	2a	Membership Revenue					30,013,023	30,013,023		
Program Service Revenue	Ь	Childcare Revenue	Scho	ool Age			16,659,879	16,659,879		
Ace A	c	Day Camp Revenue					5,857,421	5,857,421		
Ser	d	Childcare Revenue	Infai	nt/Toddler/Pre	school		3,424,918	3,424,918		
ogran	e	Residence Revenue					2,127,179	2,127,179		
ď	f	All other program	serv	rice revenue			7,109,749	7,109,749	0	0
	g	Total. Add lines 2	2a-2	f	•	91,994,169	ı	ı		
		Investment income		luding divide		nterest, and other	1,445,03	5 (0	1,445,035
		Income from invest				ond proceeds			0	0
	5	Royalties				>	3,368	3 (0	3,368
				(ı) Rea	al .	(II) Personal	4			
	6a	Gross rents	6a		0)	o			
	b	Less rental expenses	6 b		0					
	С	Rental income					1			
	,	or (loss) I Net rental income	6c		0	1	<u>]</u>		0	0
	Ì	Net rental income	01 1	(i) Securi	ties	(II) Other			,	
	7a Gross amount from sales of assets other than inventory			, ,	7					
	b	Less cost or other basis and sales expenses	7b	8,5	575,089	2,362,944	4			
	С	Gain or (loss)	7 c		-41,911	2,039,003	3			
ar Te		I Net gain or (loss) Gross income from fu (not including \$				+ + + →	1,997,09.	2 (0	1,997,092
Other Revenue		contributions reported See Part IV, line 18			8a	828,488				
Re	Ŀ	Less direct expen	ses		8b	464,221				
her		Net income or (los			ing eve	ents	364,26	7	0	364,267
	9a	Gross income from See Part IV, line 19			9a	0				
	Ł	Less direct expen	ses		9b	0	1			
	ď	Net income or (los	s) fr	om gaming	activiti	es >			0	0
	10	a Gross sales of inve			10a	0				
	t	Less cost of good	s so	ld	10b	0				
	(Net income or (los			ınvent				0	0
	11	Miscellaneo La	us R	evenue		Business Code	_			
	t	,				. —				
	c	=								
		۸۱۱ میلیم ۲۰۰۰							0	0
		d All other revenue • Total. Add lines 1				•			, 0	0
	12	2 Total revenue. S	ee ır	nstructions				01.004.15		
						<u> </u>	140,079,578	91,994,169	9 0	3,809,762 Form 990 (2019)

41,082

1,288,471

79,911

149,813

102,495

219,646

307

48,769

38,934

32,540

74,355

124,099

23,267

17,413

8,613

2,249,715

Form **990** (2019)

O

rage It										
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										
Grants and other assistance to domestic organizations an domestic governments See Part IV, line 21		89,500								
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,531,353	3,531,353								
3 Grants and other assistance to foreign organizations, fore governments, and foreign individuals See Part IV, lines 1 and 16	5	0								
4 Benefits paid to or for members										

1,703,820

56,194,487

3,314,235

3,064,716

4,642,562

83,376

87,547

149.913

5,324,004

1,309,868

9,851,314

2,382,471

13,726,877

2,069,787

224,300

5,303,621

11,633,342

2,057,867

915,669

717,509

8,685,770

578,874

956,323

138,599,105

1,461,291

48,679,393

2,842,473

2,023,575

4,102,751

3,361,084

173,606

9,514,644

1,164,960

12,888,463

1,562,487

53,038

4,627,878

11,137,850

1,872,115

489,981

633,547

8,685,770

194,798

487,929

119,578,486

201,447

6,226,623

391,851

891,328

437,316

83,376

87,547

149.913

1,743,274

1,135,955

1,178,577

287,901

805,874

432,945

47,163

675,743

472,225

185,752

425,688

66,549

375,463

468,394

16,770,904

5 Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)

section 4958(c)(3)(B)

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

g Other (If line 11g amount exceeds 10% of line 25, column

f Investment management fees

12 Advertising and promotion . . .

13 Office expenses . .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology .

20 Interest

expenses on Schedule O) a Equipment rental & maintenance

d Professional development

c Refugee resettlement expenses

b Membership fees

e All other expenses

7 Other salaries and wages .

10 Payroll taxes

9 Other employee benefits . . .

11 Fees for services (non-employees) a Management **b** Legal

c Accounting **d** Lobbying

Accounts receivable, net

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets .

Grants payable

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 344,641,950

101,032,966

848.143

1,532,018

238,772,851

52,235,860

10,696,927

315,513,037

9,973,066

1.139.792

1,426,216

4,572,237

148.831.875

151,301,164

15,379,998

166,681,162

315.513.037

131.720.564

0 5

6

10c

11

12 0 13

14

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18

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22 0 23

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Page **11**

799.918

166,661

1,897,130

243,608,984

44,813,964

9,713,271

5,449,247

1.369.096

2,410,352

0

0

4.758.617

146.216.900

158,778,520

10,233,013

169,011,533

315,228,433

Form 990 (2019)

132,229,588

315,228,433

Part X Balance Sheet		
Check if Schedule O contains a response or note to any line in this Part IX .		 🗆
	(A)	(B)
	Beginning of year	End of year

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	133,599	1	8,799

	Beginning or year		End of year
1 Cash-non-interest-bearing	133,599	1	8,799
2 Savings and temporary cash investments	1,406,256	2	1,597,487
3 Pledges and grants receivable, net	9,887,383	3	12,622,219

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? 3a Yes

3b

Yes Form 990 (2019)

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

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 74-1109737

Form 990 (2019)

Form 990, Part III, Line 4a:

ADDITIONAL INFORMATION

Name: Young Men's Christian Association of the Greater Houston

HEALTHY LIVING Participants Facility Members 324,719 Facilities 25 Assistance Provided to Participants in the form of Fee Reduction \$2,214,400 SEE SCHEDULE O FOR

Area

Form 990, Part III, Line 4b: Guides, Family Camp, Healthy Family Home, and other family events), YMCA Swim, Sports & Play (Aguatics, Youth Sports, and Camping Services). Assistance provided to

participants in the form of fee reductions \$4,376,317 See Schedule O for additional information

YOUTH DEVELOPMENT Participants 71,783 Programs include YMCA Child Care (After School, Early Childhood, Infant Care and Middle School), YMCA Parent/Child (Adventure

Form 990, Part III, Line 4c: SOCIAL RESPONSIBILITY PARTICIPANTS 280,299 PROGRAMS INCLUDE YMCA CARING COMMUNITY CENTERS (AFTERSCHOOL PROGRAM WITH ENRICHMENT ACTIVITIES, SUMMER PROGRAMS, CORE PROGRAMS, AND SOCIAL SERVICE PROGRAMS), YMCA INTERNATIONAL SERVICES, YMCA ACTIVE OLDER ADULTS, YMCA SPECIAL POPULATIONS, YMCA EMPLOYMENT DEVELOPMENT AND TRAINING, AND YMCA OPERATION BACKPACK ASSISTANCE PROVIDED TO PARTICIPANTS IN THE FORM OF FEE

REDUCTIONS \$1,282,441 See Schedule O for additional information

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

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

and Independent Contractors

Director

Director

Director

Director

Director

Director

Chi-mei Lin

Charles E Cominsky

Christopher A Behme

Curtis V Flowers Jr

Cyndy Garza Roberts

	any hours	0	direct	or/t	rust	ee)		organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Beth Shea	1 0	x		x				0	0	C	·
Vice Chair	1 0			Ĺ^					0	,	•
Khambrel Marshall	1 0	×		x					0	C	
Chair	0.0			^				0	0		,
Sidney Evans	1 0			,					0		•
Vice Chair	0.0	×		×					0	C	J

vice Chair	1 0					
Khambrel Marshall	1 0					
Chair	0 0	X	Х		0	(
Sidney Evans	1 0					
Vice Chair	0 0	X	Х		0	(
Byrd Larberg	1 0					
Director	0 0	×			0	(
Carlos J Valdez	1 0					

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

organization and related organizations

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

	0 0		direct	or/tr	ust	ee)		organization (W-	organizations	
	organizations below dotted	Individual trustee or director	Institutional Trustee	- E	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
D Bryan Ruez	1 0	×						0	0	
Director	0 0							J	,	
Dan Bellow	1 0									
Director	0 0	×						0	0	
David Lev	1 0									

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and Independent Contractors

David Ley Director

Debra Sukın

Dr Rick Ngo

Floyd J Leblanc

Frances Castaneda Dyess

Gabriella L Boersner

Glenn H Clements

Jennifer Davenport

Director

Director

Director

Director

Director

Director

Director

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

Highest compensated employee

employee

Former

Individual trustee or director

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Institutional

2/1099-MISC)

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0

(W- 2/1099-

MISC)

organization and

related

organizations

0

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

	for related organizations below dotted line)
Joe Rothbauer	1 0
Director	0 0
John Esquivel	1 0
·	
Director	0.0

Joy McCormack

Lee A Lahourcade

Marina Walne PhD

Mark S Leonard

Matthew Deal

Page M Vogelsang

Paula Mendoza

Peggy C Montana

Director

Director

Director

Director

Director

Director

Director

Director

and Independent Contractors

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

38,703

53,627

76,458

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

	any hours	(director/trustee)					organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Robert E McFadden	1 0	×							0	0
Director	0 0								0	
Rodney Finke	1 0	×						0	0	0
Director	0 0							U	U	0
Stephen R Fetterman	1 0								0	
		X	l	1	l	i I		l o	0	0

and Independent Contractors

Emmanuel C Silva

Jennifer S Lopez

Stephen Ives

President & CEO

Chief Human Resource Offcr

CFO

Robert E McFadden	1 0	×			0	0
Director	0 0				0	
Rodney Finke	1 0					
Director	0 0	X			U	0
Stephen R Fetterman	1 0					
Director	0 0	X			0	0
Steven B Erikson	1 0					
Director		X			0	0

40 0

10 40 0

Rodney Finke	1 0						
Director	0 0	×			0	0	
Stephen R Fetterman	1 0	x			0	0	
Director	0 0					0	
Steven B Erikson	1 0	×					
Director	0 0				0	0	
Tadd Tellepsen	1 0						
Director	0 0	×			0	0	
Terry W Rathert	1 0						
Director	0 0	×			0	0	

Steven B Erikson	1 0	V			_		0
Director	0 0	^			0	0	0
Tadd Tellepsen	1 0	>			0	0	
Director	0 0	^			٥		0
Terry W Rathert	1 0	V					
Director	0 0	Х			0	0	0

		X	1 1		I	I 0	1 0		0
Director	0 0								
Terry W Rathert	1 0	V				_	_		_
Director	0 0	Χ.				0	0		0
Wade Wallinger	1 0								_
_		Х				l o	l o	1	0

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Х

Χ

411,329

257,182

478,550

Terry W Rathert	10					0	
Director	0 0	^			ľ	0	
Wade Wallinger	1 0	v					
Director	0.0	×			0	0	

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

166,251

165,462

43,082

22,202

and Independent Contractors

VP IT

Stephanie Taylor

VP Membership & Sales

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

	any nours								// D/4 000	1 110111 4110
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Û.	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
James J Scaffidi	40 0									
coo	0.0				Х			347,038	0	40,933
Prior Kridler	40 0									

James J Scaffidi	40 0		$ $ $_{\times} $		347,038	n	
coo	0 0				347,038	U	
Brian Kridler	40 0			, , ,			
VP of Strategy & Innovat	0 0			X	174,623	0	
Jeffery Watkıns	40 0			,	172 002		
VP of Internat Svcs	0 0			X	172,803	0	

0 0 40 0

0 0

Brian Kridler	10 0			v I	174,623	0	34,666
VP of Strategy & Innovat	0 0			^	174,623		34,666
Jeffery Watkıns	40 0						
VP of Internat Svcs	0 0			×	172,803	0	45,449

Jeffery Watkıns	40 0				.==		
VP of Internat Svcs	0.0			X	172,803	0	45,449
Jennifer Garcia	40 0			_	169 706	0	10 471

VP of Internat Svcs	0.0			^	172,803		43,449
Jennifer Garcia	40 0			V	160 706		10.474
VP Finance- Controller	0.0			X	168,796	0	19,471

Х

Jennifer Garcia VP Finance- Controller	40 0							
	0 0			×	168,796	0	1	19
Robert Hodge	40 0							

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SCI	HFD	ULE A		Charity Statu	c and Dul	olic Supp	ort	OMB No 1545-0047			
	m 99			Charity Statu				2019			
990I	E Z)		complete if the or	4947(a)(1) nonexe	empt charitable	trust.	u section	2019			
Danor	mant of	Etha Tracaum	► Go to www.irs	Attach to Form ! .gov/Form990 for ii			ormation.	Open to Public			
Interna	ıl Reven	f the Treasury nue Service						Inspection			
		he organiza Christian Assoc	tion Hation of the Greater Houston Are	ea			Employer identific	ation number			
				(AII	<u>.</u>		74-1109737				
	rt I rganiz		for Public Charity State a private foundation because				see instructions.				
1			onvention of churches, or as	•	•		(A)(i).				
2		,	scribed in section 170(b)(
3			or a cooperative hospital serv		,						
		·	·	_			•				
4	Ш	name, city,	esearch organization operate and state	ed in conjunction with	a nospital descri	bed in section .	170(B)(1)(A)(III). E	nter the nospital s			
5			ation operated for the benefit	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6	П		(iv). (Complete Part II) tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).				
7	<u>✓</u>		ation that normally receives		s support from a	governmental u	ınıt or from the gener	al public described in			
8	П		' 0(b)(1)(A)(vi). (Complete ty trust described in section	•	(Complete Part I	I)					
9			ural research organization de					ege or university or a			
10		_	rant college of agriculture Seation that normally receives					and gross resourts			
	Ш	from activit	ies related to its exempt fun	ctions—subject to cer	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross			
			income and unrelated busin See section 509(a)(2). (Co		ess section 511 t	ax) from busines	sses acquired by the o	organization after June			
11	П		ation organized and operated		r public safety S	ee section 509	(a)(4).				
12		An organiza	ation organized and operated	exclusively for the be	enefit of, to perfo	orm the functions	s of, or to carry out th	ne purposes of one or			
			ly supported organizations of through 12d that describes					a)(3). Check the box			
a	П		supporting organization oper				- · · · · ·	giving the supported			
			n(s) the power to regularly a Part IV, Sections A and B.		ority of the direct	ors or trustees o	of the supporting orga	nization You must			
b		Type II. A	supporting organization sup	ervised or controlled i							
			nt of the supporting organiza plete Part IV, Sections A a		ne persons that	control or manag	ge the supported orga	nization(s) You			
c		Type III f	unctionally integrated. A s	supporting organizatio				ited with, its			
d			organization(s) (see instructi on-functionally integrated	•	• •			nization(s) that is not			
u	Ш	functionally	integrated The organization	n generally must satis	fy a distribution	requirement and					
			you must complete Par				na I Tyna II Tyna II	T formationally			
е	Ш		box if the organization receiv or Type III non-functionally			KS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter	r the number	of supported organizations								
g			ing information about the su	··	Τ΄						
	(i) N	Name of supp organization		(iii) Type of organization	(iv) Is the organized in your govern	anization listed ing document?	(v) Amount of monetary support	(vi) Amount of other support (see			
		,		(described on lines	, ,	-	(see instructions)	instructions)			
				 1- 10 above (see instructions)) 							
					V	B1 -					
					Yes	No					
Tota	<u> </u>										
Tota		work Doduc	tion Act Notice, see the Ir	etructions for	Cat No 11285	<u> </u>	Schedule A /Form 0	90 or 990-EZ) 2019			

	include any funusual grant)						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	13,078,451	19,085,280	6,999,701	36,492,917	44,275,647	119,931,996
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)						933,233
6	Public support. Subtract line 5 from line 4						118,998,763
_ :	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	13,078,451	19,085,280	6,999,701	36,492,917	44,275,647	119,931,996
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,508,027	1,624,246	480,561	1,585,140	1,448,403	7,646,377
٦	Not income from unrelated business						

6	Public support. Subtract line 5 from line 4							118,998,76
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	:019	(f) Total
7	Amounts from line 4	13,078,451	19,085,280	6,999,701	36,492,917	44	1,275,647	119,931,99
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,508,027	1,624,246	480,561	1,585,140	:	1,448,403	7,646,37
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)	0	0	0	0		0	
11	Total support. Add lines 7 through 10							127,578,37
12	Gross receipts from related activities,	etc (see instruction	ons)			12		440,587,56

16 0 73 63 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, 14 93 28 % 15 91 32 % ▶ ☑ and stop here. The organization qualifies as a publicly supported organization h 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 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 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

Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2018 Schedule A, Part II, line 14 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 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

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	(Complete only if you control of the organization fails to						der Part II. If
Se	ection A. Public Support	quality affact	the tests fisted i	sciow, picuse co	ompiece ruit II.	,	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(B) 2010	(0) 2017	(d) 2016	(e) 2019	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)						
S	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6		· , ,	· ,	. ,		+ ' '
L0a	Gross income from interest,						
.ua	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
С	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
13	11, and 12)						
14	First five years. If the Form 990 is fo	r the organizatior	n's fırst, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization <u>,</u>
	check this box and stop here						▶⊔
	ection C. Computation of Public S			(6))			
15	Public support percentage for 2019 (lin			column (†))		15	
16	Public support percentage from 2018 S	<u> </u>				16	
	ection D. Computation of Investi				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
17	Investment income percentage for 201	•		ııne 13, column (f))	17	
18	Investment income percentage from 20		· ·	an line at a second	. 45	18	
	331/3% support tests—2019. If the						_
	more than 33 1/3%, check this box and s	-					► L
b	33 1/3% support tests—2018. If the	-			•		1/3% and line 18 i
	not more than 33 1/3%, check this box	and stop nere.	The organization	quannes as a publ	iciy supported org	amzauoli	

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

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10a

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
•	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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın 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		
ı	determination		

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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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	4a		
b				
		4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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	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	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

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

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

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

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

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

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

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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		
ŀ	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to wh 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	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to who			
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			

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)	(iii) Distributable Amount for 2019	
1 Distributable amount for 2019 from Section C, line 6		
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019

q Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

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

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

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. d Excess from 2018. e Excess from 2019.

a From 2014. **b** From 2015. **c** From 2016. e From 2018. f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

Schedule A (hedule A (Form 990 or 990-EZ) 2019 Page 8						
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Pa 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, li es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	line 1, V				
 							
<i>i</i>	Facts And Circumstances Test						
990 Sched	lule A, Supplement	tal Information					
Retr	urn Reference	Explanation					
Schedule A, of Short Tax	, Part II Explanation x Year	The 2017 public support information shown in Schedule A Part II, column (c) represents a s hort year consisting of the four months of September through December 2017 With the filin g of its 2017 form 990, the organization changed its accounting period from a fiscal year ending August 31 to a calendar year ending December 31					

SCHEDULE D

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

DLN: 93493216002160

OMB No 1545-0047

2019

Supplemental Financial Statements

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

(Form 990)

	rtment of the Treasury nal Revenue Service Go to <u>www.irs.qov/Forn</u>	▶ Attach to Form 99 222299 Properties		rmation.		n to Public spection
	nme of the organization			Employer id		
Υοι	ung Men's Christian Association of the Greater Houston Area			74-1109737		
Pa	art I Organizations Maintaining Donor Advi	ised Funds or Oth	er Similar Funds o			
	Complete if the organization answered "Ye					
		(a) Donor a	dvised funds	(b) Fund	ds and other	accounts
•	Total number at end of year					
2	Aggregate value of contributions to (during year)					
1	Aggregate value of grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		assets held in donor ad	lvised funds are		Yes 🗌 No
i	Did the organization inform all grantees, donors, and donoring the purposes and not for the benefit of the donor private benefit?				rmissible] Yes □ No
Pa	rt II Conservation Easements.					
	Complete if the organization answered "Ye	·	·			
•	Purpose(s) of conservation easements held by the orga		¬ · · · · ·			
	☐ Preservation of land for public use (e g , recreatio	n or education) L	☐ Preservation of an	, ,		area
	Protection of natural habitat	L	☐ Preservation of a o	certified historic	: structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	contribution in the for		ation at the End o	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified histor	ic structure included ii	n (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					
1	Number of conservation easements modified, transferred tax year	ed, released, extinguis	hed, or terminated by	the organizatio	n during the	
ı	Number of states where property subject to conservation	on easement is located	! ►			
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	the periodic monitoring	, inspection, handling	of violations,	☐ Yes	□ No
	Staff and volunteer hours devoted to monitoring, inspe-	cting handling of viole	ations and enforcing of	oncervation eac		
•	>	cting, handing or viole	and emoraling co	onservation eas	ements dum	ng the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$, handling of violations	, and enforcing conser	vation easemer	its during the	e year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(i)$?) above satisfy the rec	uirements of section 1	70(h)(4)(B)(ı)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports constalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the orgar			and	□ NO
Эат	rt III Organizations Maintaining Collections		Treasures or Oth	er Similar A	ssets	
	Complete if the organization answered "Ye					
.a	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, edu	cation, or research in f			
b	provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
	ii)Assets included in Form 990, Part X			▶ ¢		
2	If the organization received or held works of art, histori			ncıal gaın, prov	ide the	
а	following amounts required to be reported under SFAS Revenue included on Form 990, Part VIII, line 1	TIO (MOC ADO) LEIATIN	g to these iteins	> \$		
h	Accete included in Form 990. Part V			_		

Cat No 52283D

Schedule D (Form 990) 2019

 $\boldsymbol{c} \;\; \text{Leasehold improvements}$

d Equipment

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

e Other . .

Sche	edule D (Form 990) 2019								Page 2
Par	t III Organizations Maintaining Colle	ections of A	rt, Histori	cal Trea	asures, c	r Other Sir	nilar Asse	ts (conti	nued)
3	Using the organization's acquisition, accession, items (check all that apply)	, and other reco	ords, check	any of the	e following	that are a sig	ınıfıcant use	of its coll	ection
а	Public exhibition		d		oan or excl	nange prograr	ns		
b	☐ Scholarly research		е	□ o	ther				
С	Preservation for future generations								
4	Provide a description of the organization's colle Part XIII	ections and exp	lain how the	ey further	the organ	ızatıon's exen	npt purpose	ın	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						_	Yes	□ No
Pa	rt IV Escrow and Custodial Arrangen Complete if the organization answe X, line 21.		Form 990	, Part IV	', line 9, d	or reported a	an amount	on Form	n 990, Part
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other inter	mediary for	contribut	ions or oth	ner assets not	_	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII a	and complete t	he followina	table			Amo	ount	
c	Beginning balance	,	,			1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X,	line 21, for	escrow o	custodial	account liabili	ty? [Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if t	he explanat	on has be	en provide	ed in Part XIII	· [_	
	rt V Endowment Funds.								
	Complete if the organization answer	ered "Yes" on	Form 990	, Part IV					
	<u> </u>	(a) Current yea		rior year) Three years		our years back
	Beginning of year balance	10,809,		10,634,99		10,656,680	10,719		9,100,524
b	Contributions	330,		1,089,23		90,739		3,512	1,226,313
С	Net investment earnings, gains, and losses	2,022,	800	-517,05	0.5	522,358	45,	7,187	544,990
d	Grants or scholarships							0	0
е	Other expenditures for facilities and programs	153,		385,86	_	632,183	859	9,763	148,262
f	Administrative expenses	<u>'</u>	849	11,59		2,598		3,421	4,400
g	End of year balance	13,004,	116	10,809,7	19	10,634,996	10,656	,,680	10,719,165
2	Provide the estimated percentage of the currer	nt year end bal	ance (line 1	g, columr	(a)) held	as			
а	Board designated or quasi-endowment ►	69 2 %							
b	Permanent endowment ► 17 04 %								
С	Temporarily restricted endowment ► 13 7	6 %							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%							
3a	Are there endowment funds not in the possess organization by	on of the orga	nization tha	t are held	and admii	nistered for th	e		Yes No
	(i) unrelated organizations							3a(i)	No
	(ii) related organizations							3a(ii)	Yes
ь	If "Yes" on 3a(II), are the related organizations	•						3b	Yes
4 05	TEXT TO SET IN PART XIII the Intended uses of the control of the c		:naowment i	unds					
- a	Complete if the organization answer		Form 990	, Part IV	, line 11a	a. See Form	990, Part	X, line 1	0.
	Description of property (a) Cost or othe (investmen	er basis (b)	Cost or other			cumulated depr			ook value
	Land			26,326,6	591				26,326,691
	Buildings			216,119,		54	,420,062		161,699,444

71,824,200

30,126,890

244,663

42,443,238

12,894,948

243,608,984

244,663

29,380,962

17,231,942

Part VII	Investments—Other Securities.	>- 1 TV 1			>- L V	Las 12
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category	(b)	ine 11t	(c) Metho	d of va	aluation
	(including name of security)	Book value		Cost or end-of	-year r	market value
(1) Financia						
(3) Other	neld equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi	n (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, F	Part IV. I	ne 110	. 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. (Columi Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets.		<u> </u>			
Part IX	Complete if the organization answered 'Yes' on Form 990, Po	art IV, lıı	ne 11d	. See Form 990, Par	t X, lır	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)				•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Po	art IV. lu	ne 11e	or 11f.See Form	990.	Part X. line 25.
1.	(a) Description of liability					(b) Book value
(1) Federal i (4)	ncome taxes					
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)			•		4,758,617
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the footnot			ion's financial state		that reports the
organızatıon'	s liability for uncertain tax positions under FIN 48 (ASC 740) Check I	nere if the	text of	tne rootnote has be	en pro	ovided in Part XIII

Part XI

2

4

b

c 5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2019

Page 4

3,746,592

303,527

140,079,578

138,454,041

158,463

303,527

138.599.105

Schedule D (Form 990) 2019

138,295,578

139,776,051

	, , ,	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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

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

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

2a

2b

2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

1,590,802

1.852.860

149,913

153,614

158,463

149,913

153.614

2e

3

4c

2e

3

4c

5

302.930

ь	Donated services and use of facilities	•	•	•
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d			

Page 5	Schedule D (Form 990) 2019		
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	
	<u> </u>		

Schedule D (Form 990) 2019

Additional Data

Software Version: 2019v5.0 **EIN:** 74-1109737

Name: Young Men's Christian Association of the Greater Houston

Software ID: 19010655

Area

Supplemental Information

Return Reference

Schedule D, Part V, Line 4

funds

Intended uses of endowment

HARITABLE AND EDUCATIONAL PROGRAMS OF THE YMCA OF THE GREATER HOUSTON AREA

Explanation

THE ENDOWMENT FUNDS ARE HELD FOR THE PURPOSE OF FURNISHING ASSISTANCE AND SUPPORT TO THE C

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Loss on valuation of contribution receivable500000 Endowment revenue - 2352860				

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Reimbursement to YMCA Endowment - 49748 Grant from YMCA Endowment - 103866				

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Endowment expenses - 158463

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Reimbursement to YMCA Endowment - 49748 Grant from YMCA Endowment - 103866

DLN: 93493216002160 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization Young Men's Christian Association of the Greater Houston Area 74-1109737 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2019

	rt II Fundraising Events. Compl than \$15,000 of fundraising 6				
	gross receipts greater than \$	5,000. (a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col (a) through
ө		Turkey Dash (event type)	Run Thru the Woods (event type)	(total number)	col (c))
Revenue					
	1 Gross receipts	250,464	243,843	892,030	1,386,337
	2 Less Contributions	124,919	101,650	331,280	557,849
	3 Gross income (line 1 minus line 2)	125,545	142,193	560,750	828,488
	4 Cash prizes		500		500
တ္ဆ	5 Noncash prizes	14,372	250	1,730	16,352
Direct Expenses	6 Rent/facility costs	28,500		56,512	85,012
Д Ф	7 Food and beverages	310		34,659	34,969
t e	8 Entertainment				
ā	9 Other direct expenses	58,392	102,695	166,301	327,388
	10 Direct expense summary Add lines 4				464,221
Pa	11 Net income summary Subtract line 10 till Gaming. Complete if the org		s" on Form 990, Part I	V, line 19, or reported	364,267 more than \$15,000
ene	on Form 990-EZ, line 6a.		1		
/en		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reversie	1 Gross revenue	(a) Bingo		(c) Other gaming	
S	1 Gross revenue	(a) Bingo		(c) Other gaming	
S	2 Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming	
S	2 Cash prizes		bingo/progressive bingo		
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming Yes % No	
Expenses	2 Cash prizes	☐ Yes%	bingo/progressive bingo	☐ Yes %	
Expenses	2 Cash prizes	Yes % No through 5 in column (d)	bingo/progressive bingo ☐ Yes % ☐ No	☐ Yes %	
Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d)	□ Yes % □ No	☐ Yes %	
Expenses	2 Cash prizes	Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each of	Dingo/progressive bingo	☐ Yes % ☐ No ▶ ▶	

sche	edule G (Form 990 or 990-EZ) 2019				F	age 3
.1	Does the organization conduct gaming activities with nonmembers?			□Yes	□Ne	
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership formed to administer charitable gaming?	or other entity		□Yes		
3	Indicate the percentage of gaming activity conducted in					
а	The organization's facility		13a			%
b	An outside facility		13b			%
4	Enter the name and address of the person who prepares the organization's gaming/special e	events books and re	cords			
	Name •					
	Address ▶					
5a	Does the organization have a contract with a third party from whom the organization receive revenue?	es gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming revenue received by the organization $ ightharpoonup$ \$amount of gaming revenue retained by the third party $ ightharpoonup$ \$	and th	e			
c	If "Yes," enter name and address of the third party					
	Name ►					
	Address ▶					
.6						
0	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independen	nt contractor				
7	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gamin retain the state gaming license?	ng proceeds to		□Yes	Пио	
b	Enter the amount of distributions required under state law distributed to other exempt organ	nizations or spent			_ 110	
	in the organization's own exempt activities during the tax year ▶ \$					
Par	Supplemental Information. Provide the explanations required by Part I, III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an					5.
_	Return Reference Explan	nation				

Schedule G (Form 990 or 990-EZ) 2019

DLN: 93493216002160 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Young Men's Christian Association of the Greater Houston Area 74-1109737 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

Page **2**

(5)

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

Schedule I (Form 990) 2019

Part III can be duplicated if additional space is needed

Part III

(6) (7)

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

Part IV Explanation

Return Reference

Schedule I, Part I Part III, Line 1 - Additional Assistance to Individuals The YMCA also provides assistance to individuals in the form of reductions in the amount of fees charged to

participate in programs. Please see below for information regarding such assistance grouped by program. Healthy Living. 324,719 recipients, \$2,214,400 in assistance. Youth Development 71,783 recipients, \$4,376,317 in assistance Social Responsibility 280,299 recipients, \$1,488,533 in assistance Monitoring of Refugee Assistance Direct assistance to International Refugees takes two forms, direct payments to vendors, primarily expenses related to housing, and

Schedule I, Part I, Line 2 Procedures for monitoring use of cash assistance which is meant for all other living expenses. Clients are counseled on the use of these funds and agree not to access public cash assistance during the program period. Governmental agencies awarding these grants conduct periodic program and financial audits of the YMCA to ensure funds are being used according to arant funds the terms of the grant. Monitoring of Fee Reductions. Because the demand for financial assistance is great, the YMCA must follow eligibility guidelines. Scholarships are awarded on a first come, first served basis, subject to available resources. Applicants are asked to pay some portion of the fees. If acceptable, a volunteer work program will be arranged Applicants must complete a Financial Assistance Information form and are required to provide proof of income Subsidies will be granted to

the extent that funds are available | Financial assistance is reviewed for eligibility annually for YMCA programs | The YMCA monitors the use of subsidies by tracking the applicant's attendance in the program and their participation in bearing a portion of the cost. Additionally, the Senior Compliance Auditor conducts periodic audits to ensure compliance with YMCA policy in the distribution and monitoring of scholarships Schedule I (Form 990) 2019

Additional Data

YMCA of Twin Cities

651 Nicollet Mall Minneapolis, MN 55402 Nat'l Congress Black Women

1250 4th St WG1 Washington, DC 20024

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 74-1109737 Name: Young Men's Christian Association of the Greater Houston Area

45-2563299

52-1436163

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	c Governments.
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation

orm 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuati
organization		ıf applıcable	grant	cash	(book, FMV, apprais

aniza	tions and Domesti	ic Governments
cash	(e) Amount of non-	(f) Method of valu

20,000

6,500

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuat
organization		ıf applıcable	grant	cash	(book, FMV, apprais
or government				assistance	other)

501(c)(3)

501(c)(3)

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

General support

General support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

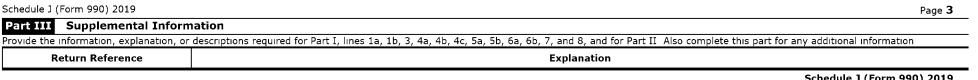
BakerRipley 501(c)(3) 50.000 General support 23-7062976

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2101 South Street Houston, TX 77009

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees No. Proceedings Proceedings Proceding Pro	efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49321	L6002	160
Department of the Treasur Name of the creature Name of the crea	Sch	edule J	Co	mpensat	ion Information	OI	MB No	1545-0	0047
PG to www.irs.aov/Form990 for instructions and the latest information. Inspection Inspecti	(Forr	n 990)	For certain Office			jhest			
PG to www.irs.aov/Form990 for instructions and the latest information. Inspection Inspecti			► Complete if the org	Compensa anization answ	ated Employees vered "Yes" on Form 990. Part IV	. line 23.	20	119)
Image: I		21		▶ Attach	to Form 990.				
Part I Questions Regarding Compensation Author Autho			▶ Go to <u>www.irs.qo</u>	<u>v<i>/ F0FII1</i>990</u> 10F	instructions and the latest infor	mation.			
Part II Questions Regarding Compensation Yes No				_		Employer identifica	tion nu	ımber	
Check the approprate 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	roui	ig Meir's Cillistian A	ssociation of the Greater Houston Are	a		74-1109737			
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 those items First-class or charter travel Housing allowance or residence for personal use Payments Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Discretionary spending account 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 reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization organization prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization of the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization of the CEO/Executive Director, but explain in Part III 3 Indicate which, if any of other organizations of the CEO/Executive Director, but explain in Part III 4 Compensation committee Written employment contract Written employment or change-of-control payment? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or related organization or related organization? 5 Participate in, or receive payment from, a supplemental nonquialified retirement plan? 6 Participate in, or receive payment from, an equity-based compensation explain	Pa	rt I Questi	ons Regarding Compensat	tion					
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel								Yes	No
Travel for companions	1a								
Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					-	•			
Discretionary spending account		_	•	님	· ·				
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 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the ECE/Executive Director, regarding the times checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's ECE/Executive Director, ECE/Executive Director, expending the times checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization of the ECE/Executive Director, but explain in Part III 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CED/Executive Director, but explain in Part III 4 Independent compensation consultant									
Duit the organization requires bubstantation prior to remiburising or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 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. One the cell that apply. Do not check any boxes for method used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III □ Compensation committee □ Written employment contract □ Independent compensation consultant □ Compensation survey or study. □ Form 990 of other organizations □ Approval by the board or compensation or a related organization. a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 1 Versity of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? b Any related organization? If "ves," on line 5a or 5b, describe in Part III 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 b Any related organization? 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments no		☐ Discretion	lary spending account		Personal services (e g , maid, chau	πeur, cner)			
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 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 Compensation committee Written employment contract Independent compensation consultant Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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 Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? The organization? The organization? Any related organization? 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 The organization? Any related organization? Any related organization? Any related organization? 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 Rever any amounts reported on Form 990, Part VII, pad or accured 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	b						1b		
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 Compensation committee	2					1.2	2		
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 Compensation committee Written employment contract Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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 Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? Any related organization? 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 The organization contingent on the net earnings of The organization or Shapes or S		airectors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked on Lii	ne Ia			
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Prom 990 of other organizations Approval by the board or compensation committee	3					he			
☐ Independent compensation consultant ☐ Compensation survey or study ☐ Porm 990 of other organizations ☐ 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? b Participate in, or receive payment from, as supplemental nonqualified retirement plan? 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 Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? If "Yes," on line 5a or 5b, describe in Part III 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? If "Yes," on line 6a or 6b, describe in Part III 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 8 Were any amounts reported on Form 990, Part VII, paid or accured 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		_	•		•	ın Part III			
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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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d C No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? b Any related organization? 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? b Any related organization? if "Yes," on line 6a or 6b, describe in Part III 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 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 8 Were any amounts reported on Form 990, Part VII, pad or accured 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		✓ Independent	ent compensation consultant	\checkmark	Compensation survey or study				
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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 Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? Any related organization? 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 The organization? Any related organization? Any related organization? Any related organization? 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 Any related organization? 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 Were any amounts reported on Form 990, Part VII, paid or accured 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 Were any amounts reported on Form 990, Part VII, paid or accured 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	4			990, Part VII, Se	ction A, line 1a, with respect to the f	filing organization or a			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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 Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? Any related organization? 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 The organization? Any related organization? Any related organization? Any related organization? 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 Any related organization? 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 Were any amounts reported on Form 990, Part VII, paid or accured 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 Were any amounts reported on Form 990, Part VII, paid or accured 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	а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		
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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? 5b No If "Yes," on line 5a or 5b, describe in Part III 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 Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III 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 8 Were any amounts reported on Form 990, Part VII, paid or accured 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		If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	plicable amounts for each item in Par	t III			
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? 5b No If "Yes," on line 5a or 5b, describe in Part III 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 Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III 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 8 Were any amounts reported on Form 990, Part VII, paid or accured 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		Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
The organization? Any related organization? If "Yes," on line 5a or 5b, describe in Part III 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 The organization? Any related organization? If "Yes," on line 6a or 6b, describe in Part III 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 Were any amounts reported on Form 990, Part VII, paid or accured 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 No	5	For persons liste	ed on Form 990, Part VII, Section	n A, line 1a, did	•				
Any related organization? If "Yes," on line 5a or 5b, describe in Part III 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 The organization? Any related organization? 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 Were any amounts reported on Form 990, Part VII, paid or accured 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 No No	а						5a		No
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Any related organization? If "Yes," on line 6a or 6b, describe in Part III 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 Were any amounts reported on Form 990, Part VII, paid or accured 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 No	6				the organization pay or accrue any				
If "Yes," on line 6a or 6b, describe in Part III 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 8 Were any amounts reported on Form 990, Part VII, paid or accured 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	а	The organization	1?				6a		
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 8 Were any amounts reported on Form 990, Part VII, paid or accured 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	b	Any related orga	anızatıon?				6b		No
payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accured 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		•	·						
subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 No	7					ed	7		
8 No	8	subject to the in				escribe			
	9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	8		No
53 4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50053T Schedule J (Form 990) 2019			and an Alan Markin and Tallet		000	F00F3T		. 000	2012

Part III Officers,	Dire	ctors. Trustees. Ke	y Employees, and Hi	ahest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
For each individual whose instructions, on row (ii)	com	npensation must be repor ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	compensation from the a	organızatıon on row (ı) ar	nd from related organizati	ions, described in the	it individual
(A) Name and Title	•		of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Stephen Ives	(i)	478,448	102	0	54,000	22,458	555,008	0
President & CEO	(ii)	0	0	0	0	0	0	0
2 Emmanuel C Silva	(i)	279,594	48,402	83,333	38,703	0	450,032	0
CFO	(ii)	0	0	0	0	0	0	0
3 Jennifer S Lopez	(i)	221,125	36,057	0	31,169	22,458	310,809	0
Chief Human Resource Offcr	(ii)	0	0	0	0	0	0	0
4 James J Scaffidi	(i)	302,836	44,202	0	40,933	0	387,971	0
C00	(ii)	0	0	0	0	0	0	0
5 Brian Kridler	(i)	174,521	102	0	20,603	14,063	209,289	0
VP of Strategy & Innovat	(ii)	0	0	0	0	0	0	0
6 Jeffery Watkins	(i)	147,202	25,601	0	21,298	24,151	218,252	0
VP of Internat Svcs	(ii)	0	0	0	0	0	0	0
7 Jennifer Garcia	(i)	149,570	19,226	0	19,471	0	188,267	0
VP Finance- Controller	(ii)	0	0	0	0	0	0	0
8 Robert Hodge	(i)	162,597	3,654	0	20,624	22,458	209,333	0
VP IT	(ii)	0	0	0	0	0	0	0
9 Stephanie Taylor	(i)	165,361	101	0	15,692	6,510	187,664	0
VP Membership & Sales	(ii)	0	0	0	0	0	0	0



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493216002160 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury ▶ Attach to Form 990. Open to Public ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number Young Men's Christian Association of the Greater Houston Area 74-1109737 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (i) Pool (a) Issuer name (h) On behalf of financing ıssuer Yes No Yes No Yes No HARRIS CTY CULTURAL EDU Х Х 76-0337885 414009FB1 02-28-2013 71,879,317 REFUND BONDS ISSUED 6/25/08 FINANCE CORP Х HARRIS CTY CULTURAL EDU 76-0337885 NONEAVAIL 05-31-2019 69,835,000 REFUND BONDS ISSUED 2/4/16 Χ Χ FINANCE CORP Part ${f II}$ **Proceeds** C D 11,299,317 2 3 71,879,317 69,835,000 5,670,000 5 6 7 779,928 487,997 8 9 10 11 65,429,388 69,347,003 12 13 2010 2019 Yes Νo Yes No Yes Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Х **Private Business Use** Part III Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Х Χ Cat No 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government 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)

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

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

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

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

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

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

C

No

Yes

Yes Are there any management or service contracts that may result in private business use of 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? Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Х

No

Χ

Χ

Χ

Α

Yes

Χ

Х

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Χ

Х

Χ

Yes

Χ

No

Χ

Χ

X

No

Х

Χ

0 %

0 %

0 %

C

No

Χ

Х

Yes

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

В

Nο

Explanation

No

Х

Х

Yes

Yes

No

No

Yes

No

Yes

Χ

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

Issuer name HARRIS CTY CULTURAL EDU FINANCE CORP N/A

Yes

Х

Page 3

No

Nο

D

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

Action

Arbitrage (Continued)

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K, Part V Different
Procedures to Undertake Corrective

Return Reference	Explanation
	Issuer name HARRIS CTY CULTURAL EDU FINANCE CORP The calculation for computing no rebate due was performed on 04/24/2018

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name HARRIS CTY CULTURAL EDU FINANCE CORP N/A

efile GRAPHI	C print - DO NO	OT PROCESS	S As Fi	led Data -					DI	N: 93	349321	600216
Schedule L		Trans	sactio	ns with Ir	ntereste	d Person	ıs			0	MB No 1	545-0047
Form 990 or 990	m 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,					6,	2019					
		27, 28a,		Sc, or Form 99 th to Form 99			юь.				20	17
epartment of the Trea iternal Revenue Servi		Go to <u>www.ir</u> .		<u>m990</u> for inst			orma	tion.			Open to Inspe	Public ction
Name of the org		Cuantan Hawatan	- ^				Er	mplo	yer ide	entific	ation nu	mber
roung Men's Christ	ian Association of the	Greater Houston	n Area				74	1-110	9737			
Part I Exce	ss Benefit Tran	nsactions (s	ection 501(c)(3), section !	501(c)(4), and	d section 501(c)(29)	orgai	nızatıor	ns only)	
	lete if the organiza											
1 (a) Name of disquali	ified person	(b)	Relationship be	etween disqua organization	lified person ar	nd	(c) Description of transaction			_ ` _	Corrected
					or garnization		+		ansacc	1011	Ye	s No
							+					-
							+					
2 Enter the ar	mount of tax incur	red by the org	anızatıon m	nanagers or dis	qualified perso	ons during the	year ι	ınder	sectio	n		
4958										\$ —		
5 Enter the ar	mount of tax, if an	ly, on line 2, al	bove, reimi	oursed by the o	organization .		•	•		^{\$}		
	ans to and/or I				Dart V June 3)O D-	T\/	lina 26		the eres	n.==t.on
	orted an amount o				, Part V, line 3	ooa, or Form 95	0, Pa	ILIV,	iiile 20	o, or 11	the orga	nization
(a) Name of	(b) Relationship	(c) Purpose		to or from the	(e) Original	(f) Balance		In		h)		Written
nterested person	with organization	organization of loan	orga	inization?	principal amount	due	default? Approve board					
					amount					iittee?		
			То	From			Yes	No	Yes	No	Yes	No
l) mmanuel Silva	CFO	Business		×	250,000	166,661		No	Yes		Yes	
mmanuer Silva		Continuity										
											\vdash	
otal					\$	166,661						
	nts or Assistar											
	nplete if the orga						<u>, </u>			<i>(</i>) 5		
a) Name of Inter	ested person (b	erested persor		(c) Amount	or assistance	(d) Type o	or assi	stand	e	(e) PL	irpose of	assistanc
		organizati										
						 						
						1						
						1						
r Paperwork Red	uction Act Notice,	see the Instruc	tions for Fo	rm 990 or 990-l	F7 (:	l at No 50056A		Sal	hodulo.	I (Eorn		90-F7) 20

	between interested person and the organization	transaction		organiz rever	ation's
				Yes	No
(1) Tellepsen Builders	Owner/Director	6,334,476	Building construction		No
·					

Part V Supplemental Information

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

Return Reference Explanation

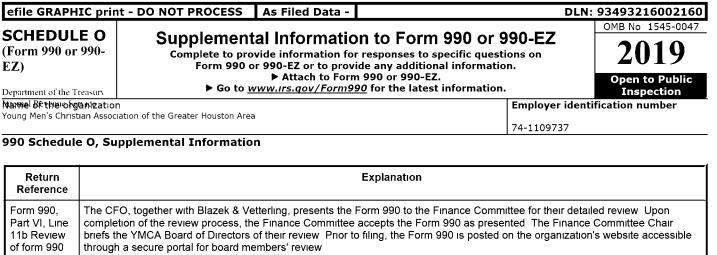
As a Board member, the interested party does not participate in any votes pertaining to the awarding of Schedule L. Part IV Line 1 contracts and/or services to the YMCA of Greater Houston

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493216002160 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ 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 Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Young Men's Christian Association of the Greater Houston Area 74-1109737 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Χ Real estate—Other . . 3,484,800 Market value 18 Collectibles Х 291,995 794,954 Selling cost 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ (______) Other ▶ (______) 27 28 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 Yes No 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 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization arm (b), the number of contributions, the number of items received, or a combination of both. Also y additional information
Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	YMCA is reporting the number of items received in Part I, Column b
	Schedule M (Form 990) (2019)

Additional Data

I				·		
		Software ID: 1	19010655	·		
		Software Version: 2	2019v5.0	'		
		EIN: 7	74-1109737			
			Young Men's Christian Association of the Greater Houston Area			
Part I, Lines 25-28				1		
	(a) Check ıf applıcable	(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		
Other ▶ (Backpacks)	Х	28,620	286,200	Selling cost		
Other ► (School supplies)	X	1,199,384	2,398,768	Selling cost		
Other ► (Christmas gift)	Х	4,462	156,816	Selling cost		
Other ► (Aırlıne Flight)	Х	60	68,000	Selling cost		
Other ▶ (Gift cards & misc)	X		88,133	Selling cost		



by governing body

Return

Reference Form 990, Part VI, Line Trustee, Volunteer and Employee of the Association to make full disclosure of any interest that might result in a conflict on their

Explanation

part The Policy clearly defines potential conflict of interest and requires disclosure of potential conflicting interests in certain business transactions. The Policy further requires Directors, Officers, Trustees, selected Volunteers and selected Employees to review the policy annually and disclose any potential conflicts of which the Board should be made aware. The President annually makes a report to the Executive Committee based on the disclosure forms submitted.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The compensation and performance of the President, COO, CFO, and CDO is reviewed annually by the Executive Compensation Committee of the Board of Directors. An independent nationally recognized compensation firm provides not-for-profit compensation comparability data for all senior level positions to the Executive Compensation Committee as required for compliance with the regulations of Section 4958 of the Internal Revenue Code. The Executive Compensation Committee has reviewed and deemed reasonable the compensation of all senior staff in compliance with IRS regulations.

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See above for process followed for individuals described in question 15b

Return **Explanation** Reference Form 990. These documents are available to the public upon request Part VI, Line 19 Required

documents available to the public

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 7109749, Related or Exempt Function Revenue 7109749, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Resident Camp Revenue - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in value of derivative agreements62986, Gain on involuntary conversion - 2111115, Loss on early extinguishment of debt2591963, Loss on valuation of contributions500000,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 1 - Mission Continuation of Mission	The Young Men's Christian Association of the Greater Houston Area is a Christian fellowship dedicated to improving the quality of life through programs and services which promote healthy living, youth development, and social responsibility throughout the community. It is the mission of the YMCA of Greater Houston to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all. The YMCA will partially implement this mission through teaching five core values in all of its programs. Respect, Responsibility, Caring, Honesty and Faith. The YMCA seeks to promote our mission and core values by focusing on youth development, healthy living and social responsibility. We believe that lasting personal and social change can only come about when we all work together to invest in our children, our health and our neighbors. Our goal is to everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. We are an association of men, women and children joined together by a shared commitment to nurture the potential of children, promote healthy living and foster a sense of social responsibility. Our dedication to these goals is only realized through the philanthropic giving of Houstonians, partnerships and community leaders. These gifts have enabled YMCA staff and volunteers to further the YMCA's vision of building healthy, confident, connected and secure children, adults, families and communities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4a Healthy Living Program	Line 4a (Expenses \$ 55,601,952) (Grants \$20,000) (Revenue \$48,597,707) HEALTHY LIVING Participants Facility Members 324,719 Assistance provided to participants in the form of fee reduction \$2,214,400 For over 130 years, the YMCA of the Greater Houston Area has been a place where people can find hope, fellowship and healing We know that positive change comes about when we invest in our kids, our health and our neighbors, staying true to our mission, values and purpose of helping persons grow in spirit, mind and body. In the Greater Houston area, 25 YMCA facilities, one overnight camp and hundreds of program sites nurture the potential of children and teens, improve the city's health and well-being and provide opportunities for individuals to give back and support neighbors. Being healthy means more than simply being physically active. It includes balancing body, mind and spirit. The Y is a place where you can work toward that balance by challenging yourself to learn a new skill or hobby, fostering connections with friends through our lifelong learning programs, or bringing your loved ones closer together through our many family-centered activities. At the Y, it's not about the activity you choose as much as it is about the benefits of living healthier on the inside as well as the outside. The YMCA of Greater Houston reflects the rich diversity of our Greater Houston community in our membership base at our 25 membership facilities. Because we believe a healthier lifestyle should be available to all, the YMCA of Greater Houston offers financial assistance to those in need. Under this program, the membership rate is adjusted based on annual household income. In our quest to make YMCA membership available. "For all," last year approximately one-third of our members qualified and benefited from financial assistance. Financial assistance offered totaled \$2,214,400. YMCA Membership has never been more relevant in our community. The YMCA provides healthy solutions to problems such as the rise in childhood obesity, incre

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4b Youth Development Program	Line 4b (Expenses \$40,070,461) (Grants \$0) (Revenue \$29,625,685) YOUTH DEVELOPMENT Participants 71,783 Assistance provided to participants in the form of fee reduction \$4,376,317 At the YMCA, we believe the values and skills learned early on are vital building blocks for life YMCA Youth Development programs result in more young people taking a greater interest in learning and making smarter life choices. At the Y, children and teens learn values and positive behaviors, and can explore their unique talents and interests, helping the m realize their potential. This makes for confident children today and contributing and en gaged adults tomorrow. YMCA Youth Development Programs include. 1) YMCA Child Care. The central focus of all YMCA Child Care programs is to foster growth and development not only in children but also in their parents and families. These educational programs help kids develop moral and ethical behavior, self-esteem and leadership. Parents play an important riole in policy and program decisions. In many instances, Y Child Care allows parents of the children in our programs to remain gainfully employed, knowing that their children are thinking in a safe, supportive environment. For parents who cannot afford the full fee, waive or reduction of tuition is available. YMCA Child Care nurtures the development of child ren by providing a safe place to learn foundational skills, develop healthy, trusting relationships and build self-reliance through the Y values of caring, faith, honesty, respect and responsibility. After School Child Care Once children reach school age, multiple influiences enter their lives. YMCA After School ensures that the time after school is occupied creatively and constructively. YMCA After School in over 20 area school districts and various other organizations, offering care after school in over 200 locations. Early Childhood The YMCA believes that a quality program should provide enriching experiences that facilitate a child's cognitive, social, physical and emotional growth. W

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4b Youth Development Program	an ethic of service. Under the guidance of caring adults, pre-teens learn fair play, posit ive communication and develop a spirit of cooperation - all skills that are needed to succ eed. 2) YMCA Parent/Child - Serving families has always been at the heart of the YWe are a place where they can find respite from social, economic and educational challenges, and learn how to overcome them We have a fundamental desire to provide opportunities for every family to build stronger bonds, achieve greater work/life balance, and become more enga ged with their communities. YMCA family programs include Family Camp and Family Fun Days at YMCA Camp Cullen as well as other family events that provide children and their parents with activities that foster understanding and companionship. Activities are planned to bring groups of families together to support each other. Parents have the opportunity to learn from each other and from their children in an enjoyable way. 3) YMCA Swim, Sports & Play - The Y is the starting point for many youth to learn about being active, and developing healthy habits they'll carry with them throughout their lives. The benefits are far greater than just physical health. Whether it's gaining the confidence that comes from learning to swim or building the positive relationships that lead to good sportsmanship and teamwork, participating in programs at the Y is about building the whole child, from the inside out. Aquatics The YMCA offers a wide range of swimming options for the whole family. Swimmin in builds self-confidence and develops the whole person - spirit, mind and body. Classes a re divided into ability groups and trained instructors emphasize personal safety, swimming skills, endurance and social skills while guiding students with praise and encouragement. YMCA Safety Around Water is a multifaceted awareness program designed to educate the community in building the presentations to the community in English and Spanish, swimming lessons at elementary and middle schools and water safety presentat

Return Reference	Explanation
Part III, Line 4b Youth Development Program	s volunteer coaches and team parents as well as being their kid's greatest fan YMCA Youth Sports programs are a great start to a lifetime of fitness and values. Camping Services O vernight, day or specialty camps at the Y share one thing they're about discovery. All of our camps place special emphasis on youth choice, achievement and a sense of belonging. C hildren have the opportunity to explore nature, find new talents, try new activities, gain independence, and make lasting friendships and memories. And, of course, it's fun too. YM CA summer day camp provides youth with supervised activities that teach core values, conflict resolution and leadership skills. Children have fun while making new friends, developing new skills, learning core values, building self-confidence, appreciating teamwork and g rowing in self-reliance. Y camp is a fun and happy place to enjoy the summer. Y Day Camp g rives children the opportunity to play games, create arts and crafts, explore science and the chilology, swim, participate in field trips, appreciate nature and discover and value our many cultures. Revering nature and the fullness of God's bounty is a major program goal for the YMCA Camp Cullen provides a resident camping experience for campers ages seven to seventeen. YMCA camping programs are educational, they promote spiritual awareness, me ntal development, physical well-being, social growth, and respect for the environment. Thr ough a variety of activities and the use of natural surroundings, YMCA camping seeks to he lip participants achieve their fullest potential in spirit, mind and body. Campers at Camp Cullen take part in a wide range of water sports, horseback riding, climbing, nature, dram a and more. In addition to the many fun activities available, the campers also gather as a cabin group each day where they play, learn and bond while participating in fun activities ilke campfires and scavenger hunts. In many instances, camping programs serve as child c are for parents in the summertime, allowing them to remain

Return Reference	Explanation								
Part III, Line 4c Social Responsibility Program	Line 4c (Expenses \$23,906,073) (Grants \$3,600,853) (Revenue \$13,770,777) SOCIAL RESPONSIBI LITY Participants 280,299 Assistance provided to participants in the form of fee reduction \$1,488,533 The YMCA is committed to moving people and communities forward. To bring abo ut meaningful change, individuals need ongoing encouragement and tools. For over 130 years, the YMCA of Greater Houston has actively provided the resources our communities need to address the most pressing social issues child welfare, education, employment, housing and substance abuse. We work to make sure every child, family and community has what they need to achieve their best. 1) YMCA Opportunity Centers - The YMCA Opportunity Centers vision is to transform apartment complexes and community centers into "communities of caring" in which children thrive and feel a sense of belonging and where all children, in these prog rams, believe that they "belong" to the YMCA located within their area. This model is base dupon building a YMCA program presence within a community and providing a standardized set of programs for the participants. The Y offers programs such as After School Program with Enrichment Activities. The YMCA offers an after school "drop-in" program for children th at includes homework assistance, games and activities, and snacks. In addition, the YMCA provides activities that might include classes such as homework assistance, dance, karate, A' STEAM, etc. Summer Programs The YMCA offers a partial (four hour) day program for 4-6 weeks during the summer much like the after school program. In many cases, the program is intertwined with the free lunch program for residents. Core Programs The YMCA arranges for children to participate in traditional core programs of the YMCA which may include swim le ssons, youth sports, day camp, older youth programs, and resident camping. Social Service Programs Other social service programs provided at Opportunity Centers may include adult continuing education, health care services, tutorial programs, pr								

Return Reference	Explanation
Part III, Line 4c Social Responsibility Program	nternational Services also seeks to promote and foster international understanding through a number of partnerships and exchanges with fraternal YMCA movements in Vietnam, Mexico a nd Brazil 3) YMCA Active Older Adults - This program stresses a three-way approach to wor k with seniors, involving health and fitness, social activities and opportunities for volu interism. Older adults are seeking more than physical benefits when they exercise. They all so want a sense of community and to strengthen social ties. In response to this need, the YMCA has developed activities to encourage older adults to take action and get involved S ocializing and volunteering have positive effects on the health of older adults, and exerc ise has proven to promote mental agility in addition to longevity and good health. With that in mind, the YMCA offers fitness programs for older adults like water exercise, yoga, s tretching classes, and more 4) YMCA Special Populations - The YMCA offers a variety of programs and services to people of all abilities, including those with physical disabilities. Adaptive programs are designed specifically for children and adults with disabilities. They remove the barriers that keep children with mental and physical disabilities off the sports field and allows them to experience the joy of playing as part of a team. One of the main barriers for these children is the natural grass field used in conventional youth le agues. Sports are played on a custom-designed, rubberized turf field that accommodates whe elchairs and other devices while helping to prevent injuries. But Adaptive Programs are about more than playing a game. It is about making new friends, building self-esteem and being treated just like other kids. To help the athletes, a "buddy" system is used - pairing each player with an able-bodied peer. The result is a bond that cannot be described and an impact not only on the player, but their buddy as well. We cannot change or cure the medi cal issues facing these children. What we can do is provid

SCHEDULE R

(Form 990)

Related

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

DLN: 93493216002160

Open to Public Inspection

Employer identification number

Young Men's Christian Association of the Greater Houston Area							74-1	109737			
Part I Identification of Disregarded Entities. Complete	te if the orgar	nization answ	ered "Ye	s" 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 a	issets Direct con entil	trolling :y	
Part II Identification of Related Tax-Exempt Organizations during the tax year	tions. Compl	ete if the org	anızatıon	answered	"Yes" on I	orm 990	, Part I	V, line 34 b	ecause it had one or	more	
(a) Name, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Co		Public o	(e) charity status on 501(c)(3))	(f) Direct controlling entity	Section (13) co en	(g) n 512(b ontrolleatity?
(1)YMCA GREATER HOUSTON AREA ENDOWMENT FD 2600 N LOOP WEST STE 300 HOUSTON, TX 77092 76-0555562	ENDOWMEN	VT		TX	501(c)(3)		Type I		YOUNG MEN'S CHRISTIAN ASSOC OF GR HOU AR	Yes	No
											
For Paperwork Reduction Act Notice, see the Instructions for For				at No 5013					Schedule R (Form 9		

		(b)	1 (-5 1	(4)	1 /->	1 10	1 (=)			/:·	1 4	x 1	(1.)
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(relate unrelated, excluded fror tax under sections 512	d, total income	(g) Share of end-of-year assets	Disprop	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or F aging	(k) Percenta <u>c</u> ownershi
					514)						V		
								Yes	No		Yes	NO	
							1				-		
											\vdash		
											├		
J Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		a corporation		st during th	(d) controlling Ty	(e)	(f) Share of total	Share	(g) of end-o	(I of- Perce	, line i) ntage	Sec	(ı) tion 512) contro
related organization		(state	or foreign untry)		endry	or trust)	income		assets	OWITE	тэтпр		entity?
			.,,									<u> </u>	55 144
										1			

Schedule R (Form 990) 2019					Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes	s" on Form 990, Pa	rt IV, line 34, 35b	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Ye	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
f b Gift, grant, or capital contribution to related organization(s)				1b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c Ye	s
d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1 g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)			•	1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	+
I Performance of services or membership or fundraising solicitations for related organization(s)				1l Ye	s
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	s
o Sharing of paid employees with related organization(s)				1o Ye	es
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1q Ye	es
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and trar	saction thresholds	•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount invol	ved

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

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

was not a related organization. See instructions regarding excitation for certain investment parenersings																
(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)	section 501(c)(3) organizations?				(f) Share of total income	(g) Share of end-of-year assets	(g) Share of End-of-year assets (h) Disproprtional allocations al		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No	<u> </u>		Yes	No		Yes	No				
												П				
				_					_	Schedul	e R (Form	1990)) 2019			

