



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning <u> </u> , 2018, and ending <u> </u> , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL TEXAS</u> Doing business as <u>WACO FAMILY YMCA/ DORIS MILLER FAMILY YMCA</u> Number and street (or P O box if mail is not delivered to street address) <u>PO BOX 20515</u> Room/suite <u> </u> City or town, state or province, country, and ZIP or foreign postal code <u>WACO, TX 76702</u>
	D Employer identification number <u>74-2668685</u> E Telephone number <u>(254) 776-6612</u>
	F Name and address of principal officer <u>RODNEY MARTIN</u> <u>SAME AS C ABOVE</u>
	G Gross receipts \$ <u>5,008,244</u>
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>WWW.YMCAOFCENTRALTEXAS.ORG</u>	H(c) Group exemption number ▶ <u> </u>
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation <u>1993</u> M State of legal domicile <u>TX</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND & BODY FOR ALL</u>																																																							
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																							
	3 Number of voting members of the governing body (Part VI, line 1a) <u> </u> 3 <u>16</u>																																																							
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u> </u> 4 <u>16</u>																																																							
Revenue	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) <u> </u> 5 <u>516</u>																																																							
	6 Total number of volunteers (estimate if necessary) <u> </u> 6 <u>100</u>																																																							
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <u> </u> 7a <u>0</u>																																																							
	b Net unrelated business taxable income from Form 990-T, line 38 <u> </u> 7b <u>0</u>																																																							
	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1a) <u> </u></td> <td>1,284,171</td> <td>893,287</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) <u> </u></td> <td>3,901,788</td> <td>4,067,398</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 5) <u> </u></td> <td>6,118</td> <td>8,744</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 6d, 7d, 9c, 10c, and 11e) <u> </u></td> <td>20,883</td> <td>30,505</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u> </u></td> <td>5,212,960</td> <td>4,999,934</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u> </u></td> <td>0</td> <td>0</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4) <u> </u></td> <td>0</td> <td>0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u> </u></td> <td>2,968,708</td> <td>2,880,922</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e) <u> </u></td> <td>0</td> <td>0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>32,796</u></td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u> </u></td> <td>2,000,729</td> <td>2,083,144</td> </tr> <tr> <td>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u> </u></td> <td>4,969,437</td> <td>4,964,066</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12 <u> </u></td> <td>243,523</td> <td>35,868</td> </tr> <tr> <td rowspan="3">Net Assets or Fund Balances</td> <td> <table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16) <u> </u></td> <td>8,018,835</td> <td>7,742,258</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26) <u> </u></td> <td>4,154,969</td> <td>3,843,149</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20 <u> </u></td> <td>3,863,866</td> <td>3,899,109</td> </tr> </tbody> </table> </td> </tr> </tbody></table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1a) <u> </u>	1,284,171	893,287	9 Program service revenue (Part VIII, line 2g) <u> </u>	3,901,788	4,067,398	10 Investment income (Part VIII, column (A), lines 3, 4, and 5) <u> </u>	6,118	8,744	11 Other revenue (Part VIII, column (A), lines 6d, 7d, 9c, 10c, and 11e) <u> </u>	20,883	30,505	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u> </u>	5,212,960	4,999,934	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u> </u>	0	0	14 Benefits paid to or for members (Part IX, column (A), line 4) <u> </u>	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u> </u>	2,968,708	2,880,922	16a Professional fundraising fees (Part IX, column (A), line 11e) <u> </u>	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>32,796</u>			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u> </u>	2,000,729	2,083,144	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u> </u>	4,969,437	4,964,066	19 Revenue less expenses. Subtract line 18 from line 12 <u> </u>	243,523	35,868	Net Assets or Fund Balances	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16) <u> </u></td> <td>8,018,835</td> <td>7,742,258</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26) <u> </u></td> <td>4,154,969</td> <td>3,843,149</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20 <u> </u></td> <td>3,863,866</td> <td>3,899,109</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16) <u> </u>	8,018,835	7,742,258	21 Total liabilities (Part X, line 26) <u> </u>	4,154,969	3,843,149	22 Net assets or fund balances. Subtract line 21 from line 20 <u> </u>	3,863,866
	Prior Year	Current Year																																																						
8 Contributions and grants (Part VIII, line 1a) <u> </u>	1,284,171	893,287																																																						
9 Program service revenue (Part VIII, line 2g) <u> </u>	3,901,788	4,067,398																																																						
10 Investment income (Part VIII, column (A), lines 3, 4, and 5) <u> </u>	6,118	8,744																																																						
11 Other revenue (Part VIII, column (A), lines 6d, 7d, 9c, 10c, and 11e) <u> </u>	20,883	30,505																																																						
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u> </u>	5,212,960	4,999,934																																																						
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u> </u>	0	0																																																						
14 Benefits paid to or for members (Part IX, column (A), line 4) <u> </u>	0	0																																																						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u> </u>	2,968,708	2,880,922																																																						
16a Professional fundraising fees (Part IX, column (A), line 11e) <u> </u>	0	0																																																						
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>32,796</u>																																																								
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u> </u>	2,000,729	2,083,144																																																						
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u> </u>	4,969,437	4,964,066																																																						
19 Revenue less expenses. Subtract line 18 from line 12 <u> </u>	243,523	35,868																																																						
Net Assets or Fund Balances	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16) <u> </u></td> <td>8,018,835</td> <td>7,742,258</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26) <u> </u></td> <td>4,154,969</td> <td>3,843,149</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20 <u> </u></td> <td>3,863,866</td> <td>3,899,109</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16) <u> </u>	8,018,835	7,742,258	21 Total liabilities (Part X, line 26) <u> </u>	4,154,969	3,843,149	22 Net assets or fund balances. Subtract line 21 from line 20 <u> </u>	3,863,866	3,899,109																																											
		Beginning of Current Year	End of Year																																																					
	20 Total assets (Part X, line 16) <u> </u>	8,018,835	7,742,258																																																					
21 Total liabilities (Part X, line 26) <u> </u>	4,154,969	3,843,149																																																						
22 Net assets or fund balances. Subtract line 21 from line 20 <u> </u>	3,863,866	3,899,109																																																						

Part II Signature Block

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

Sign Here Signature of officer *Rodney Martin* Date 5-14-19
 Type or print name and title RODNEY MARTIN, PRESIDENT & CHIEF EXECUTIVE OFFICER

Paid Preparer Use Only
 Preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

g30 4

SCANNED AUG 08 2019

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND & BODY FOR ALL
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,808,452 including grants of \$ 0) (Revenue \$ 3,254,090)
HEALTHY LIVING-IMPROVING THE NATION'S HEALTH, SPECIFICALLY WACO-MCLENNAN COUNTY, AND WELL-BEING THAT'S WHY WE HELP PEOPLE AND FAMILIES BUILD AND MAINTAIN HEALTHY HABITS FOR SPIRIT, MIND, AND BODY IN THEIR EVERYDAY LIVES BY HELPING KIDS, ADULTS, FAMILIES, AND SENIORS FROM ALL BACKGROUNDS IMPROVE THEIR HEALTH AND WELL-BEING, WE BUILD A STRONGER COMMUNITY FOR US ALL WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, AND FUN, SHARED EXPERIENCES THE YMCA PROVIDES A VARIETY OF EXPERIENCES WHICH ASSIST OUR COMMUNITY WITH ATTAINING HEALTHY HABITS INCLUDING OVER 150 WEEKLY LAND AND WATER FITNESS CLASSES, CPR/FIRST AID CLASSES, LIFEGUARD TRAINING, YOUTH AND ADULT SPORTS PROGRAMS, 5K TRAINING PROGRAMS, ACTIVE OLDER ADULTS PROGRAMS, AND CHRONIC DISEASE PREVENTION PROGRAMS OUR PREVENTION PROGRAMS ARE ALL EVIDENCED-BASED AND INCLUDE ENHANCEFITNESS (FREE COMMUNITY BASED, SENIOR FITNESS AND ARTHRITIS MANAGEMENT), LIVESTRONG AT THE YMCA (FREE PROGRAM TO HELP CANCER SURVIVORS REGAIN THEIR TOTAL (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 1,314,506 including grants of \$ 0) (Revenue \$ 1,710,781)
YOUTH DEVELOPMENT-NURTURING THE POTENTIAL OF EVERY CHILD IN WACO-MCLENNAN COUNTY WE BELIEVE ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE UNDER THE GUIDANCE OF ADULTS WHO CARE ABOUT THEM AND BELIEVE IN THEIR POTENTIAL WE SEE EVERY INTERACTION WITH YOUNG PEOPLE AS AN OPPORTUNITY FOR LEARNING AND DEVELOPMENT EVERY DAY, WE HELP YOUTH CULTIVATE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS SUCH AS AFTERSCHOOL, SUMMER CAMP, AND HOLIDAY CAMP CARE, CHILD WATCH, YMCA'S EDNA LEARNING CENTER (FULL-DAY EARLY CHILD CARE CENTER), TEEN DIGITAL MEDIA PROGRAM, YOUTH SPORTS, YEAR ROUND FOOD PROGRAM, BABY SITTER TRAINING, LIFEGUARD TRAINING, CHEERLEADING, HIP-HOP DANCE, RUNWACORUN (FREE AFTERSCHOOL 5K TRAINING PROGRAM WITH 400 PARTICIPANTS), BASKETBALL CLINIC (FREE SUMMER CLINIC WHICH PROMOTED CHARACTER AND ANTI-BULLYING WITH ALMOST 400 PARTICIPANTS) AND SWIM LESSONS (ONLY LOCAL CHARITABLE ORGANIZATION WHICH PROVIDES THIS POTENTIALLY LIFE-SAVING (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
SOCIAL RESPONSIBILITY-GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS FOR OVER 130 YEARS WITH OUR DOORS OPEN TO ALL, WE WORK EVERY DAY TO CONNECT PEOPLE FROM ALL BACKGROUNDS AND SUPPORT THOSE WHO NEED US MOST WE TAKE ON URGENT NEEDS IN OUR COMMUNITY AND INSPIRE A SPIRIT OF SERVICE IN RETURN OUR MEMBERS, VOLUNTEERS, SUPPORTERS, AND STAFF DEMONSTRATE THE POWER OF WHAT WE CAN ACHIEVE BY GIVING BACK TOGETHER YOUTH AT DORIS MILLER YMCA EARNED FREE MEMBERSHIPS BY PARTICIPATING IN PROGRAMS THAT PROMOTE CHARACTER DEVELOPMENT, JOB SKILLS, AND ACADEMIC ACHIEVEMENT TO OFFER THE GREATEST POSSIBLE ACCESS TO OUR PROGRAMS, SERVICES, AND FACILITIES AND TO PROVIDE FOR OUR NEIGHBORS WHO MIGHT NOT BE ABLE TO AFFORD THE FULL COST THESE SERVICES, WE ENGAGE IN FUNDRAISING THROUGH OUR ANNUAL SCHOLARSHIP CAMPAIGN, GRANTS, AND INDIVIDUAL, CORPORATE, AND FOUNDATION SUPPORT WE EMPLOY OVER 250 TEENS AND YOUNG PEOPLE (AGES 16-24) ANNUALLY NOT ONLY PROVIDING THEM A JOB, BUT ALSO PROVIDING THEM A FOUNDATION FOR THEIR FUTURE CAREERS AND ECONOMIC POTENTIAL, PUTTING THEM ON THE (CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 4,122,958

Part 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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TX
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THOMAS FOSTER, 6800 HARVEY DR, WACO, TX 76710, (254) 776-6612

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RODNEY MARTIN PRESIDENT & CHIEF EXECUTIVE OFFICER	40 0			✓		✓	122,284	0	14,299	
(2) GEORGE CHASE BOARD CHAIR	1 0			✓			0	0	0	
(3) SAM BROWN TREASURER	1 0			✓			0	0	0	
(4) MATTHEW HEJDUK PAST CHAIR	1 0			✓			0	0	0	
(5) RICHARD MASON CHAIR ELECT	1 0			✓			0	0	0	
(6) BOBBY TATUM SECRETARY	1 0			✓			0	0	0	
(7) BRAD ALFORD DIRECTOR	1 0			✓			0	0	0	
(8) TODD BEHRINGER DIRECTOR	1 0			✓			0	0	0	
(9) TRICIA CAPPS DIRECTOR	1 0			✓			0	0	0	
(10) RONALD ENGLISH DIRECTOR	1 0			✓			0	0	0	
(11) KERSTEN GOODWIN DIRECTOR	1 0			✓			0	0	0	
(12) DAVID GUYER DIRECTOR	1 0			✓			0	0	0	
(13) CHRITINA HELMICK JUNIOR BOARD CHAIR, DIRECTOR	1 0			✓			0	0	0	
(14) ALAN LUKER DIRECTOR	1 0			✓			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TARA KIMBELL DIRECTOR	10			✓			0	0	0	
(16) MARCUS NELSON DIRECTOR	10			✓			0	0	0	
(17) LARRY TODD DIRECTOR	10			✓			0	0	0	
(18) YOLANDA WILLIAMS DIRECTOR	10			✓			0	0	0	
(19) THOMAS FOSTER CONTROLLER	400			✓			67,563	0	6,457	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							189,847	0	20,756	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							189,847	0	20,756	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 100,000					
	b Membership dues	1b 0					
	c Fundraising events	1c 3,303					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 384,637					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 405,347					
	g Noncash contributions included in lines 1a-1f \$	1,815					
	h Total. Add lines 1a-1f	▶	893,287				
Program Service Revenue	Business Code						
	2a HEALTHY LIVING		2,938,411	2,938,411			
	b YOUTH DEVELOPMENT		1,128,987	1,128,987			
	c SOCIAL RESPONSIBILITY		0	0			
	d _____						
	e _____						
	f All other program service revenue		0	0	0	0	
g Total. Add lines 2a-2f	▶	4,067,398					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	9,704	0	0	9,704	
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5 Royalties	▶	0	0	0	0	
	6a Gross rents	(i) Real	0				
		(ii) Personal	0				
		b Less: rental expenses	0	0			
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)	▶	0	0	0	0	
	7a Gross amount from sales of assets other than inventory	(i) Securities	0				
		(ii) Other	0				
		b Less: cost or other basis and sales expenses	0	960			
		c Gain or (loss)	0	(960)			
	d Net gain or (loss)	▶	(960)	0	0	(960)	
	8a Gross income from fundraising events (not including \$ 3,303 of contributions reported on line 1c). See Part IV, line 18	a	0				
		b Less: direct expenses	b 0				
c Net income or (loss) from fundraising events . . ▶			0		0	0	
9a Gross income from gaming activities. See Part IV, line 19	a	0					
	b Less: direct expenses	b 0					
	c Net income or (loss) from gaming activities . . ▶		0	0	0	0	
10a Gross sales of inventory, less returns and allowances	a	7,040					
	b Less: cost of goods sold	b 7,350					
	c Net income or (loss) from sales of inventory . . ▶		(310)	0	0	(310)	
Miscellaneous Revenue		Business Code					
11a VENDING	813410	5,151	0	0	5,151		
b GATE PROCEEDS	813410	3,184	3,184	0	0		
c LOCKER RENTALS	813410	132	0	0	132		
d All other revenue	813410	22,348	22,348	0	0		
e Total. Add lines 11a-11d	▶	30,815					
12 Total revenue. See instructions	▶	4,999,934	4,092,930	0	13,717		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	136,583	0	136,583	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	2,372,805	2,108,495	235,836	28,474
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,899	69,732	25,855	1,312
9 Other employee benefits	62,148	40,669	21,479	0
10 Payroll taxes	212,487	175,293	34,184	3,010
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	17,500	0	17,500	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12 Advertising and promotion	18,114	13,655	4,459	0
13 Office expenses	118,148	32,456	85,692	0
14 Information technology	112,520	58,026	54,494	0
15 Royalties	0	0	0	0
16 Occupancy	377,111	374,112	2,999	0
17 Travel	55,041	52,143	2,898	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	31,520	18,467	13,053	0
20 Interest	141,042	141,042	0	0
21 Payments to affiliates	70,766	70,766	0	0
22 Depreciation, depletion, and amortization	650,547	650,547	0	0
23 Insurance	76,066	70,980	5,086	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	268,860	252,433	16,427	0
b MAINTENANCE	105,867	102,009	3,858	0
c BAD DEBT	18,910	16,410	2,500	0
d EMPLOYEE LEASING	15,613	15,613	0	0
e All other expenses	5,519	0	5,519	0
25 Total functional expenses. Add lines 1 through 24e	4,964,066	4,262,848	668,422	32,796
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	130,105	1	322,766	
	2 Savings and temporary cash investments	0	2	0	
	3 Pledges and grants receivable, net	255,921	3	296,448	
	4 Accounts receivable, net	39,609	4	95,749	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	3,114	8	788	
	9 Prepaid expenses and deferred charges	39,584	9	61,652	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,878,740			
	b Less: accumulated depreciation	10b 9,924,762	7,541,000	10c	6,953,978
	11 Investments—publicly traded securities	0	11	0	
	12 Investments—other securities. See Part IV, line 11	9,502	12	10,877	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,018,835	16	7,742,258		
Liabilities	17 Accounts payable and accrued expenses	344,931	17	156,794	
	18 Grants payable	0	18	0	
	19 Deferred revenue	54,914	19	117,200	
	20 Tax-exempt bond liabilities	3,622,740	20	3,468,245	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	132,384	23	100,910	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0	
	26 Total liabilities. Add lines 17 through 25	4,154,969	26	3,843,149	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,863,866	27	3,580,122	
	28 Temporarily restricted net assets	0	28	318,987	
	29 Permanently restricted net assets	0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds	0	30	0	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0	
33 Total net assets or fund balances	3,863,866	33	3,899,109		
34 Total liabilities and net assets/fund balances	8,018,835	34	7,742,258		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,999,934
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,964,066
3	Revenue less expenses. Subtract line 2 from line 1	3	35,868
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,863,866
5	Net unrealized gains (losses) on investments	5	(562)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	(63)
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,899,109

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL TEXAS	Employer identification number 74-2668685
---	---

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	689,693	877,896	762,292	1,284,171	893,287	4,507,339
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	689,693	877,896	762,292	1,284,171	893,287	4,507,339
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						4,507,339

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	689,693	877,896	762,292	1,284,171	893,287	4,507,339
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	78	87	61	6,118	4,065	10,409
9 Net income from unrelated business activities, whether or not the business is regularly carried on	41,129	19,742	0	1,868	0	62,739
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	41,184	28,749	0	0	0	69,933
11 Total support. Add lines 7 through 10						4,650,420
12 Gross receipts from related activities, etc. (see instructions)					12	19,741,427
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96 92 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	89 00 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section D—Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL TEXAS; Employer identification number: 74-2668685

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 detailing fund values and donor advisement questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including purpose, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a, 1b, and 2 detailing art and historical treasure collection reporting requirements.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,502	8,071	7,670	7,866	8,344
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	(562)	1,478	444	(164)	68
d Grants or scholarships	0	0	0	0	513
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	63	47	43	32	33
g End of year balance	8,877	9,502	8,071	7,670	7,866

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

- a** Board designated or quasi-endowment ▶ 100 00 %
- b** Permanent endowment ▶ 0 00 %
- c** Temporarily restricted endowment ▶ 0 00 %

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

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

	Yes	No
(i) unrelated organizations	✓	
(ii) related organizations		✓
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	391,048	██████████	391,048
b Buildings	0	10,160,749	6,354,438	3,806,311
c Leasehold improvements	0	4,949,919	2,404,299	2,545,620
d Equipment	0	1,284,133	1,076,086	208,047
e Other	0	92,891	89,939	2,952
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,953,978

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,999,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a (562)		
b	Donated services and use of facilities	2b 0		
c	Recoveries of prior year grants	2c 0		
d	Other (Describe in Part XIII.)	2d 0		
e	Add lines 2a through 2d		2e	(562)
3	Subtract line 2e from line 1		3	4,999,871
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 63		
b	Other (Describe in Part XIII.)	4b 0		
c	Add lines 4a and 4b		4c	63
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,999,934

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

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

1	Total expenses and losses per audited financial statements		1	4,964,066
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 0		
b	Prior year adjustments	2b 0		
c	Other losses	2c 0		
d	Other (Describe in Part XIII.)	2d 0		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	4,964,066
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0		
b	Other (Describe in Part XIII.)	4b 0		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,964,066

Part XIII Supplemental Information.

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

SEE STATEMENT

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL TEXAS

Employer identification number
74-2668685

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CRAWFORD CULTURAL FACILITIES CORPORATION	82-1643033	000000000	06/23/2017	1,250,000	CONSTRUCTION			✓	✓		✓
B	CRAWFORD CULTURAL FACILITIES CORPORATION	82-1643033	000000000	06/23/2017	3,035,258	CURRENT REFUNDING			✓	✓		✓
C												
D												

Part II Proceeds

	A		B		C		D		
	2017	2018	2017	2018	2017	2018	2017	2018	
1	Amount of bonds retired	364,857	111,360						
2	Amount of bonds legally defeased	0	0						
3	Total proceeds of issue	0	0						
4	Gross proceeds in reserve funds	0	0						
5	Capitalized interest from proceeds	0	0						
6	Proceeds in refunding escrows	0	0						
7	Issuance costs from proceeds	0	0						
8	Credit enhancement from proceeds	0	0						
9	Working capital expenditures from proceeds	0	0						
10	Capital expenditures from proceeds	1,250,000	3,035,258						
11	Other spent proceeds	0	0						
12	Other unspent proceeds	0	0						
13	Year of substantial completion	2017		2018		2019		2020	
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	✓		✓					
16	Has the final allocation of proceeds been made?	✓		✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

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

Cat No 50193E

Schedule K (Form 990) 2018

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.00 %		0.00 %				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0.00 %		0.00 %				%
6 Total of lines 4 and 5		0.00 %		0.00 %				%
7 Does the bond issue meet the private security or payment test?		✓		✓				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓				
b Exception to rebate?	✓		✓					
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓		✓					

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	✓			✓				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	✓			✓				
7 Has the organization established written procedures to monitor the requirements of section 148?	✓		✓					

Part V Procedures To Undertake Corrective Action

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

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

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the Organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL TEXAS

Employer Identification Number
74-2668685

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	HEALTH), MEND (MIND, EXERCISE, NUTRITION, DO, IT!-A FREE LIFESTYLE PROGRAM TO HELP KIDS AND THEIR FAMILIES REACH AND MAINTAIN A HEALTHY WEIGHT), AND THE YMCA'S DIABETES PREVENTION PROGRAM (WITH OVER 30% OF AMERICAN ADULTS IDENTIFIED AS PRE-DIABETIC, THIS YEAR ROUND PREVENTION PROGRAM HELPS ADULTS AT RISK FOR TYPE 2 DIABETES REDUCE THEIR RISK OF DEVELOPING THE DISEASE) WE ALSO PROVIDED OVER \$398,000 IN YMCA FINANCIAL ASSISTANCE TO ENSURE THEY ALL HAD OPPORTUNITIES TO IMPROVE THEIR HEALTH
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	SKILL) OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH THE YMCA IS THE LARGEST OUT-OF-SCHOOL CARE PROVIDER IN WACO-MCLENNAN COUNTY WITH 60% OF OUR PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE ALL OF OUR EDUCATIONAL PROGRAMS PROMOTE KINDERGARTEN READINESS AND/OR POST-SECONDARY EDUCATION AND CAREER SKILLS- ADDITIONALLY, WE PROVIDED OVER 75,000 FREE MEALS AND SNACKS TO THE YOUTH IN WACO-MCLENNAN COUNTY THROUGH OUR YEAR ROUND FOOD AND OUTREACH PROGRAMS
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	PATH TO BECOMING TOMORROW'S TEACHERS, DOCTORS, AND ENGINEERS WE CONTINUE TO OFFER MEMBERSHIPS TO ACTIVE MILITARY FAMILIES AND PERSONNEL AS OUR WAY OF GIVING BACK TO THOSE WHO DEDICATE THEMSELVES TO SERVING OUR COUNTRY IN ADDITION, WE PROVIDED FREE SWIM AND WATER SAFETY LESSONS TO OVER 300 LOW-INCOME YOUTH WHO OTHERWISE MIGHT NOT HAVE HAD THE OPPORTUNITY TO LEARN
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE CONSISTS OF THE MAJOR OFFICERS OF THE ORGANIZATION (THE BOARD CHAIRMAN, THE CHAIRMAN-ELECT, THE SECRETARY, AND THE TREASURER) AND THE CHAIRMEN OF THE OTHER PERMANENT STANDING COMMITTEES TO THE EXTENT THAT THEY NOT ALREADY BE REPRESENTED BY THE MAJOR OFFICERS THE BOARD OF DIRECTORS CHAIRMAN SERVES AS THE CHAIRMAN OF THE EXECUTIVE COMMITTEE THE PRESIDENT/CEO AND THE BOARD PAST CHAIRMAN ARE ASKED TO BE AVAILABLE AS ADVISORS TO THIS COMMITTEE, BUT THEY ARE NOT VOTING MEMBERS THE EXECUTIVE COMMITTEE IS A PERMANENTLY EMPANELED COMMITTEE, BUT IT WILL NOT NECESSARILY MEET REGULARLY, INSTEAD, THE INTENT IS FOR THE CHAIRMAN TO CALL MEETINGS OF THIS COMMITTEE ONLY WHEN REQUIRED TO PERFORM ONE OF ITS PARTICULAR FUNCTIONS, WHICH ARE LISTED BELOW</p> <ul style="list-style-type: none"> * TO IDENTIFY AND HIRE A PRESIDENT/CEO (FOR WHICH IT MAY IMPANEL A PRESIDENT/CEO SEARCH COMMITTEE TO ASSIST IN THE IDENTIFICATION OF CANDIDATES AND MAKE A HIRING RECOMMENDATION TO THE EXECUTIVE COMMITTEE), * TO EVALUATE THE ANNUAL PERFORMANCE OF THE PRESIDENT/CEO AND ADJUST HIS OR HER COMPENSATION PACKAGE ACCORDINGLY, * TO INVESTIGATE CLAIMS OR ACCUSATIONS AGAINST THE PRESIDENT/CEO OF MIS, MAL, OR NONFEASANCE IN THE PERFORMANCE OF HIS OR HER DUTIES OR IN HIS OR HER ABILITY TO REPRESENT THE INTERESTS AND MISSION OF THE ASSOCIATION, * TO COMMISSION AND EXAMINE THE ASSOCIATION ANNUAL FINANCIAL AUDIT (THIS CAN BE IN CONSULTATION WITH THE FINANCE COMMITTEE, BUT THE ULTIMATE RECOMMENDATION ON THE ACCEPTANCE OF THE AUDIT, WHICH WILL ENTER THE BOARD AGENDA AS A MOTION, WILL COME FROM THE EXECUTIVE COMMITTEE), * TO OVERSEE OR GOVERN ANY OPEN LITIGATION ON BEHALF OF OR AGAINST THE ASSOCIATION, AND * TO CONSIDER ANY OTHER ISSUE THAT IN THE OPINION OF THE CHAIRMAN IS SENSITIVE OR PRIVILEGED AND THEREFORE NOT APPROPRIATE FOR THE OTHER ASSOCIATION GOVERNANCE STRUCTURES
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	YOLANDA WILLIAMS AND MARCUS NELSON - BUSINESS RELATIONSHIP

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS</p>	<p>A JUNIOR BOARD OF DIRECTORS WAS ESTABLISHED WHICH SERVES AS AN ADVISORY TO THE BOARD OF DIRECTORS WITH ONE MEMBER HOLDING A VOTING POSITION THE QUORUM WAS REDUCED FROM 51% TO 41%</p> <p>THE OFFICERS COMPRISING THE EXECUTIVE COMMITTEE WERE OUTLINED AND SPECIFIC AUTHORITIES WERE DELEGATED TO THE EXECUTIVE COMMITTEE INCLUDING</p> <ul style="list-style-type: none"> * TO IDENTIFY AND HIRE A PRESIDENT/CEO (FOR WHICH IT MAY IMPANEL A PRESIDENT/CEO SEARCH COMMITTEE TO ASSIST IN THE IDENTIFICATION OF CANDIDATES AND MAKE A HIRING RECOMMENDATION TO THE EXECUTIVE COMMITTEE), * TO EVALUATE THE ANNUAL PERFORMANCE OF THE PRESIDENT/CEO AND ADJUST HIS OR HER COMPENSATION PACKAGE ACCORDINGLY, * TO INVESTIGATE CLAIMS OR ACCUSATIONS AGAINST THE PRESIDENT/CEO OF MIS. MAL. OR NONFEASANCE IN THE PERFORMANCE OF HIS OR HER DUTIES OR IN HIS OR HER ABILITY TO REPRESENT THE INTERESTS AND MISSION OF THE ASSOCIATION, * TO COMMISSION AND EXAMINE THE ASSOCIATION ANNUAL FINANCIAL AUDIT (THIS CAN BE IN CONSULTATION WITH THE FINANCE COMMITTEE, BUT THE ULTIMATE RECOMMENDATION ON THE ACCEPTANCE OF THE AUDIT, WHICH WILL ENTER THE BOARD AGENDA AS A MOTION, WILL COME FROM THE EXECUTIVE COMMITTEE), * TO OVERSEE OR GOVERN ANY OPEN LITIGATION ON BEHALF OF OR AGAINST THE ASSOCIATION, AND * TO CONSIDER ANY OTHER ISSUE THAT IN THE OPINION OF THE CHAIRMAN IS SENSITIVE OR PRIVILEGED AND THEREFORE NOT APPROPRIATE FOR THE OTHER ASSOCIATION GOVERNANCE STRUCTURES <p>A BOARD GOVERNANCE COMMITTEE WAS ESTABLISHED WHOSE PURPOSE IS TO OVERSEE ALL ASPECTS OF BOARD OPERATION AND DEVELOPMENT THE MEMBERS OF THIS COMMITTEE INCLUDE THE BOARD CHAIRMAN, THE CHAIRMAN-ELECT, THE BOARD PAST CHAIRMAN, AND AT LEAST ONE ADDITIONAL BOARD MEMBER, WHO WILL SERVE AS THE CHAIRMAN COMMITTEE MEMBERSHIP OF COMMUNITY LEADERS WHO CAN ASSIST IN IDENTIFYING NEW BOARD MEMBERS IS ENCOURAGED THIS COMMITTEE MUST MAINTAIN A PERPETUAL MEMBERSHIP OF AT LEAST FOUR PERSONS AND THEREFORE MUST IMMEDIATELY FILL ANY VACANCIES INTRODUCED BY RESIGNATIONS, PROMOTIONS, &C ITS PARTICULAR DUTIES INCLUDE THE FOLLOWING</p> <ul style="list-style-type: none"> * TO IDENTIFY AND NOMINATE CANDIDATES FOR THE BOARD OF DIRECTORS AND FOR BOARD SENIOR OFFICERS (SUCH RECOMMENDATIONS ENTER THE BOARD AGENDA AS MOTIONS, A SLATE OF BOARD OFFICERS WILL TYPICALLY BE PRESENTED AT THE NOVEMBER BOARD MEETING FOR ADOPTION AT THE DECEMBER MEETING), * TO EVALUATE THE PERFORMANCE AND ENGAGEMENT OF INDIVIDUAL BOARD MEMBERS AND MAKE RECOMMENDATIONS FOR CONTINUED SERVICE, * TO MAINTAIN THE ASSOCIATION'S BYLAWS AND RECOMMEND MODIFICATIONS (SUCH RECOMMENDATIONS ENTER THE BOARD AGENDA AS MOTIONS), * TO RECOMMEND CHANGES TO THE BOARD COMMITTEE STRUCTURE OR GENERAL BUSINESS CONDUCT METHODS (SUCH RECOMMENDATIONS ENTER THE BOARD AGENDA AS MOTIONS), AND * TO MANAGE ORGANIZATIONAL CONFLICT OF INTEREST (OCI) SITUATIONS THAT MAY ARISE, IN EITHER APPEARANCE OR ACTUALITY, BETWEEN BOARD MEMBERS AND THE BUSINESS OR MISSION INTERESTS OF THE ASSOCIATION THIS DUTY INCLUDES SERVING AS OMBUDSMAN TO ANY ASSOCIATION BUSINESS TRANSACTIONS THAT, IN THE OPINION OF THE BOARD GOVERNANCE COMMITTEE, PRESENT AN OCI SITUATION AND THEREFORE CANNOT BE PURSUED THROUGH THE USUAL ASSOCIATION MANAGEMENT STRUCTURES <p>BOARD MEMBER ABSENTEEISM IS NO LONGER GROUNDS FOR IMMEDIATE RESIGNATION BUT IS OPEN TO RECOMMENDATION FROM THE GOVERNANCE COMMITTEE</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING AS WELL AS SENT TO THE ENTIRE BOARD OF DIRECTORS</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING</p>
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>EACH BOARD MEMBER IS EXPECTED AND ASKED TO SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR AND COMPLETE A QUESTIONNAIRE</p>
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>EACH BOARD MEMBER AND KEY EMPLOYEE SIGNS THE CONFLICT-OF-INTEREST POLICY EACH YEAR AND COMPLETES A QUESTIONNAIRE</p>
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO BASED ON THE YMCA OF THE USA SALARY ADMINISTRATION PLAN THE CEO USES THE SAME PLAN TO DETERMINE ALL EMPLOYEE COMPENSATION THIS WAS LAST COMPLETED IN 2017</p>
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO BASED ON THE YMCA OF THE USA SALARY ADMINISTRATION PLAN THE CEO USES THE SAME SALARY ADMINISTRATION PLAN TO DETERMINE ALL EMPLOYEES COMPENSATION THIS WAS LAST COMPLETED IN 2017</p>

Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO BASED ON THE YMCA OF THE USA SALARY ADMINISTRATION PLAN THE CEO USES THE SAME SALARY ADMINISTRATION PLAN TO DETERMINE ALL EMPLOYEES COMPENSATION THIS WAS LAST COMPLETED IN 2017	
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO BASED ON THE YMCA OF THE USA SALARY ADMINISTRATION PLAN THE CEO USES THE SAME PLAN TO DETERMINE ALL EMPLOYEE COMPENSATION THIS WAS LAST COMPLETED IN 2017	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	ROUNDING	