

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</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 type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.</b>		<b>D</b> Employer identification number <b>38-1358236</b>
	Doing business as		<b>E</b> Telephone number <b>269-683-1552</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>905 NORTH FRONT STREET</b>		<b>G</b> Gross receipts \$ <b>5,987,817.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NILES, MI 49120-1677</b>		
<b>F</b> Name and address of principal officer: <b>MARK WEBER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.YMCASWM.COM</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
		<b>L</b> Year of formation: <b>1950</b>	<b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>497</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1025</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>566,249.</b>	<b>1,034,652.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,119,403.</b>	<b>4,231,782.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>423,661.</b>	<b>652,682.</b>
		<b>5,109,313.</b>	<b>5,919,116.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,529,760.</b>	<b>3,470,246.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>113,795.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,026,398.</b>	<b>2,151,400.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,556,158.</b>	<b>5,621,646.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-446,845.</b>	<b>297,470.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>15,332,203.</b>	<b>15,518,371.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,847,473.</b>	<b>5,658,315.</b>
		<b>9,484,730.</b>	<b>9,860,056.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>MARK WEBER, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MICHAEL LAYHER</b>	<b>MICHAEL LAYHER</b>	<b>07/20/20</b>	<input type="checkbox"/>	<b>P00736155</b>
	Firm's name	Firm's EIN			
	<b>KRUGGEL, LAWTON &amp; COMPANY, LLC</b>	<b>35-1307701</b>			
	Firm's address	Phone no.			
	<b>526 UPTON DRIVE</b> <b>ST. JOSEPH, MI 49085</b>	<b>269-983-0131</b>			

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

YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.

Form 990 (2019)

38-1358236 Page 2

**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:  
**SEE SCHEDULE O.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 4,111,929. including grants of \$ ) (Revenue \$ 4,758,349.)  
**THE YMCA OF SOUTHWEST MICHIGAN HAS BEEN RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR OVER 70 YEARS. WE USE SOCIAL RESPONSIBILITY AS OUR INSTITUTIONAL COMPASS BY UNDERSTANDING AND EVALUATING OUR PROGRAMS AND ENSURING THAT THE YMCA OFFER THE RIGHT COMBINATION OF PROGRAMS AND SERVICES THAT REFLECT OUR CORE VALUES, SOCIAL JUSTICE AND SOCIAL RESPONSIBILITY. BESIDES OFFERING CRITICAL AND IMPACTFUL PROGRAMS AND THE FINANCIAL ASSISTANCE AND SUBSIDIES TO ALLOW ACCESS TO CHILDREN AND FAMILIES IN THE COMMUNITY, COLLABORATION WITH OTHER AGENCIES AND COMMUNITY ORGANIZATIONS IS KEY TO ACHIEVING OUR GOALS.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses **4,111,929.**

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....		<b>X</b>

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		16
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		497
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent .....	13	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
<b>6</b>	Did the organization have members or stockholders? .....	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9</b>	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 on Schedule O .....	9	X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 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     Upon request     Other (explain on Schedule O)
- 19** Describe on 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 **▶**  
**MARK WEBER - 269-683-1552**  
**905 NORTH FRONT STREET, NILES, MI 49120**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) MOWITT S. DREW III PRESIDENT	5.00	X		X			0.	0.	0.	
(2) DALLAS DREHER VICE CHAIR	5.00	X		X			0.	0.	0.	
(3) BOB KENAGY VICE CHAIR	5.00	X		X			0.	0.	0.	
(4) JANE BRANDSTATTER SECRETARY	5.00	X		X			0.	0.	0.	
(5) JIM REITS TREASURER	5.00	X		X			0.	0.	0.	
(6) MATT CLAY DIRECTOR	2.00	X					0.	0.	0.	
(7) MATT CONKLIN DIRECTOR	2.00	X					0.	0.	0.	
(8) BRIAN FRENCH DIRECTOR	2.00	X					0.	0.	0.	
(9) TOM GRANT DIRECTOR	2.00	X					0.	0.	0.	
(10) MERYLE MERRITT DIRECTOR	2.00	X					0.	0.	0.	
(11) RICK SEIB DIRECTOR	2.00	X					0.	0.	0.	
(12) SARA SENICA DIRECTOR	2.00	X					0.	0.	0.	
(13) KENDALL TROYER DIRECTOR	2.00	X					0.	0.	0.	
(14) MARK WEBER CEO	50.00			X			170,000.	0.	0.	





**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

Form 990 (2019)

38-1358236 Page **9**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 1,034,652.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f .....		<b>1,034,652.</b>				
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES	Business Code 900099	2,951,023.	2,951,023.			
	<b>b</b> PROGRAM FEES	900099	1,280,759.	1,280,759.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		<b>4,231,782.</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		187,859.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	68,701.			
		<b>c</b> Net income or (loss) from fundraising events .....		119,158.		119,158.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	Business Code 900099	309,474.	309,474.			
	<b>b</b> RENT	900099	224,050.	224,050.			
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		<b>533,524.</b>				
<b>12 Total revenue.</b> See instructions .....		<b>5,919,116.</b>	<b>4,765,306.</b>	<b>0.</b>	<b>119,158.</b>		

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

Form 990 (2019)

38-1358236 Page **10**

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	170,000.		170,000.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,794,009.	2,326,250.	393,255.	74,504.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	286,264.	229,011.	56,967.	286.
<b>10</b> Payroll taxes	219,973.	172,642.	41,802.	5,529.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	2,889.		2,889.	
<b>b</b> Legal	35,790.		35,790.	
<b>c</b> Accounting	22,995.		22,995.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	154,400.	23,785.	130,399.	216.
<b>12</b> Advertising and promotion	28,731.			28,731.
<b>13</b> Office expenses	325,183.	282,909.	41,949.	325.
<b>14</b> Information technology	22,004.	19,143.	2,640.	221.
<b>15</b> Royalties				
<b>16</b> Occupancy	309,084.	268,903.	38,636.	1,545.
<b>17</b> Travel	47,729.	41,524.	3,818.	2,387.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,446.	12,568.	1,878.	
<b>20</b> Interest	187,372.		187,372.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	573,438.	498,891.	74,547.	
<b>23</b> Insurance	50,636.	44,053.	6,532.	51.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a MISCELLANEOUS</b>	198,591.	25,817.	172,774.	
<b>b DUES</b>	88,273.	88,273.		
<b>c REPAIRS &amp; MAINTENANCE</b>	67,846.	59,026.	8,820.	
<b>d EQUIPMENT RENTAL</b>	14,106.	12,272.	1,834.	
<b>e All other expenses</b>	7,887.	6,862.	1,025.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,621,646.	4,111,929.	1,395,922.	113,795.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

Form 990 (2019)

38-1358236 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>			
	<b>2</b> Savings and temporary cash investments .....	1,974,563.	<b>2</b>	2,666,003.		
	<b>3</b> Pledges and grants receivable, net .....	708,561.	<b>3</b>	580,335.		
	<b>4</b> Accounts receivable, net .....	115,542.	<b>4</b>	68,163.		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	26,775.	<b>9</b>	27,286.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,344,099.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,739,546.	12,021,533.	<b>10c</b>	11,604,553.	
	<b>11</b> Investments - publicly traded securities .....	3,682.	<b>11</b>	4,709.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	481,547.	<b>15</b>	567,322.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	15,332,203.	<b>16</b>	15,518,371.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	58,285.	<b>17</b>	52,913.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	140,805.	<b>19</b>	184,522.		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,531,146.	<b>23</b>	5,287,911.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	117,237.	<b>25</b>	132,969.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,847,473.	<b>26</b>	5,658,315.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	7,467,596.	<b>27</b>	7,748,169.		
	<b>28</b> Net assets with donor restrictions .....	2,017,134.	<b>28</b>	2,111,887.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	9,484,730.	<b>32</b>	9,860,056.		
<b>33</b> Total liabilities and net assets/fund balances .....	15,332,203.	<b>33</b>	15,518,371.			

Form 990 (2019)

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	5,919,116.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	5,621,646.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	297,470.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	9,484,730.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	77,856.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	9,860,056.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> 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>3a</b>		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	382,834.	1,183,224.	1,584,039.	588,285.	1,153,810.	4,892,192.
<b>2</b> 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 .....	2,183,947.	2,206,772.	3,192,377.	4,521,028.	4,765,306.	16,869,430.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	2,566,781.	3,389,996.	4,776,416.	5,109,313.	5,919,116.	21,761,622.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....		144,000.	26,000.	13,008.	4,460.	187,468.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....		144,000.	26,000.	13,008.	4,460.	187,468.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						21,574,154.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	2,566,781.	3,389,996.	4,776,416.	5,109,313.	5,919,116.	21,761,622.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,336.	1,564.				2,900.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	1,336.	1,564.				2,900.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,568,117.	3,391,560.	4,776,416.	5,109,313.	5,919,116.	21,764,522.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	99.13 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	98.83 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	.01 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	.02 %

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

**YOUNG MENS CHRISTIAN ASSOCIATION OF**

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

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

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

YOUNG MENS CHRISTIAN ASSOCIATION OF

**Part VI**

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

Horizontal lines for supplemental information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

Employer identification number

**38-1358236**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.</b>	Employer identification number <b>38-1358236</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.</b>	Employer identification number <b>38-1358236</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.</b>	Employer identification number <b>38-1358236</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.</b>	Employer identification number <b>38-1358236</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** **YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.** **Employer identification number** **38-1358236**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	3	
2 Aggregate value of contributions to (during year) .....	92,027.	
3 Aggregate value of grants from (during year) .....	14,171.	
4 Aggregate value at end of year .....	538,720.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

Schedule D (Form 990) 2019

38-1358236 Page 3

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) <b>ACCRUED PAYROLL AND PAYROLL TAXES</b>	<b>132,969.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>132,969.</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,996,972.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	77,856.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	77,856.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,919,116.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,919,116.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,621,646.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,621,646.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,621,646.

**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.

**PART X, LINE 2:**

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), AND IS NOT CONSIDERED A PRIVATE FOUNDATION. THE ASSOCIATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. AS OF DECEMBER 31, 2018, AND THE YEAR THEN ENDED, THERE ARE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST. THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE THE YEAR ENDED DECEMBER 31, 2016.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN BENEFICIAL INTEREST IN ASSETS AT COMMUNITY FOUNDATION

77,856.







**YOUNG MENS CHRISTIAN ASSOCIATION OF**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		THANKSGIVING DAY RUN (event type)	GRACE FOR YMCA (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	105,126.	57,161.	25,572.	187,859.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	105,126.	57,161.	25,572.	187,859.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	22,340.	46,261.	100.	68,701.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				68,701.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				119,158.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.** Employer identification number **38-1358236**

**Part I Questions Regarding Compensation**

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

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**YOUNG MENS CHRISTIAN ASSOCIATION OF  
SOUTHWEST MICHIGAN, INC.**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK WEBER CEO	(i)	170,000.	0.	0.	0.	0.	170,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 3:

EXECUTIVE COMMITTEE PERFORMS ANNUAL REVIEW AND DETERMINES THE CEO'S  
COMPENSATION.

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

Department of the 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization	<b>YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.</b>	Employer identification number <b>38-1358236</b>
--------------------------	---	---

FORM 990, PART 3, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE YMCA OF SOUTHWEST MICHIGAN IS AN OPEN CHARITABLE, MEMBERSHIP ASSOCIATION THAT PROMOTES GROWTH IN SPIRIT, MIND AND BODY THROUGH PROGRAMS AND SERVICES FOR ALL IN OUR DIVERSE COMMUNITY. THE YMCA IS A CAUSE-DRIVEN, CHARITABLE ORGANIZATION COMMITTED TO BUILDING THE FOUNDATIONS OF COMMUNITY, WE SEEK TO UNDERSTAND AND ADDRESS COMMUNITY NEEDS IN ORDER TO EFFECT LASTING PERSONAL AND SOCIAL CHANGE IN OUR THREE AREAS OF FOCUS: YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY.

FORM 990, PART 3, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE YMCA OF SOUTHWEST MICHIGAN IS AN OPEN CHARITABLE, MEMBERSHIP ASSOCIATION THAT PROMOTES GROWTH IN SPIRIT, MIND AND BODY THROUGH PROGRAMS AND SERVICES FOR ALL IN OUR DIVERSE COMMUNITY. THE YMCA IS A CAUSE-DRIVEN, CHARITABLE ORGANIZATION COMMITTED TO BUILDING THE FOUNDATIONS OF COMMUNITY, WE SEEK TO UNDERSTAND AND ADDRESS COMMUNITY NEEDS IN ORDER TO EFFECT LASTING PERSONAL AND SOCIAL CHANGE IN OUR THREE AREAS OF FOCUS: YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR ALONG WITH FINANCE COMMITTEE REVIEW DRAFT 990 BEFORE COMPLETION AND FILING.

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWEST MICHIGAN, INC.	Employer identification number 38-1358236
---	--

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW POLICY AND SIGN FORM INDICATING COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS REVIEWS EXECUTIVE DIRECTOR AND DETERMINES COMPENSATION. EXECUTIVE DIRECTOR REVIEWS ALL OTHER KEY EMPLOYEES AND DETERMINES THEIR COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ALL DOCUMENTS ARE KEPT AT THEIR MAIN CORPORATE LOCATION. THE ASSOCIATION'S FORM 990 IS ALSO AVAILABLE THROUGH A THIRD-PARTY WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS AT COMMUNITY	
FOUNDATION	77,856.

FORM 990, PART 7, LINE 2C

NO CHANGE IN PROCESS FROM PREVIOUS YEARS.



2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LOCKER ROOM BENCHES	04/10/98	SL	5.00		16	3,820.				3,820.	3,820.		0.	3,820.
2	MULTIPURPOSE ROOM HVAC CONTROLS	09/15/98	SL	5.00		16	1,430.				1,430.	1,430.		0.	1,430.
3	15HP POOL PUMP	09/30/98	SL	5.00		16	1,986.				1,986.	1,986.		0.	1,986.
4	STEAM ROOM PUMP & SOLENOID	09/30/98	SL	5.00		16	1,319.				1,319.	1,319.		0.	1,319.
5	PARAFLYTE CLUB CHAIR	12/08/98	SL	5.00		16	1,323.				1,323.	1,323.		0.	1,323.
6	AIR CONDITIONER	09/15/99	SL	10.00		16	14,100.				14,100.	14,100.		0.	14,100.
7	WIRE AIR CONDITIONER	06/07/00	SL	7.00		16	2,122.				2,122.	2,122.		0.	2,122.
8	SOUND SYSTEM UPDATE	09/27/00	SL	7.00		16	1,988.				1,988.	1,988.		0.	1,988.
9	FURNITURE	09/30/02	SL	5.00		16	1,112.				1,112.	1,112.		0.	1,112.
10	SOFT WALLS	11/05/02	SL	5.00		16	5,347.				5,347.	5,347.		0.	5,347.
11	REWIRE MEMBER SERVICE DESK	11/22/02	SL	5.00		16	2,046.				2,046.	2,046.		0.	2,046.
12	SPORT FLOORS	06/17/03	SL	5.00		16	1,628.				1,628.	1,628.		0.	1,628.
13	VIDEO SURVEILANCE SYSTEM	01/17/14	SL	5.00		16	1,034.				1,034.	1,018.		16.	1,034.
14	A/C FOR BALCONY	07/08/03	SL	7.00		16	6,597.				6,597.	6,597.		0.	6,597.
15	FM TRANSMITTER	09/30/03	SL	5.00		16	313.				313.	313.		0.	313.
16	TELEPHONE SYSTEM	10/09/03	SL	7.00		16	11,548.				11,548.	11,548.		0.	11,548.
17	SAVIN PRINTER	10/21/03	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
18	TELEVISIONS	10/28/03	SL	5.00		16	4,800.				4,800.	4,800.		0.	4,800.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	WATCON PO SYSTEM / STEAM ROOM	07/16/04	SL	7.00		16	3,627.				3,627.	3,627.		0.	3,627.
20	SUPERIOR BLDG LOBBY HVAC	07/21/04	SL	7.00		16	7,750.				7,750.	7,750.		0.	7,750.
21	COMPUTER MSD, LICENSE FEE, HARDWARE & LAB	10/31/05	SL	5.00		16	6,982.				6,982.	6,982.		0.	6,982.
22	SERVER FOR NEW SOFTWARE	11/15/05	SL	5.00		16	7,219.				7,219.	7,219.		0.	7,219.
23	17 MONITOR- NEW SOFTWARE UPGRADE	12/15/05	SL	5.00		16	773.				773.	773.		0.	773.
24	WISELOGIC ADD'L COSTS- TRAINING	05/11/06	SL	5.00		16	1,755.				1,755.	1,755.		0.	1,755.
25	BER COMPRESSOR	09/13/06	SL	5.00		16	5,853.				5,853.	5,853.		0.	5,853.
26	ELAN: BEST BUY LOBBY TV	03/30/07	SL	5.00		16	1,050.				1,050.	1,050.		0.	1,050.
27	SUITEMATE SWIMSUIT WATER EXTRACTOR	04/18/07	SL	5.00		16	5,340.				5,340.	5,340.		0.	5,340.
28	SAVIN B&W & COLOR COPIER	04/30/07	SL	5.00		16	11,475.				11,475.	11,475.		0.	11,475.
29	HALOGEN TIGER SHARK POOL VAC	06/06/07	SL	5.00		16	2,027.				2,027.	2,027.		0.	2,027.
30	SAFETY SYSTEMS	06/30/07	SL	.000		16	25,833.				25,833.	14,987.		0.	14,987.
31	ELAN: FURNITURE	07/25/07	SL	5.00		16	4,165.				4,165.	4,165.		0.	4,165.
32	1996 GMC BUS	03/05/04	SL	5.00		16	11,500.				11,500.	11,500.		0.	11,500.
33	2000 FORD EXPEDITION	03/15/05	SL	5.00		16	17,190.				17,190.	17,190.		0.	17,190.
34	NEW TILE- STEAM ROOM	07/01/85	SL	36.00		16	3,964.				3,964.	3,687.		110.	3,797.
35	RENOVATE BALCONY	07/01/86	SL	50.00		16	4,083.				4,083.	4,083.		0.	4,083.
36	NEW OFFICE	07/01/87	SL	10.00		16	2,385.				2,385.	2,385.		0.	2,385.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	PUMP	07/01/89	SL	10.00		16	1,011.				1,011.	1,011.		0.	1,011.
38	BOILER	07/01/90	SL	50.00		16	11,900.				11,900.	11,900.		0.	11,900.
39	MISC BUILDING IMPROVEMENTS	07/01/90	SL	20.00		16	40,681.				40,681.	40,681.		0.	40,681.
40	SIDEWALK	07/01/90	SL	20.00		16	12,648.				12,648.	12,648.		0.	12,648.
41	CURTAIN DIVIDERS IN GYM	07/01/91	SL	10.00		16	3,500.				3,500.	3,500.		0.	3,500.
42	POOL RENOVATIONS	09/01/92	SL	20.00		16	33,850.				33,850.	33,850.		0.	33,850.
43	POOL RENOVATIONS	01/01/93	SL	20.00		16	5,500.				5,500.	5,500.		0.	5,500.
44	LOCKERROOM IMPROVEMENTS	10/01/93	SL	20.00		16	7,065.				7,065.	7,065.		0.	7,065.
45	POOL LIGHT FIXTURES	10/01/94	SL	20.00		16	3,335.				3,335.	3,335.		0.	3,335.
46	POOL RENOVATIONS- FILTER REPLACEMENT	08/01/95	SL	20.00		16	34,900.				34,900.	34,900.		0.	34,900.
47	BOILER	02/01/96	SL	10.00		16	6,309.				6,309.	6,309.		0.	6,309.
48	HEAT EXCHANGER	10/01/96	SL	10.00		16	3,611.				3,611.	3,611.		0.	3,611.
49	CAPACITOR SYSTEM & INSTALLATION	02/15/99	SL	10.00		16	2,766.				2,766.	2,766.		0.	2,766.
50	BACK STOP	04/14/99	SL	10.00		16	1,650.				1,650.	1,650.		0.	1,650.
51	LIGHTING INSTALLATION	10/13/99	SL	7.00		16	2,114.				2,114.	2,114.		0.	2,114.
52	TILE IN MEN'S LOCKERROOM	10/13/99	SL	20.00		16	14,815.				14,815.	14,262.		553.	14,815.
53	ELECTRICAL EQUIPMENT REPLACEMENT	04/15/00	SL	10.00		16	4,473.				4,473.	4,473.		0.	4,473.
54	RE-INSTALL AIR CONDITIONER	06/07/00	SL	7.00		16	5,568.				5,568.	5,568.		0.	5,568.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	NEW ROOF- POOL STORAGE ROOM	06/07/00	SL	39.00	MM	16	2,975.				2,975.	1,486.		76.	1,562.
56	REFINISH WOOD FLOORS	09/13/00	SL	7.00		16	5,348.				5,348.	5,348.		0.	5,348.
57	DIVIDERS & COUNTERTOPS	09/20/00	SL	7.00		16	4,640.				4,640.	4,640.		0.	4,640.
58	STEAM ROOM DOOR	10/25/00	SL	39.00	MM	16	2,775.				2,775.	1,345.		71.	1,416.
59	WEIGHT ROOM FLOOR	12/06/00	SL	7.00		16	1,425.				1,425.	1,425.		0.	1,425.
60	REFINISH GYM FLOORS	09/19/01	SL	7.00		16	5,362.				5,362.	5,362.		0.	5,362.
61	NEW LOCKERS	03/26/02	SL	7.00		16	5,250.				5,250.	5,250.		0.	5,250.
62	NEW BOILER	07/29/02	SL	15.00		16	29,804.				29,804.	29,804.		0.	29,804.
63	CARPETING	08/20/02	SL	10.00		16	3,780.				3,780.	3,780.		0.	3,780.
64	POOL REPAIRS	08/28/02	SL	20.00		16	1,182.				1,182.	944.		59.	1,003.
65	INTERIOR PAINTING	08/31/02	SL	7.00		16	1,720.				1,720.	1,720.		0.	1,720.
66	REFINISH WOOD FLOORS	09/18/02	SL	7.00		16	5,362.				5,362.	5,362.		0.	5,362.
67	NEW CARPETING	08/29/03	SL	7.00		16	7,997.				7,997.	7,997.		0.	7,997.
68	FITNESS CENTER CONSTRUCTION	10/15/03	SL	39.00	MM	16	58,228.				58,228.	22,768.		1,493.	24,261.
69	RECOAT GYM FLOOR	10/30/03	SL	7.00		16	3,135.				3,135.	3,135.		0.	3,135.
70	CARPET INSTALLATION	10/30/03	SL	7.00		16	3,831.				3,831.	3,831.		0.	3,831.
71	CAPITOL HANDICAP DORR OPENER	07/30/04	SL	15.00		16	4,706.				4,706.	4,526.		180.	4,706.
72	GARAGE CHANGES ON HOUSE	04/15/05	SL	10.00		16	1,963.				1,963.	1,963.		0.	1,963.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	STEAM ROOM BENCHES	08/15/05	SL	7.00		16	2,847.				2,847.	2,847.		0.	2,847.
74	SAND & REFINISH GYM/RACQUETBALL FLOORS	09/15/05	SL	7.00		16	11,255.				11,255.	11,255.		0.	11,255.
75	NEW LOCKERS- MEN'S LOCKER ROOM	09/15/05	SL	7.00		16	5,181.				5,181.	5,181.		0.	5,181.
76	BUILDING IMPROVEMENT- EXTERIOR	06/23/06	SL	10.00		16	4,670.				4,670.	4,670.		0.	4,670.
77	KIDS SPORTSWALL	07/31/06	SL	10.00		16	17,310.				17,310.	17,310.		0.	17,310.
78	SPORT FLOORS	08/09/06	SL	5.00		16	5,674.				5,674.	5,674.		0.	5,674.
79	MEN'S LOCKER ROOM IMPROVEMENTS	08/15/06	SL	39.00	MM	16	34,415.				34,415.	10,952.		882.	11,834.
80	HILL ELEC SIDEWALKS	10/31/06	SL	5.00		16	3,570.				3,570.	3,570.		0.	3,570.
81	BMC BATHROOM WORK- LADIES'	12/14/07	SL	39.00	MM	16	3,557.				3,557.	1,009.		91.	1,100.
82	LIFE CYCLE	05/01/93	SL	5.00		16	2,095.				2,095.	2,095.		0.	2,095.
83	3-PACK OF EXERCISE SLIDE BOARDS	06/01/94	SL	5.00		16	525.				525.	525.		0.	525.
84	(4) PLATE TREES	03/01/95	SL	5.00		16	280.				280.	280.		0.	280.
85	(2) DUMBBELL RACKS	03/01/95	SL	5.00		16	892.				892.	892.		0.	892.
86	ABDOMINAL MACHINE	03/01/95	SL	5.00		16	2,195.				2,195.	2,195.		0.	2,195.
87	LOW ROW COMPETITIVE STACK	03/01/95	SL	5.00		16	1,695.				1,695.	1,695.		0.	1,695.
88	CHIN DIP ASSIST	03/01/95	SL	5.00		16	1,951.				1,951.	1,951.		0.	1,951.
89	(2) FLAT/INCLINE BENCH	03/01/95	SL	5.00		16	850.				850.	850.		0.	850.
90	PEG SQUAT RACK	03/01/95	SL	5.00		16	638.				638.	638.		0.	638.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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91	T-BAR ROW	03/01/95	SL	5.00		16	591.				591.	591.		0.	591.
92	45 DEGREE BACK HYPEREXTENSION	03/01/95	SL	5.00		16	488.				488.	488.		0.	488.
93	7' 10 COUNTERBALANCED SMITH	03/01/95	SL	5.00		16	2,121.				2,121.	2,121.		0.	2,121.
94	45 DEGREE CALF	03/01/95	SL	5.00		16	850.				850.	850.		0.	850.
95	ABDOMINAL CRUCH BENCH	03/01/95	SL	5.00		16	591.				591.	591.		0.	591.
96	VERTICLE KNEE RAISE	03/01/95	SL	5.00		16	446.				446.	446.		0.	446.
97	TRICEP EXTENSION	03/01/95	SL	5.00		16	1,950.				1,950.	1,950.		0.	1,950.
98	SEATED PREACHER CURL	03/01/95	SL	5.00		16	488.				488.	488.		0.	488.
99	(2) FLAT BENCH	03/01/95	SL	5.00		16	425.				425.	425.		0.	425.
100	MULTI HIP	03/01/95	SL	5.00		16	2,206.				2,206.	2,206.		0.	2,206.
101	SHOULDER PRESS	03/01/95	SL	5.00		16	2,376.				2,376.	2,376.		0.	2,376.
102	FLY COMPETITIVE STACK	03/01/95	SL	5.00		16	2,631.				2,631.	2,631.		0.	2,631.
103	CHEST PRESS	03/01/95	SL	5.00		16	2,291.				2,291.	2,291.		0.	2,291.
104	LAT PULLDOWN COMPETITIVE STACK	03/01/95	SL	5.00		16	1,781.				1,781.	1,781.		0.	1,781.
105	LEG PRESS COMPETITIVE STACK	03/01/95	SL	5.00		16	4,076.				4,076.	4,076.		0.	4,076.
106	LEG CURL	03/01/95	SL	5.00		16	2,036.				2,036.	2,036.		0.	2,036.
107	LEG EXTENSION	03/01/95	SL	5.00		16	2,036.				2,036.	2,036.		0.	2,036.
108	UPRIGHT ROW COMPETITIVE STACK	03/01/95	SL	5.00		16	2,121.				2,121.	2,121.		0.	2,121.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	(2) OLYMPIC BENCH	03/01/95	SL	5.00		16	842.				842.	842.		0.	842.
110	OLYMPIC DECLINE	03/01/95	SL	5.00		16	701.				701.	701.		0.	701.
111	OLYMPIC INCLINE	03/01/95	SL	5.00		16	574.				574.	574.		0.	574.
112	TWO SPINNER BIKES (DEPOSIT)	12/01/96	SL	5.00		16	379.				379.	379.		0.	379.
113	BIKES	02/07/97	SL	5.00		16	1,138.				1,138.	1,079.		0.	1,079.
114	SPINNER BIKES	03/17/97	SL	5.00		16	1,518.				1,518.	1,518.		0.	1,518.
115	GYM EQUIPMENT	03/23/97	SL	5.00		16	17,383.				17,383.	17,383.		0.	17,383.
116	CYBEX BIKE	03/23/97	SL	5.00		16	2,561.				2,561.	2,561.		0.	2,561.
117	WEIGHTS	04/11/97	SL	5.00		16	35,344.				35,344.	35,344.		0.	35,344.
118	WEIGHTS	04/23/97	SL	5.00		16	507.				507.	507.		0.	507.
119	GYM EQUIPMENT	05/12/97	SL	5.00		16	3,705.				3,705.	3,705.		0.	3,705.
120	WEIGHTS	05/21/97	SL	5.00		16	2,767.				2,767.	2,767.		0.	2,767.
121	INCLINE PRESS	06/17/97	SL	5.00		16	3,158.				3,158.	3,158.		0.	3,158.
122	GYM EQUIPMENT	09/25/97	SL	5.00		16	1,591.				1,591.	1,591.		0.	1,591.
123	BALLET BARS	10/17/97	SL	5.00		16	497.				497.	497.		0.	497.
124	PARALLEL BARS	06/10/98	SL	5.00		16	2,224.				2,224.	2,224.		0.	2,224.
125	FITNESS EQUIPMENT	07/21/99	SL	7.00		16	3,380.				3,380.	3,380.		0.	3,380.
126	EXERCISE EQUIPMENT	06/14/00	SL	7.00		16	3,191.				3,191.	3,191.		0.	3,191.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	CROSSTRAINER- FITNESS EQUIPMENT	06/21/00	SL	7.00		16	3,695.				3,695.	3,695.		0.	3,695.
128	ALL PRO FITNESS EQUIPMENT	10/11/00	SL	7.00		16	5,685.				5,685.	5,685.		0.	5,685.
129	FITNESS EQUIPMENT- FITNESS THINGS	10/16/00	SL	7.00		16	131.				131.	131.		0.	131.
130	NUSTEP FITNESS EQUIPMENT	12/20/00	SL	7.00		16	3,385.				3,385.	3,385.		0.	3,385.
131	RECUMBENT BIKE	01/24/01	SL	7.00		16	2,155.				2,155.	2,155.		0.	2,155.
132	FITNESS ANALYST	02/07/01	SL	7.00		16	699.				699.	699.		0.	699.
133	EXERCISE EQUIPMENT	02/21/01	SL	7.00		16	3,321.				3,321.	3,321.		0.	3,321.
134	DIVING BOARD	11/28/01	SL	7.00		16	1,215.				1,215.	1,215.		0.	1,215.
135	CHEMICAL CONTROLLER FOR POOL	12/05/01	SL	7.00		16	2,698.				2,698.	2,698.		0.	2,698.
136	REPAIR WATER SYSTEM	05/29/02	SL	7.00		16	5,746.				5,746.	5,746.		0.	5,746.
137	GYMNASTICS EQUIPMENT	06/26/02	SL	5.00		16	5,035.				5,035.	5,035.		0.	5,035.
138	FORERUNNER LANE LINE	08/20/02	SL	7.00		16	2,064.				2,064.	2,064.		0.	2,064.
139	TILE STRIPE IN POOL	08/22/02	SL	7.00		16	1,565.				1,565.	1,565.		0.	1,565.
140	TRAINING EQUIPMENT	11/22/02	SL	5.00		16	2,896.				2,896.	2,896.		0.	2,896.
141	FITNESS EQUIPMENT	01/27/03	SL	5.00		16	1,245.				1,245.	1,245.		0.	1,245.
142	ARC TRAINER	03/04/03	SL	5.00		16	4,316.				4,316.	4,316.		0.	4,316.
143	FITNESS EQUIPMENT	03/25/03	SL	5.00		16	2,889.				2,889.	2,889.		0.	2,889.
144	FITNESS EQUIPMENT	04/14/03	SL	5.00		16	3,985.				3,985.	3,985.		0.	3,985.



2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
145	TREADMILL	04/14/03	SL	5.00		16	4,497.				4,497.	4,497.		0.	4,497.
146	PROCOR TRAINER	09/22/03	SL	5.00		16	4,045.				4,045.	4,045.		0.	4,045.
147	NEW FITNESS EQUIPMENT	09/29/03	SL	5.00		16	3,789.				3,789.	3,789.		0.	3,789.
148	FITNESS EQUIPMENT	10/08/03	SL	5.00		16	7,004.				7,004.	7,004.		0.	7,004.
149	CARDIO THEATER EXPANSION	10/30/03	SL	7.00		16	3,735.				3,735.	3,735.		0.	3,735.
150	FITNESS EQUIPMENT	11/10/03	SL	5.00		16	8,035.				8,035.	8,035.		0.	8,035.
151	PRECOR CLIMBER	12/10/03	SL	5.00		16	2,445.				2,445.	2,445.		0.	2,445.
152	POOL PUMP & HOTWATER	12/17/03	SL	5.00		16	4,630.				4,630.	4,630.		0.	4,630.
153	NITRO LEG EXT SUPER WT ST	07/21/04	SL	7.00		16	2,287.				2,287.	2,287.		0.	2,287.
154	GROUP CYCLE	07/31/04	SL	7.00		16	571.				571.	571.		0.	571.
155	NAUTILUS NITRO REAR DELT	08/31/04	SL	7.00		16	2,497.				2,497.	2,497.		0.	2,497.
156	SPORTS FLOORS GYM/COURT/MPR	09/22/04	SL	7.00		16	4,112.				4,112.	4,112.		0.	4,112.
157	WOOD/BRASS GROUP CYCLES	11/11/04	SL	7.00		16	989.				989.	989.		0.	989.
158	BOSU - FITNESS PROGRAM EQUIPMENT	06/15/05	SL	5.00		16	6,009.				6,009.	6,009.		0.	6,009.
159	EXERCISE EQUIPMENT	04/01/92	SL	5.00		16	2,375.				2,375.	2,375.		0.	2,375.
160	CYBEX BIKE	11/01/96	SL	5.00		16	2,630.				2,630.	2,630.		0.	2,630.
161	CLUBTRAC	03/21/97	SL	5.00		16	21,400.				21,400.	21,400.		0.	21,400.
162	FREQUENCY DRIVE - POOL PUMP	02/25/02	SL	7.00		16	3,394.				3,394.	3,394.		0.	3,394.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
163	5 TREADMILLS	11/14/03	SL	7.00		16	21,587.				21,587.	21,587.		0.	21,587.
164	CYCLE & FIF SPIN BIKES	07/30/04	SL	7.00		16	4,400.				4,400.	4,400.		0.	4,400.
165	SPINNING	11/19/04	SL	7.00		16	1,979.				1,979.	1,979.		0.	1,979.
166	STORAGE FACILITY	03/01/92	SL	5.00		16	1,750.				1,750.	1,750.		0.	1,750.
167	POOL GAME	07/01/92	SL	5.00		16	543.				543.	543.		0.	543.
168	POOL ACCESS CHAIR	09/01/92	SL	5.00		16	6,488.				6,488.	6,488.		0.	6,488.
169	TRANSMITTERS	02/21/97	SL	5.00		16	1,825.				1,825.	1,825.		0.	1,825.
170	GYM CURTAIN	04/11/97	SL	5.00		16	3,790.				3,790.	3,790.		0.	3,790.
171	IBM WHEELWRITER	07/01/87	SL	5.00		16	810.				810.	810.		0.	810.
172	COMPUTER EQUIPMENT	12/31/01	SL	5.00		16	1,030.				1,030.	1,030.		0.	1,030.
173	ELLIPTICAL TRAINER	12/08/98	SL	5.00		16	3,830.				3,830.	3,830.		0.	3,830.
174	STEPMILL	03/12/97	SL	5.00		16	6,311.				6,311.	6,311.		0.	6,311.
175	GYMNASTIC SET	07/01/86	SL	5.00		16	203.				203.	203.		0.	203.
176	LANDING MAT	07/01/86	SL	5.00		16	502.				502.	502.		0.	502.
177	ROMAN CHAIR	07/01/86	SL	5.00		16	150.				150.	150.		0.	150.
178	AQUA VAC	01/17/01	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
179	COMPUTER	10/23/01	SL	5.00		16	1,577.				1,577.	1,577.		0.	1,577.
180	SERVER & ACCESSORIES	12/05/01	SL	5.00		16	4,773.				4,773.	4,773.		0.	4,773.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
181	REUPHOLSTERING	08/15/02	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
182	RELAMINATE FRONT COUNTER	10/01/02	SL	5.00		16	2,840.				2,840.	2,840.		0.	2,840.
183	LOBBY DISPLAY	02/21/03	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
184	2 BELTS / DECK REPLACEMENTS	11/30/03	SL	5.00		16	800.				800.	800.		0.	800.
185	CYCLE & FITNESS	07/15/08	SL	5.00		16	3,300.				3,300.	3,300.		0.	3,300.
186	NBS SOUND SYSTEM & SCREEN	08/15/08	SL	5.00		16	3,562.				3,562.	3,562.		0.	3,562.
187	NAUTILUS MACHINE	07/30/08	SL	5.00		16	78,847.				78,847.	78,847.		0.	78,847.
188	CYBEX	07/31/08	SL	5.00		16	40,578.				40,578.	40,578.		0.	40,578.
189	MIDWEST GYM SUPPLY UNEVEN BARS	09/30/08	SL	5.00		16	2,430.				2,430.	2,430.		0.	2,430.
190	SWEKLJ - MATS MACHINES	10/27/08	SL	5.00		16	981.				981.	981.		0.	981.
191	TRINEXUM	06/18/08	SL	5.00		16	8,032.				8,032.	8,032.		0.	8,032.
192	BUILDING REMODEL- CONSTRUCTION & DESIGN	09/30/08	SL	20.00		16	86,324.				86,324.	44,239.		4,316.	48,555.
193	BUILDING REMODEL- PAINTING	09/30/08	SL	7.00		16	17,604.				17,604.	17,604.		0.	17,604.
194	BUILDING REMODEL- CARPETING	09/30/08	SL	7.00		16	6,346.				6,346.	6,346.		0.	6,346.
195	BUILDING REMODEL- FURNITURE	09/30/08	SL	.000		16	46,228.				46,228.			0.	
196	MARKETING COMPUTER	06/16/08	SL	5.00		16	1,099.				1,099.	1,099.		0.	1,099.
197	MAIL SERVER	10/30/08	SL	5.00		16	2,857.				2,857.	2,857.		0.	2,857.
198	EXECUTIVE DIRECTOR COMPUTER	12/29/08	SL	5.00		16	1,369.				1,369.	1,369.		0.	1,369.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
199	LAND	01/01/04	L				29,491.				29,491.			0.	
200	PARKING LOT RESURFACE	06/19/09	SL	15.00		16	7,695.				7,695.	4,874.		513.	5,387.
201	NEW CARPETING - FRONT OFFICE	08/26/09	SL	7.00		16	6,507.				6,507.	6,507.		0.	6,507.
202	SPORT FLOORS	08/28/09	SL	7.00		16	5,503.				5,503.	5,503.		0.	5,503.
203	HVAC UNIT FOR MPR	09/10/09	SL	10.00		16	52,294.				52,294.	48,804.		3,486.	52,290.
204	WEIGHT SETS - US SPORTS	09/10/09	SL	5.00		16	9,288.				9,288.	9,288.		0.	9,288.
205	NEW ROOF - LOBBY	09/23/09	SL	39.00	MM	16	33,796.				33,796.	8,020.		867.	8,887.
206	LEG PRESS - NAUTILUS NITRO PLUS	09/23/09	SL	5.00		16	8,050.				8,050.	8,050.		0.	8,050.
207	BOILER	09/23/09	SL	10.00		16	5,064.				5,064.	4,681.		380.	5,061.
208	REPAINTING & DESIGN OF KID'S & MAIN GYM	09/23/09	SL	5.00		16	7,970.				7,970.	7,970.		0.	7,970.
209	NEW COUNTERTOP - MFS	09/29/09	SL	7.00		16	1,241.				1,241.	1,241.		0.	1,241.
210	COMPRESSOR - CARDIO STRENGTH ROOM	06/23/09	SL	5.00		16	2,044.				2,044.	2,044.		0.	2,044.
211	ROOFTOP COOLING UNIT - CONFERENCE ROOM	12/30/09	SL	10.00		16	4,950.				4,950.	4,455.		495.	4,950.
212	(2) HEAT EXCHANGERS	12/30/09	SL	10.00		16	7,085.				7,085.	6,381.		704.	7,085.
213	PARKING LOT ASPHALT	06/18/10	SL	10.00		16	9,025.				9,025.	7,675.		903.	8,578.
214	LG30-S STEAM GENERATOR	04/14/10	SL	7.00		16	7,150.				7,150.	7,150.		0.	7,150.
215	YOUTH GYM- ENERGY EFFICIENT LIGHTING	08/27/10	SL	5.00		16	7,037.				7,037.	7,037.		0.	7,037.
216	POOL TRENCH HANGERS	09/22/10	SL	10.00		16	12,010.				12,010.	9,908.		1,201.	11,109.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
217	RACQUETBALL COURTS- ROOF FEPLACEMENT	07/29/10	SL	39.00	MM	16	21,206.				21,206.	4,579.		544.	5,123.
218	YOUTH SOCCER GOAL BSN	06/10/10	SL	7.00		16	1,193.				1,193.	1,193.		0.	1,193.
219	FITNESS EQUIPMENT	06/25/10	SL	5.00		16	6,614.				6,614.	6,614.		0.	6,614.
220	FITNESS EQUIPMENT	06/25/10	SL	5.00		16	3,097.				3,097.	3,097.		0.	3,097.
221	FITNESS WEIGHTS AND RACK	09/29/10	SL	5.00		16	3,962.				3,962.	3,962.		0.	3,962.
222	NAUTILUS CHEST PRESS MACHINE	12/22/10	SL	5.00		16	2,645.				2,645.	2,645.		0.	2,645.
223	RACQUETBALL COURT- HVAC UNIT	12/10/10	SL	7.00		16	3,700.				3,700.	3,700.		0.	3,700.
224	GENIE AUTOSCRUBBER	12/01/10	SL	7.00		16	1,943.				1,943.	1,943.		0.	1,943.
225	DRINKING FOUNTAIN- YOUTH GYM	03/17/10	SL	10.00		16	1,541.				1,541.	1,348.		154.	1,502.
226	RACQUETBALL COURT- HVAC UNIT	08/17/11	SL	7.00		16	15,500.				15,500.	15,500.		0.	15,500.
227	BASEBALL FIELD FENCING	04/20/11	SL	7.00		16	5,667.				5,667.	5,667.		0.	5,667.
228	ALARM SYSTEM	08/17/11	SL	5.00		16	3,225.				3,225.	3,225.		0.	3,225.
229	T4 RECUMBANT CROSS TRAINER	08/29/11	SL	5.00		16	3,572.				3,572.	3,572.		0.	3,572.
230	PRECOR ELIPTICAL FITNESS CROSSTRAINER	09/29/11	SL	5.00		16	5,648.				5,648.	5,648.		0.	5,648.
231	P/L SEATED CALF NEW FRAME	10/27/11	SL	5.00		16	1,463.				1,463.	1,463.		0.	1,463.
232	POOL LANE LINES	07/22/11	SL	5.00		16	2,988.				2,988.	2,988.		0.	2,988.
233	2000 FREIGHTLINER BUS	09/21/11	SL	5.00		16	16,343.				16,343.	16,343.		0.	16,343.
234	GYM LIGHT FIXTURE UPGRADE	09/21/11	SL	5.00		16	10,511.				10,511.	10,511.		0.	10,511.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
235	Y LOGO SIGNAGE	12/14/11	SL	5.00		16	4,160.				4,160.	4,160.		0.	4,160.
236	POOL BOILER UNIT	09/13/12	SL	7.00		16	14,085.				14,085.	12,743.		1,342.	14,085.
237	POOL FLOW METER	10/31/12	SL	7.00		16	6,241.				6,241.	5,501.		740.	6,241.
238	POOL REACH LIFT	04/12/12	SL	7.00		16	5,400.				5,400.	5,205.		195.	5,400.
239	AQUATIC MICROPHONE	05/31/12	SL	5.00		16	1,114.				1,114.	1,114.		0.	1,114.
240	ERGOMEDIC BIKE	11/23/12	SL	5.00		16	2,639.				2,639.	2,639.		0.	2,639.
241	PRO POWER JUMP UNIT	12/31/12	SL	5.00		16	1,349.				1,349.	1,349.		0.	1,349.
242	WATER PIPING	09/16/13	SL	39.00	MM	16	4,279.				4,279.	577.		110.	687.
243	LOCHINVAR WATER BOILER	11/20/13	SL	39.00	MM	16	13,277.				13,277.	1,728.		340.	2,068.
244	SPEAKER SYSTEM, MPR EQUIPMENT	06/27/13	SL	7.00		16	5,600.				5,600.	4,400.		800.	5,200.
245	2 ELLIPTICALS, 1 ROWING MACHINE	05/31/13	SL	5.00		16	10,881.				10,881.	10,881.		0.	10,881.
246	EXERCISE MACHINES, LIFE FITNESS	08/29/13	SL	5.00		16	43,843.				43,843.	43,843.		0.	43,843.
247	LAND PURCHASE	06/30/13	L				124,291.				124,291.			0.	
248	FURNITURE & EQUIPMENT UNDER \$1,000	06/30/13	SL	5.00		16	6,815.				6,815.	4,089.		0.	4,089.
249	STEEL DOOR W/VENT	09/17/14	SL	7.00		16	2,612.				2,612.	1,585.		373.	1,958.
250	2 HOT WATER STORAGE TANKS	08/29/14	SL	5.00		16	6,460.				6,460.	5,599.		861.	6,460.
251	SECURITY CAMERA SYSTEM	12/31/14	SL	5.00		16	6,634.				6,634.	5,308.		1,326.	6,634.
252	BOUNCE HOUSE	12/31/12	SL	5.00		16	1,299.				1,299.	1,299.		0.	1,299.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
253	BUILDINGS	07/01/82	SL	40.00		16	1,571,745.				1,571,745.	1,453,638.		39,294.	1,492,932.
254	RACQUETBALL COURTS	07/01/84	SL	37.00		16	294,536.				294,536.	274,628.		7,960.	282,588.
255	BUILDING ADDITION	07/01/89	SL	37.00		16	504,566.				504,566.	402,290.		13,637.	415,927.
256	BUILDING ADDITIONS & REPAIRS	08/01/97	SL	40.00		16	1,075,930.				1,075,930.	573,472.		26,898.	600,370.
257	POOL CEILING REPAIR	11/08/99	SL	20.00		16	18,489.				18,489.	17,714.		770.	18,484.
258	BUILDING	10/29/04	SL	39.00	MM	16	132,758.				132,758.	48,223.		3,404.	51,627.
259	OUTDOOR SIGNS & LOGO	09/06/00	SL	7.00		16	3,424.				3,424.	3,424.		0.	3,424.
260	SIGN FOR BUS	04/30/04	SL	7.00		16	700.				700.	700.		0.	700.
261	SHRUBS & TREES	10/01/81	SL	10.00		16	2,195.				2,195.	2,195.		0.	2,195.
262	PARKING LOT	07/01/90	SL	10.00		16	56,216.				56,216.	56,216.		0.	56,216.
263	PARKING LOT	09/07/00	SL	15.00		16	10,039.				10,039.	10,039.		0.	10,039.
264	PARKING LOT	11/28/01	SL	15.00		16	1,000.				1,000.	1,000.		0.	1,000.
265	PARKING LOT REPAIR	08/06/02	SL	15.00		16	9,843.				9,843.	9,568.		0.	9,568.
266	BETTERWAY ASPHALT	08/06/04	SL	15.00		16	9,478.				9,478.	9,111.		367.	9,478.
267	REWORK BACK PARKING LOT	11/15/05	SL	15.00		16	4,400.				4,400.	3,859.		293.	4,152.
268	(8) DELL COMP- UPDATE FOR WISELOGIC	11/15/05	SL	5.00		16	5,668.				5,668.	5,668.		0.	5,668.
269	LOCKERS	07/01/86	SL	10.00		16	1,800.				1,800.	1,800.		0.	1,800.
270	STARTING BLOCKS- POOL	07/01/87	SL	10.00		16	5,095.				5,095.	5,095.		0.	5,095.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
271	OFFICE FURNITURE	07/01/88	SL	5.00		16	1,740.				1,740.	1,740.		0.	1,740.
272	DOUBLEDAY BROS	07/01/89	SL	5.00		16	4,601.				4,601.	4,601.		0.	4,601.
273	POOL EQUIP	07/01/89	SL	5.00		16	3,292.				3,292.	3,292.		0.	3,292.
274	DOUBLEDAY WORKSTATION	04/01/93	SL	10.00		16	7,287.				7,287.	7,287.		0.	7,287.
275	POOL BLEACHERS	07/01/94	SL	5.00		16	1,350.				1,350.	1,350.		0.	1,350.
276	OFFICE EQUIPMENT	04/16/97	SL	5.00		16	2,707.				2,707.	2,707.		0.	2,707.
277	CARDIO CABINETS	04/23/97	SL	5.00		16	1,035.				1,035.	1,035.		0.	1,035.
278	SPEAKERS	05/21/97	SL	5.00		16	1,807.				1,807.	1,807.		0.	1,807.
279	ALARM SYSTEM	08/01/97	SL	5.00		16	1,055.				1,055.	1,055.		0.	1,055.
280	STOOLS	09/11/97	SL	5.00		16	1,127.				1,127.	1,127.		0.	1,127.
281	MIRRORS	09/25/97	SL	5.00		16	2,900.				2,900.	2,900.		0.	2,900.
282	POOL HEATER	12/15/97	SL	5.00		16	4,935.				4,935.	4,935.		0.	4,935.
283	BOILER PUMP	03/18/98	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
284	SCRUBBER/POLISHER	05/18/98	SL	5.00		16	1,180.				1,180.	1,180.		0.	1,180.
285	EMERGENCY/EXIT LIGHTING	06/22/98	SL	5.00		16	1,392.				1,392.	1,392.		0.	1,392.
286	HOT WATER SYSTEM & PLUMBING	12/04/03	SL	5.00		16	3,283.				3,283.	3,283.		0.	3,283.
287	PAINT LOCKERROOM	09/15/99	SL	10.00		16	3,040.				3,040.	3,040.		0.	3,040.
288	ROWING MACHINE	08/01/93	SL	5.00		16	925.				925.	925.		0.	925.



2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
289	ROWER	02/14/97	SL	5.00		16	1,399.				1,399.	1,399.		0.	1,399.
290	TREADMILLS (9)	09/12/03	SL	5.00		16	36,421.				36,421.	36,421.		0.	36,421.
291	BUFFER	07/01/87	SL	5.00		16	805.				805.	805.		0.	805.
292	3 NAUTILUS CYCLES	11/18/09	SL	5.00		16	2,250.				2,250.	2,250.		0.	2,250.
293	POOL VACUUM	08/21/14	SL	5.00		16	2,000.				2,000.	1,733.		267.	2,000.
294	ALARM SYSTEM	11/01/15	SL	5.00		16	13,575.				13,575.	8,598.		2,715.	11,313.
295	TELEPHONE SYSTEM	11/01/15	SL	5.00		16	38,392.				38,392.	24,314.		7,678.	31,992.
296	LED TV AND STAND	11/01/15	SL	5.00		16	7,669.				7,669.	4,858.		1,534.	6,392.
297	BAR CODE SYSTEM	11/01/15	SL	5.00		16	1,274.				1,274.	552.		255.	807.
298	OUTDOOR SIGN	11/01/15	SL	10.00		16	23,793.				23,793.	5,155.		2,379.	7,534.
299	OFFICE FURNISHING FROM EXPANSION	11/01/15	SL	5.00		16	60,155.				60,155.	26,067.		12,031.	38,098.
300	BUILDING EXPANSION AND RENOVATION	11/01/15	SL	40.00		16	3,718,065.				3,718,065.	201,396.		92,952.	294,348.
301	WATER BOILER	06/11/15	SL	5.00		16	7,459.				7,459.	3,854.		1,492.	5,346.
302	EXERCISE ROOM IMPROVEMENTS	08/29/16	SL	10.00		16	23,572.				23,572.	3,143.		2,357.	5,500.
303	WATER COOLER	09/01/16	SL	5.00		16	1,311.				1,311.	349.		262.	611.
304	CHAIN LINK FENCE	09/13/16	SL	10.00		16	6,495.				6,495.	867.		650.	1,517.
	* TOTAL 990 PAGE 10 DEPR						9,536,611.				9,536,611.	4,687,232.		240,376.	4,927,608.