

Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

B Check if applicable:


<input type="checkbox"/>	Address change	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	D Employer identification number 13-1624228
<input type="checkbox"/>	Name change	Doing business as	E Telephone number (212) 630-9600
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 WEST 63RD STREET, 6TH FLOOR	G Gross receipts \$ 214,347,709.
<input type="checkbox"/>	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Amended return	F Name and address of principal officer: SHARON GREENBERGER 5 WEST 63RD STREET, 6TH FLOOR, NEW YORK, NY 10023	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. (see instructions)
J Website: ▶ WWW.YMCANYC.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1852 M State of legal domicile: NY

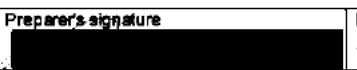
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: YMCA GNY IS A COMMUNITY SVC ORGANIZATION FOR ALL NEW YORKERS TO EMPOWER YOUTH, IMPROVE HEALTH AND STRENGTHEN COMMUNITY. (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6,295.
	6 Total number of volunteers (estimate if necessary)	6	1,800.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	45,132,948.	44,638,253.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149,530,477.	155,119,896.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,211,340.	3,305,895.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,874,765.	203,064,044.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	191,500.	188,869.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	109,315,221.	113,222,682.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	283,457.	209,900.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,876,962.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	85,419,490.	90,973,117.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	195,209,668.	204,594,568.	
19 Revenue less expenses. Subtract line 18 from line 12	12,665,097.	-1,530,524.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	444,580,648.	449,809,546.
	22 Net assets or fund balances. Subtract line 21 from line 20.	190,506,034.	185,292,820.
		254,074,614.	264,516,726.

Part II Signature Block

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

Sign Here		10.26.2020
	Signature of officer MICHAEL GUARINO Type or print name and title	Date EVP/CFO/TREASURER

Paid Preparer Use Only	Print/Type preparer's name LAURA J PARELLO	Preparer's signature 	Date 10/26/20	Check <input type="checkbox"/> if self-employed	PTIN P01080295
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324		Phone no. 646-471-3000	
	Firm's address ▶ 300 MADISON AVENUE NEW YORK, NY 10017				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] 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 [X] 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 \$ 73,165,025. including grants of \$ 123,619.) (Revenue \$ 26,169,978.)
YOUTH DEVELOPMENT (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 63,248,730. including grants of \$ 0.) (Revenue \$ 88,108,184.)
HEALTHY LIVING (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 45,877,055. including grants of \$ 65,250.) (Revenue \$ 40,841,734.)
SOCIAL RESPONSIBILITY (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 182,290,810.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a small table for 1a/1b. Rows include questions about voting members, officer relationships, management control, governance documents, asset diversion, members, meeting documentation, and officer reachability.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and investment policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY,
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.
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

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON GREENBERGER PRESIDENT/CEO	40.00 0.			X				828,781.	0.	216,275.
(2) MICHAEL GUARINO EXECUTIVE VP/CFO/TREASURER	40.00 0.			X				435,827.	0.	133,350.
(3) MELVIN TSE EVP/COO	40.00 0.			X				410,969.	0.	102,340.
(4) ELIZABETH BERGIN CORP SEC/SVP	40.00 0.			X				391,687.	0.	116,397.
(5) JOSEPH CHAN SVP REAL ESTATE/PROPERTY MGMT	40.00 0.				X			391,020.	0.	37,309.
(6) PETER DEMEE CHIEF INFORMATION OFFICER	40.00 0.					X		287,423.	0.	28,542.
(7) HEATHER LIVERNOIS VP FINANCE	40.00 0.					X		253,722.	0.	50,215.
(8) JAMES TROCCHIA VP HUMAN RESOURCES	40.00 0.					X		230,911.	0.	47,442.
(9) LORETTA TRAPANI VP MEMBER EXPER&OPERATIONS	40.00 0.				X			234,534.	0.	41,406.
(10) ELIZABETH TOLEDO-CRUZ VP FIELD OPERATIONS	40.00 0.				X			216,421.	0.	46,024.
(11) SHARON LEVY VP PUBLIC AFFAIRS	40.00 0.					X		200,237.	0.	44,262.
(12) LISA SANGUILIANO VP HEALTHY LIFESTYLES	40.00 0.				X			203,163.	0.	29,359.
(13) DORDY JOURDAIN VP FIELD OPERATIONS	40.00 0.				X			192,937.	0.	36,988.
(14) ANITA HARVEY SR EXECUTIVE DIRECTOR	40.00 0.				X			204,155.	0.	21,409.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHRYN COLGLAZIER SR EXEC DIRECTOR	40.00 0.				X			188,081.	0.	36,151.
(16) LAUREN BARR VP YOUTH&COMM DEV	40.00 0.				X			197,263.	0.	20,744.
(17) CEDRIC DEW SR EXEC DIR/TRANSITION HOUSING	40.00 0.				X			174,891.	0.	35,102.
(18) RICHARD RICCIO VP PROPERTIES	40.00 0.					X		197,028.	0.	12,446.
(19) ERIKA RAUTENSTRAUCH VP FIELD OPERATIONS	40.00 0.				X			174,680.	0.	16,658.
(20) SANDIE O'CONNOR CHAIR AS OF 6/26/19 & DIRECTOR	1.00 0.	X						0.	0.	0.
(21) JUSTIN SKALA CHAIR 1/1 - 6/26/19	1.00 0.	X						0.	0.	0.
(22) NANCY CALDERON VICE CHAIR & DIRECTOR	1.00 0.	X						0.	0.	0.
(23) ROBERT LIEBER VICE CHAIR & DIRECTOR	1.00 0.	X						0.	0.	0.
(24) PEDRAM AFSHAR DIRECTOR	1.00 0.	X						0.	0.	0.
(25) SUSAN ALEXANDER DIRECTOR THRU 7/31/19	1.00 0.	X						0.	0.	0.
1b Sub-total								5,413,730.	0.	1,072,419.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,413,730.	0.	1,072,419.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **75**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **20**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CHRIS BLUNT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(27) JUSTIN CARROLL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(28) WELLINGTON CHEN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(29) RICHARD DELANEY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(30) KARIS DURMER ----- DIRECTOR AS OF 4/11/2019	1.00 ----- 0.	X					0.	0.	0.	
(31) STEPHEN FORCIONE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(32) BRYAN GONTERMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(33) STANLEY GRAYSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(34) JOSH HEITLER ----- DIR (BRANCH REP) AS OF 1/1/2019	1.00 ----- 0.	X					0.	0.	0.	
(35) CAS HOLLOWAY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(36) STEVEN KIMBLE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 75

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) ROBERT KNAKAL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) HILDY KURYK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) HENRY KUYKENDALL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(40) JEFFREY LEVY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(41) SAL MAGLIETTA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(42) JOSEPH MCSHANE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(43) FRANK MONTERISI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(44) CHRISTOPHER O'CONNOR ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(45) MAGGIE PARENT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(46) DONAHUE PEEBLES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(47) THOMAS III QUINLAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 75

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) WAYNE RILEY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(49) NICK ROBINSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(50) MICHAEL RODGERS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(51) CLEVELAND RUECKERT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(52) ELIZABETH RUTLEDGE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(53) CASEY SANTOS ----- DIRECTOR AS OF 12/11/19	1.00 ----- 0.	X					0.	0.	0.	
(54) HOLLY THOMAS ----- DIRECTOR THRU 10/31/19	1.00 ----- 0.	X					0.	0.	0.	
(55) PHILIPPE VISSER ----- DIRECTOR AS OF 9/25/19	1.00 ----- 0.	X					0.	0.	0.	
(56) DAVID WEISMAN ----- DIR (BRANCH REP) AS OF 1/1/19	1.00 ----- 0.	X					0.	0.	0.	
(57) RAYMOND YU ----- DIRECTOR AS OF 9/25/19	1.00 ----- 0.	X					0.	0.	0.	
(58) MICHAEL ZARCONE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 75

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	107,363.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	32,554,058.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	11,976,832.					
	g Noncash contributions included in lines 1a-1f.	1g	\$ 197,317.					
	h Total. Add lines 1a-1f			44,638,253.				
	Program Service Revenue				Business Code			
2a MEMBERSHIP DUES & PROGRAM FEES			813410	114,098,101.	114,098,101.			
b RESIDENCE & RELATED SERVICES			813410	40,070,307.	40,070,307.			
c OTHER FEES			813410	951,488.	951,488.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				155,119,896.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			2,760,300.			2,760,300.	
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			0.				
	6a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
					10,826,334.			
	b Less: cost or other basis and sales expenses . .	7b			10,280,739.			
	c Gain or (loss)	7c			545,595.			
	d Net gain or (loss)				545,595.		545,595.	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			1,002,926.				
				1,002,926.				
	b Less: direct expenses	8b						
	c Net income or (loss) from fundraising events.				0.			
	9a Gross income from gaming activities. See Part IV, line 19	9a			0.			
					0.			
	b Less: direct expenses	9b			0.			
	c Net income or (loss) from gaming activities.				0.			
	10a Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
b Less: cost of goods sold	10b			0.				
c Net income or (loss) from sales of inventory.				0.				
Miscellaneous Revenue				Business Code				
	11a _____							
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				0.				
12 Total revenue. See instructions				203,064,044.	155,119,896.		3,305,895.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	40,250.	40,250.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	123,619.	123,619.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,000.	25,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,133,921.	2,069,966.	3,063,955.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	88,125,381.	77,390,164.	9,377,640.	1,357,577.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,448,211.	3,826,506.	531,796.	89,909.
9 Other employee benefits	6,374,182.	5,587,805.	657,141.	129,236.
10 Payroll taxes	9,140,987.	8,110,033.	893,667.	137,287.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	452,650.	291,997.	160,653.	
c Accounting	523,880.		523,880.	
d Lobbying	31,870.		31,870.	
e Professional fundraising services. See Part IV, line 17.	209,900.			209,900.
f Investment management fees	287,746.		287,746.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	22,577,046.	21,007,199.	1,001,865.	567,982.
12 Advertising and promotion	3,154,962.	2,935,600.	62,905.	156,457.
13 Office expenses	13,498,232.	12,765,191.	565,104.	167,937.
14 Information technology	8,024,101.	8,024,101.		
15 Royalties	0.			
16 Occupancy	12,451,518.	12,046,682.	399,250.	5,586.
17 Travel	701,499.	697,150.	4,349.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,500,691.	984,567.	1,480,259.	35,865.
20 Interest	5,715,708.	5,715,708.		
21 Payments to affiliates	738,201.	738,201.		
22 Depreciation, depletion, and amortization	16,626,208.	16,433,951.	173,031.	19,226.
23 Insurance	3,688,805.	3,477,120.	211,685.	
24 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)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	204,594,568.	182,290,810.	19,426,796.	2,876,962.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	31,243,208.	1	33,948,492.
	2 Savings and temporary cash investments	51,403,538.	2	29,634,924.
	3 Pledges and grants receivable, net	4,436,704.	3	4,182,237.
	4 Accounts receivable, net.	9,492,920.	4	10,315,401.
	5 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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,087,283.	9	1,914,734.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 531,513,221.		
	b Less: accumulated depreciation.	10b 246,681,837.		
		268,430,954.	10c	284,831,384.
	11 Investments - publicly traded securities.	50,673,042.	11	60,905,630.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	27,812,999.	15	24,076,744.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	444,580,648.	16	449,809,546.	
Liabilities	17 Accounts payable and accrued expenses	42,943,151.	17	41,606,137.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	6,702,784.	19	6,616,521.
	20 Tax-exempt bond liabilities.	81,169,267.	20	77,504,443.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	6,158,572.	23	6,014,743.
	24 Unsecured notes and loans payable to unrelated third parties.	53,532,260.	24	53,550,976.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	190,506,034.	26	185,292,820.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	198,047,643.	27	200,812,763.
	28 Net assets with donor restrictions.	56,026,971.	28	63,703,963.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	254,074,614.	32	264,516,726.	
33 Total liabilities and net assets/fund balances.	444,580,648.	33	449,809,546.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	203,064,044.
2	Total expenses (must equal Part IX, column (A), line 25)	2	204,594,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,530,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	254,074,614.
5	Net unrealized gains (losses) on investments	5	10,106,999.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,865,637.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	264,516,726.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK**

Employer identification number
13-1624228

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,465,201.	36,457,442.	63,651,224.	45,132,948.	44,638,253.	229,345,068.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	39,465,201.	36,457,442.	63,651,224.	45,132,948.	44,638,253.	229,345,068.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						229,345,068.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	39,465,201.	36,457,442.	63,651,224.	45,132,948.	44,638,253.	229,345,068.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,618,732.	1,210,494.	2,006,347.	2,885,158.	2,760,300.	10,481,031.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						239,826,099.
12 Gross receipts from related activities, etc. (see instructions)					12	737,874,753.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	95.63%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.32%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
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.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
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.	3b	

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--	--

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		31,870.													
c Total lobbying expenditures (add lines 1a and 1b)		31,870.													
d Other exempt purpose expenditures		182,258,940.													
e Total exempt purpose expenditures (add lines 1c and 1d)		182,290,810.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	39,872.	24,718.	26,874.	31,870.	123,334.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912...; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?...

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

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number 13-1624228

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting art, historical treasures, or other similar assets held for public exhibition, education, or research, and amounts required to be reported under FASB ASC 958.

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

Schedule D (Form 990) 2019

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,415,202.	66,042,502.	57,216,272.	54,751,023.	57,460,060.
b Contributions	1,870,904.	322,227.	401,789.	854,477.	435,331.
c Net investment earnings, gains, and losses	14,608,652.	-4,113,050.	11,118,731.	3,957,405.	-961,906.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,767,331.	2,538,287.	2,409,157.	2,075,069.	1,904,380.
f Administrative expenses	287,746.	298,190.	285,133.	271,564.	278,082.
g End of year balance	72,839,681.	59,415,202.	66,042,502.	57,216,272.	54,751,023.

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

- a** Board designated or quasi-endowment ▶ 48.0700 %
- b** Permanent endowment ▶ 51.7400 %
- c** Term endowment ▶ .1900 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,170,874.		14,170,874.
b Buildings		405,568,786.	181,293,731.	224,275,055.
c Leasehold improvements		294,357.	243,528.	50,829.
d Equipment		58,628,219.	52,551,191.	6,077,028.
e Other		52,850,985.	12,593,387.	40,257,598.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				284,831,384.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	10,155,683.
(2) DEBT SERVICE RESERVE	7,046,647.
(3) RECOVERABLE PORTION SELF INSUR	6,874,414.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	24,076,744.

Part X Other Liabilities.

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

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

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	: \$1,862,277
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST:	\$1,409,592
OTHER COMPONENTS OF NET PERIODIC PENSION COST	: (\$1,406,232)
TOTAL	: \$1,865,637

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUNDS

THE YMCA OF GREATER NEW YORK'S ENDOWMENT FUNDS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY FOR A DONOR-SPECIFIED PERIOD AND PURPOSE, AS WELL AS UNRESTRICTED BOARD DESIGNATED FUNDS. THE GOAL OF THE ENDOWMENT IS TO SUPPORT VARIOUS YMCA PROGRAMS IN FURTHERANCE OF ITS MISSION. ALL DISTRIBUTIONS ARE MADE AND USED IN STRICT ACCORDANCE WITH DONORS' RESTRICTIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK**

Employer identification number
13-1624228

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		25,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					25,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					25,000.

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GENERAL SUPP	25,000.	ACH			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1.**

3 Enter total number of other organizations or entities **1.**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I LINE 2

PROCEDURES FOR MONITORING GRANTS OUTSIDE OF THE UNITED STATES

OVERALL: THERE IS REGULAR MONTHLY MONITORING OF THE OPERATIONS BY THE
MANAGEMENT TEAM.

SCHEDULE F, PART I LINE 3 COLUMN F AND PART II, LINE 1

ACCOUNTING METHOD

THE EXPENDITURES WERE RECORDED ON THE ACCRUAL BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK**

Employer identification number
13-1624228

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LOUISE T. HOOD	INTERIM EVENT DIRECTION		X		209,900.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					209,900.	

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

CT, NJ, NY,

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	
		DODGE DINNER	ARTS & LETTERS	23.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	258,213.	204,927.	647,149.	1,110,289.
	2	Less: Contributions	24,969.	19,816.	62,578.	107,363.
	3	Gross income (line 1 minus line 2)	233,244.	185,111.	584,571.	1,002,926.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	156,875.	162,779.	151,233.	470,887.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	123,733.	98,199.	310,107.	532,039.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK**

Employer identification number
13-1624228

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE OF NYS YMCAS 465 NEW KARNER RD, 1ST FL, ALBANY, NY 12205	01-0567018	501(C)(3)	10,000.				PROGRAM SUPPORT
(2) YMCA OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVE MINNEAPOLIS, MN 55413	45-2563299	501(C)(3)	20,000.				PROGRAM SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 BLACK ACHIEVERS IN INDUSTRY COLLEGE SCHOLARSHIPS	33.	83,619.		BOOK	
2 VON DER HEYDEN COLLEGE SCHOLARSHIPS	7.	35,000.		BOOK	
3 HISPANIC ACHIEVERS SCHOLARSHIPS	2.	5,000.		BOOK	
4					
5					
6					
7					

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

SCHEDULE I, PART I LINE 2

PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES OVERALL: THERE IS REGULAR MONTHLY MONITORING OF THE OPERATIONS BY THE MANAGEMENT TEAM.

SCHEDULE I, PART IV

SCHOLARSHIP PROGRAMS

BLACK ACHIEVERS IN INDUSTRY COLLEGE SCHOLARSHIPS:

ALL AFRICAN AMERICAN COLLEGE BOUND HIGH SCHOOL SENIORS RESIDING IN THE STATE OF NEW YORK, AND PREVIOUS SCHOLARSHIP RECIPIENTS, CURRENTLY IN THEIR FRESHMAN, SOPHOMORE, AND JUNIOR YEAR OF COLLEGE ARE ELIGIBLE TO

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

APPLY. SCHOLARSHIP AWARDS ARE DETERMINED BY THE BLACK ACHIEVERS IN INDUSTRY SCHOLARSHIP COMMITTEE AND RANGE FROM \$2,500 TO \$5,000. THIS IS A ONE-TIME AWARD. RECIPIENTS MUST RE-APPLY ANNUALLY TO BE ELIGIBLE FOR FURTHER AWARDS. AWARDS ARE SENT DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE, TO BE CREDITED TO THE RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES.

VON DER HEYDEN COLLEGE SCHOLARSHIPS:
ALL NEW YORK CITY COLLEGE BOUND HIGH SCHOOL STUDENTS RESIDING IN NEW YORK AND INVOLVED IN YMCA OF GREATER NEW YORK TEEN PROGRAMS ARE ELIGIBLE TO

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

APPLY. \$10,000 TO \$25,000 SCHOLARSHIP AWARDS ARE DETERMINED BY THE KARL M
 VON DER HEYDEN SCHOLARSHIP COMMITTEE TO BE PAID OVER A FOUR YEAR PERIOD
 DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE TO BE CREDITED TO THE
 RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES.

HISPANIC ACHIEVERS SCHOLARSHIPS:

ALL COLLEGE BOUND HIGH SCHOOL SENIORS RESIDING IN THE STATE OF NEW YORK
 AND PARTICIPATING IN THE YMCA OF GREATER NEW YORK ROWE SCHOLARS PROGRAMS
 ARE ELIGIBLE TO APPLY. ONE TIME SCHOLARSHIP AWARDS OF \$2,500 ARE
 DETERMINED BY THE COMMITTEE TO BE PAID DIRECTLY TO THE RECIPIENT'S SCHOOL

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

OF CHOICE, TO BE CREDITED TO THE RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
NEW YORK

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER

Employer identification number
13-1624228

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" 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
1a	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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 SHARON GREENBERGER PRESIDENT/CEO	(i)	594,023.	180,000.	54,758.	191,008.	25,267.	1,045,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MICHAEL GUARINO EXECUTIVE VP/CFO/TREASURER	(i)	337,193.	82,875.	15,759.	115,323.	18,027.	569,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MELVIN TSE EVP/COO	(i)	320,595.	81,250.	9,124.	78,071.	24,269.	513,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ELIZABETH BERGIN CORP SEC/SVP	(i)	306,525.	75,000.	10,162.	106,986.	9,411.	508,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOSEPH CHAN SVP REAL ESTATE/PROPERTY MGMT	(i)	291,020.	100,000.	0.	28,000.	9,309.	428,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PETER DEMEE CHIEF INFORMATION OFFICER	(i)	261,673.	25,750.	0.	27,150.	1,392.	315,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 HEATHER LIVERNOIS VP FINANCE	(i)	227,872.	25,850.	0.	26,445.	23,770.	303,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JAMES TROCCHIA VP HUMAN RESOURCES	(i)	206,146.	24,765.	0.	23,841.	23,601.	278,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LORETTA TRAPANI VP MEMBER EXPER&OPERATIONS	(i)	213,634.	20,900.	0.	24,145.	17,261.	275,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ELIZABETH TOLEDO-CRUZ VP FIELD OPERATIONS	(i)	205,921.	10,500.	0.	22,392.	23,632.	262,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SHARON LEVY VP PUBLIC AFFAIRS	(i)	181,869.	18,368.	0.	20,773.	23,489.	244,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 LISA SANGUILIANO VP HEALTHY LIFESTYLES	(i)	183,431.	19,732.	0.	20,585.	8,774.	232,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DORDY JOURDAIN VP FIELD OPERATIONS	(i)	172,937.	20,000.	0.	19,835.	17,153.	229,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 ANITA HARVEY SR EXECUTIVE DIRECTOR	(i)	189,445.	14,710.	0.	20,416.	993.	225,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 KATHRYN COLGLAZIER SR EXEC DIRECTOR	(i)	174,957.	13,124.	0.	20,710.	15,441.	224,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 LAUREN BARR VP YOUTH&COMM DEV	(i)	178,013.	19,250.	0.	20,026.	718.	218,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 CEDRIC DEW SR EXEC DIR/TRANSITION HOUSING	(i)	157,066.	17,825.	0.	18,030.	17,072.	209,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD RICCIO VP PROPERTIES	(i)	197,028.	0.	0.	0.	12,446.	209,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ERIKA RAUTENSTRAUCH VP FIELD OPERATIONS	(i)	154,680.	20,000.	0.	15,895.	763.	191,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

SCHEDULE J - GENERAL COMPENSATION NOTES

(A) COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: BASE SALARY, ANNUAL INCENTIVE OPPORTUNITY, DISTRIBUTIONS FROM SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN, SEC 529 QUALIFIED TUITION PLAN, TERM LIFE INSURANCE, VALUE OF INSURANCE (PS58 COSTS) OF WHOLE LIFE INSURANCE IN SEC 457(F) PLAN, SUPPLEMENTAL LONG-TERM DISABILITY INSURANCE, LONG-TERM CARE INSURANCE, AND PAID SEVERANCE PAYMENTS.

(B) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: CONTRIBUTION TO SEC 403(B) TAX-SHELTERED ANNUITY PLAN, CONTRIBUTIONS TO SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN AND PAYMENTS TO WELFARE BENEFIT PLANS ON BEHALF OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES SUCH AS MEDICAL, DENTAL, LIFE INSURANCE, SEVERANCE PAY, DISABILITY, ETC.

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.

(C) EXPENSE ACCOUNTS AND OTHER ALLOWANCES INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING: TAXABLE AND NON-TAXABLE FRINGE BENEFITS (OTHER THAN DE MINIMIS FRINGE BENEFITS DESCRIBED IN SEC 132(E)), EXPENSE ALLOWANCES OR REIMBURSEMENTS TO THE EXTENT THEY ARE TAXABLE TO THE RECIPIENT, PAYMENTS MADE UNDER INDEMNIFICATION ARRANGEMENTS, HOUSING, OR OTHER ASSETS OWNED OR LEASED BY THE ORGANIZATION (OR PROVIDED FOR THE ORGANIZATION'S USE WITHOUT CHARGE). ABOVE ALLOWANCES PROVIDED TO OFFICERS HAVE BEEN INCLUDED AS FORM W-2 COMPENSATION.

SCHEDULE J, PART I, LINE 1

OFFICERS ARE ALLOWED TO TRAVEL FIRST CLASS IN VERY LIMITED INSTANCES. ALL EMPLOYEES ON A NONDISCRIMINATORY BASIS RECEIVE, AT NO ADDITIONAL COST TO THE YMCA, MEMBERSHIP TO FACILITIES OF THE YMCA OF GREATER NEW YORK.

SCHEDULE J, PART I, LINE 4B

NONQUALIFIED RETIREMENT PLAN - SOME OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES LISTED IN SCHEDULE J, MIGHT PARTICIPATE IN OTHER

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.

NONQUALIFIED RETIREMENT PLAN IN 2019.

DURING CALENDAR YEAR 2019, THE FOLLOWING INDIVIDUALS VESTED IN A DEFERRED COMPENSATION AND EACH RECEIVED A PAYMENT WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B) (III).

SHARON GREENBERGER	\$54,758
MICHAEL GUARINO	\$15,759
MELVIN TSE	\$9,124
ELIZABETH BERGEN	\$10,162

DURING CALENDAR YEAR 2019, THE FOLLOWING INDIVIDUALS PARTICIPATED IN A DEFERRED COMPENSATION PLAN WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

SHARON GREENBERGER	\$163,008
MICHAEL GUARINO	\$87,323
MELVIN TSE	\$50,071

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.

ELIZABETH BERGEN \$78,986

SCHEDULE J, PART I, LINE 7

FULL TIME EMPLOYEES WHO MEET SPECIFIC ANNUAL PERFORMANCE GOALS ARE ELIGIBLE TO PARTICIPATE IN THE ANNUAL INCENTIVE OPPORTUNITY. INCENTIVE AWARDS ARE DISTRIBUTED BASED ON PERFORMANCE RATING. PARTICIPANTS MUST BE ACTIVELY EMPLOYED ON THE DATE INCENTIVE PAYMENTS ARE DISTRIBUTED. THE PAYMENT INFORMATION IS REPORTED ON SCH. J PART II COLUMN B(II).

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

2019

▶ **Attach to Form 990.**

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK**

Employer identification number
13-1624228

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A BUILD NYC RESOURCE CORPORATION	45-4040561	12008EKS4	11/04/2015	45,277,393.	CONSTRUCTION		X		X		X
B BUILD NYC RESOURCE CORPORATION	45-4040561	12008EAL0	06/28/2012	55,157,274.	CONSTRUCTION		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	48,235,118.		55,160,792.					
4 Gross proceeds in reserve funds	3,455,716.		3,592,111.					
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows.								
7 Issuance costs from proceeds	871,150.		940,796.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	9,956,205.		27,984,440.					
11 Other spent proceeds.	33,952,056.		22,640,548.					
12 Other unspent proceeds								
13 Year of substantial completion	2019		2015					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2019

Part III Private Business Use		NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.1400 %		.1400 %		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 51400 %		.1400 %		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

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

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

SCHEDULE K, PART II, LINE 3 COLUMNS (A) & (B)

THE TOTAL PROCEEDS OF ISSUE ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED
IN PART I, COLUMN (E) FOR BOTH BONDS DUE TO INVESTMENT EARNINGS.

SCHEDULE K, PART III

YMCA OF GREATER NEW YORK PERFORMED A PRIVATE BUSINESS USE STUDY AND FOUND
MINIMAL PRIVATE BUSINESS USE ASSOCIATED WITH THE INCIDENTAL USE OF SPACE
FOR VENDED REFRESHMENTS, SNACKS, MEALS AND OTHER PRODUCTS FOR THE BENEFIT
OF MEMBERS.

SCHEDULE K, PART IV, LINE 2

THE REBATE CALCULATION FOR THE 2012 BOND WAS LAST PERFORMED ON JULY 7,
2017.

SCHEDULE K, PART V

THE YMCA OF GREATER NEW YORK HAS WRITTEN PROCEDURES FOR A CORRECTIVE
PLAN.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK**

Employer identification number
13-1624228

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ _____						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AURORA MINDUR	DAUGHTER OF KEY EMPLOYEE	37,853.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV, LINE 1, COLUMN (D)

THE DAUGHTER OF THE KEY EMPLOYEE LISTED IN SCHEDULE L, PART IV WAS AN EMPLOYEE OF YMCA DURING THE REPORTING PERIOD. HER COMPENSATION REPORTED ON SCHEDULE L WAS DETERMINED IN ACCORDANCE WITH YMCA'S REGULAR COMPENSATION PRACTICES APPLICABLE TO SIMILARLY SITUATED EMPLOYEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13.	197,317.	FMV ON RECEIPT DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
NEW YORK YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER

Employer identification number
13-1624228

FORM 990, PART III

THE ORGANIZATION'S MISSION AND PROGRAM SERVICE EXPENSES

A. THE ORGANIZATION'S MISSION

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK, A NEW YORK NOT-FOR-PROFIT 501(C) (3) CORPORATION, IS A COMMUNITY SERVICE ORGANIZATION FOUNDED IN 1852 FOR ALL NEW YORKERS TO EMPOWER YOUTH, IMPROVE HEALTH AND STRENGTHEN COMMUNITY. THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK IS REFERRED TO HEREIN AS THE "YMCA OF GREATER NEW YORK" OR THE "YMCA OF GNY".

THE STORY OF THE YMCA OF GREATER NEW YORK IS A STORY 167 YEARS IN THE MAKING THAT TODAY REACHES APPROXIMATELY 500,000 NEW YORKERS. IT IS A STORY OF MAJOR NEW INITIATIVES AND UNPRECEDENTED GROWTH, INCLUDING THE BUILDING OF NEW FACILITIES IN BEDFORD-STUYVESANT, CONEY ISLAND, THE ROCKAWAYS, CHELSEA, CHINATOWN, DOWNTOWN BROOKLYN, PROSPECT PARK AND THE BRONX. IT IS A STORY OF UNPRECEDENTED IMPACT, INCLUDING MORE THAN \$50 MILLION IN SPONSORED, FREE AND SUBSIDIZED PROGRAMS TO THOUSANDS OF MEMBERS AND PROGRAM PARTICIPANTS, ASSURING THEM OF AN EQUAL OPPORTUNITY TO BENEFIT FROM THE YMCA OF GNY'S PROGRAMS AND SERVICES.

FROM ITS HUMBLE BEGINNINGS IN RENTED ROOMS PROVIDING SHELTER TO YOUNG MEN ON MANHATTAN'S LOWER EAST SIDE, THE YMCA OF GREATER NEW YORK HAS GROWN TO

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--	--

SERVE APPROXIMATELY 500,000 PEOPLE EACH YEAR THROUGH 22 FULL-SERVICE BRANCHES (EACH A "BRANCH") THROUGHOUT THE FIVE BOROUGHES THAT TOTAL MORE THAN 1.4 MILLION SQUARE FEET OF PROGRAM SPACE IN NEW YORK CITY. TWO ADDITIONAL BRANCHES ARE IN DEVELOPMENT IN THE BRONX. IN ADDITION, THE YMCA OF GREATER NEW YORK OWNS APPROXIMATELY 1,000 ACRES OF UPSTATE NEW YORK WOODLANDS, WHERE IT OPERATES A CAMP WITH THREE DISTINCT UNITS AND A MEETING CENTER, EACH COMMITTED TO FOSTERING PERSONAL GROWTH IN CHILDREN AND TEENS AND TEACHING ENVIRONMENTAL EDUCATION. THE YMCA OF GREATER NEW YORK ALSO OPERATES PROGRAMS INCLUDING AFTER-SCHOOL CARE, YOUTH SPORTS AND ADULT EDUCATION AT MORE THAN 90 SITES AT NEW YORK CITY PUBLIC SCHOOLS, PARKS AND COMMUNITY FACILITIES.

IN NEIGHBORHOODS ACROSS NEW YORK CITY, THE YMCA OF GREATER NEW YORK HAS THE PRESENCE, VISION, LEADERSHIP AND CREDIBILITY TO DELIVER LASTING AND PERSONAL SOCIAL CHANGE, RESULTING IN A BETTER FUTURE FOR ALL NEW YORKERS. THE YMCA OF GREATER NEW YORK DEVELOPS NEW YORK CITY'S YOUTH, DELIVERING PROGRAMS TO APPROXIMATELY 250,000 CHILDREN AND TEENS THAT ENGENDER POSITIVE BEHAVIORS, BETTER HEALTH AND IMPROVED EDUCATIONAL ACHIEVEMENT. THE YMCA OF GREATER NEW YORK IMPROVES THE HEALTH AND WELL BEING OF NEW YORKERS, LEVERAGING ITS GROWING CAPACITY AND LOCAL REACH TO EXPAND PROGRAMS THAT IMPROVE COMMUNITY HEALTH. THE YMCA OF GREATER NEW YORK PROVIDES A STRONG FOCUS ON NEW YORK CITY'S MOST CRITICAL SOCIAL NEEDS, MOST VULNERABLE CITIZENS AND UNDERSERVED POPULATIONS.

AMONG THE HUNDREDS OF PROGRAMS OFFERED BY THE YMCA OF GREATER NEW YORK

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--	--

ARE YOUTH PROGRAMS, INCLUDING INFANT CARE, UNIVERSAL PRE-KINDERGARTEN, CHILD CARE, DAY CARE AND AFTER SCHOOL CARE PROGRAMS; SWIMMING AND SPORTS LEAGUES; INSTRUCTIONAL CLASSES; EVENING TEEN CENTERS; COUNSELING AND HEALTH AWARENESS; LIFE/SOCIAL SKILLS; MENTORING; LEADERSHIP TRAINING AND DEVELOPMENT; SERVICE LEARNING; COMPUTER TRAINING; COLLEGE/CAREER PREPARATION; AND DAY CAMPS AND SLEEP-AWAY CAMPS. ALL YOUTH PROGRAMS ARE DESIGNED TO NURTURE THE POTENTIAL OF EACH CHILD AND TEEN.

ALL OF THE YMCA OF GREATER NEW YORK'S PROGRAMS TEACH THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY AND CONTINUE ITS TRADITION OF EMPHASIS UPON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. THE YMCA OF GREATER NEW YORK GIVES THOUSANDS OF YOUNG PEOPLE A PLACE TO COME AFTER SCHOOL FOR SAFE AND PRODUCTIVE ACTIVITIES THAT ENCOURAGE AND SUPPORT ACADEMIC PERFORMANCE AND THAT HELP TO BUILD THEIR SELF-ESTEEM AND DEVELOP HEALTHY LIFESTYLES.

THE YMCA OF GNY HAS ALWAYS GROWN FROM WITHIN ITS COMMUNITY AND IS A REFLECTION OF THE DIVERSITY AND VALUES OF THAT COMMUNITY. AT THE YMCA OF GNY, NO ONE IS TURNED AWAY DUE TO AN INABILITY TO PAY. TO OFFER THE BROADEST POSSIBLE ACCESS TO ITS PROGRAMS, SERVICES AND FACILITIES AND TO PROVIDE FOR THOSE INDIVIDUALS AND COMMUNITY GROUPS THAT MIGHT NOT BE ABLE TO AFFORD THE FULL COST OF ITS PROGRAMS, SERVICES AND FACILITIES, THE YMCA OF GNY ENGAGES IN FUNDRAISING THROUGH THE ANNUAL CAMPAIGN, SPECIAL EVENTS AT THE CORPORATE AND BRANCH LEVELS, GRANTS, BEQUESTS AND INDIVIDUAL, CORPORATE AND FOUNDATION SUPPORT.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--	--

B. PROGRAM SERVICES EXPENSES PROGRAM DESCRIPTION AND PROGRAM SERVICE

EXPENSES AND REVENUE CONSISTED OF THE FOLLOWING AT DECEMBER 31, 2019:

EXPENSES

- 1) YOUTH DEVELOPMENT - \$73,165,025
- 2) HEALTHY LIVING - \$63,248,730
- 3) SOCIAL RESPONSIBILITY - \$45,877,055

REVENUE

- 1) YOUTH DEVELOPMENT - \$26,169,978
- 2) HEALTHY LIVING - \$88,108,184
- 3) SOCIAL RESPONSIBILITY - \$40,841,734

THE TOTAL PROGRAM SERVICE EXPENSES WERE IN THE AMOUNT OF \$182,290,810 FOR 2019. THE PROGRAM SERVICE EXPENSES INCLUDE GRANTS IN THE AMOUNT OF \$188,869.

THE TOTAL PROGRAM SERVICE REVENUE WAS IN THE AMOUNT OF \$155,119,896.

PLEASE ALSO SEE ABOVE FOR A DESCRIPTION OF THE PROGRAMS RUN BY THE YMCA OF GREATER NEW YORK.

THE PROGRAM SERVICE EXPENSES INCLUDE SCHOLARSHIPS PAID TO INDIVIDUALS AND SUPPORT TO OVERSEAS YMCA BRANCHES. PLEASE SEE SCHEDULE F AND I FOR MORE DETAILS REGARDING GRANTS PAID IN 2019.

Name of the organization NEW YORK	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--------------------------------------	--	--

FORM 990, PART VI, SECTION A, LINE 11

REVIEW PROCESS FOR FORM 990

FORM 990 IS FIRST SENT TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND THEN SENT TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12

CONFLICT OF INTEREST POLICY

YMCA'S CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION. YMCA'S BYLAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS. THE GOVERNING BOARD IS CHARGED WITH REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION. THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES. YMCA'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION POLICY

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--	--

AT ITS REGULAR MEETING HELD IN JANUARY 29, 2020, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE YMCA OF GREATER NEW YORK CONDUCTED A REVIEW OF THE REASONABLENESS OF THE COMPENSATION BEING PROVIDED TO THE CHIEF EXECUTIVE AND OTHER TOP EXECUTIVE OFFICERS OF THE YMCA OF GREATER NEW YORK, INCLUDING THE EXECUTIVE VP'S AND THE SR VP'S, ALL IN ACCORDANCE WITH TREAS. REG. S. 53.4958-6(C)(2). BIANNUALLY, MOST RECENTLY IN JANUARY 29, 2020, FOR THIS PURPOSE AND TO SATISFY THE PROFESSIONAL ADVICE REQUIREMENTS OF TREAS. REG. S. 53.4958-1(D)(4)(III), THE COMMITTEE RETAINED SMITH COMPENSATION CONSULTING TO COMPARE THE YMCA OF GREATER NEW YORK'S COMPENSATION AND BENEFITS TO MAJOR NEW YORK CITY NON-PROFITS AND MAJOR U.S. METROPOLITAN YMCA'S. BASED ON THIS DATA AND COMPARATIVE REPORT PREPARED BY SMITH COMPENSATION CONSULTING, THE COMMITTEE CONCLUDED THAT THE COMPENSATION AND BENEFITS PROVIDED TO THE CHIEF EXECUTIVE AND TO THE OTHER TOP EXECUTIVE OFFICERS IS REASONABLE AND NOT EXCESSIVE, IN TERMS OF THE IRS "INTERMEDIATE SANCTIONS" REGULATIONS. THE COMMITTEE CONDUCTS A COMPLETE INTERMEDIATE SANCTIONS REVIEW IN ACCORDANCE WITH THE APPLICABLE TREASURY REGULATIONS NO LESS THAN BI-ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND THE YMCA OF GREATER NEW YORK WEBSITE. OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

Name of the organization NEW YORK	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER	Employer identification number 13-1624228
--------------------------------------	--	--

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: \$1,862,277

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST: \$1,409,592

OTHER COMPONENTS OF NET PERIODIC PENSION COST: (\$1,406,232)

TOTAL: \$1,865,637

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GROUP-S LLC/EN-POWER GROUP 50 MAIN STREET, SUITE 1000 WHITE PLAINS, NY 10606	ENGINEERING SRVCS	1,457,383.
ABLE CLEANING SERVICE OF NJ LLC 1819 UNDERWOOD BOULEVARD, SUITE 3 DELRAN, NJ 08075	CONTRACT CLEANING SV	1,401,186.
PRICewaterhouseCOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170	ACCOUNTING SERVICES	661,425.
MARVEL ARCHITECTS PLLC 145 HUDSON STREET, FLOOR 3 NEW YORK, NY 10013	ARCHITECTURE SRVCS	580,201.
SYNTAX SYSTEMS LTD LLC 130 BELMONT DRIVE SOMERSET DRIVE, NJ 08873	IT HOSTING & SUPPORT	528,004.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACT CLEANING SERVICES	8,685,279.	8,081,365.	385,413.	218,501.
OTHER CONTRACT SERVICES	7,192,505.	6,692,390.	319,170.	180,945.
CREDIT CARD EXPENSES	2,803,972.	2,609,004.	124,427.	70,541.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER
NEW YORK

Employer identification number
13-1624228

ATTACHMENT 2 (CONT'D)

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONSULTING FEES	1,533,080.	1,426,481.	68,031.	38,568.
CONTRACT LAUNDRY SERVICES	1,113,116.	1,035,718.	49,395.	28,003.
GUARD SERVICES	708,844.	659,556.	31,455.	17,833.
OTHER SERVICE FEES	540,250.	502,685.	23,974.	13,591.
TOTALS	<u>22,577,046.</u>	<u>21,007,199.</u>	<u>1,001,865.</u>	<u>567,982.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
--	--

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YMCA RETIREMENT FUND 120 BROADWAY NEW YORK, NY 10271 13-5562401	SUPPORTING	NY	501 (C) (3)	12 TYPE I	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PERPETUAL TRUST (1)	TRUST DISTRIB	NY	NA	TRUST					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
