

Form **990**

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

OMB No. 1545-0047

**2020**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

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

**C** Name of organization: **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HUNTSVILLE ALABAMA**

Doing business as: \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address): **120 HOLMES AVENUE - SUITE 300** Room/suite: \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code: **HUNTSVILLE AL 35801**

**D** Employer identification number: **58-2058795**

**E** Telephone number: **256-428-9622**

**F** Name and address of principal officer: **JERRY COURTNEY**

**G** Gross receipts: **10,062,986**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: ▶ **WWW.YMCAHUNTSVILLE.ORG** **H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1910** **M** State of legal domicile: **AL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>681</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>389</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 632,295	<b>Current Year</b> 3,438,144
	<b>9</b> Program service revenue (Part VIII, line 2g)	9,682,813	6,564,233
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,050	8,431
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-443	0
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,366,715</b>	<b>10,010,808</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,938,651	4,351,101
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>176,108</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,507,116	4,646,144
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,445,767</b>	<b>8,997,245</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-79,052</b>	<b>1,013,563</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 21,255,320	<b>End of Year</b> 22,491,667
	<b>21</b> Total liabilities (Part X, line 26)	16,741,661	16,961,268
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,513,659</b>	<b>5,530,399</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **JERRY COURTNEY** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT AND CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **RANDY BLACKWELL** Preparer's signature: **RANDY BLACKWELL** Date: **11/04/21** Check  if self-employed PTIN: **P00075826**

Firm's name ▶ **BRAND, BLACKWELL & COMPANY, PC** Firm's EIN ▶ **63-0861852**

Firm's address ▶ **HUNTSVILLE, AL 35805** Phone no. **256-536-3513**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**THE YMCA IS A CAUSE-DRIVEN, INCLUSIVE ORGANIZATION THAT PUTS CHRISTIAN PRINCIPALS INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL.**

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **4,547,537** including grants of\$ ) (Revenue \$ **2,111,132** )  
**YOUTH DEVELOPMENT: SEE ATTACHMENT-PROGRAM DESCRIPTIONS**

4b (Code: ) (Expenses \$ **3,250,442** including grants of\$ ) (Revenue \$ **4,432,726** )  
**HEALTHY LIVING: SEE ATTACHMENT-PROGRAM DESCRIPTIONS**

4c (Code: ) (Expenses \$ **596,296** including grants of\$ ) (Revenue \$ **20,375** )  
**SOCIAL RESPONSIBILITY: SEE ATTACHMENT-PROGRAMS DESCRIPTIONS**

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

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

4e Total program service expenses ► **8,394,275**

**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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> <b>681</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a 18</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b 18</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>▶ NONE</b>
<b>18</b>	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records <b>▶</b> <b>JEFF SANDERS CFO OF YMCA 120 HOLMES AVE STE 300 HUNTSVILLE AL 35801 256-428-9622</b>

**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) <b>JERRY COURTNEY</b>	45.00									
<b>PRESIDENT AND CEO</b>	0.00	X		X			163,832	0	21,189	
(2) <b>JEFF SANDERS</b>	40.00									
<b>CFO</b>	0.00			X			104,120	0	504	
(3) <b>DAVID BIER</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(4) <b>JAY COBB</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(5) <b>WESLEY CRUNKLETON</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>DR MYRA GRAY</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>LOUCIOUS HIRES</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(8) <b>THOMAS HOUSTON</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>JOHN HOWARD</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>SARAH OSBORNE</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	
(11) <b>KATHY PARIKH</b>	0.00									
<b>BOARD OF DIRECTOR</b>	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KRISTIN PRASAD	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
(13) CHRIS ROBINSON	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
(14) SCOTT SEELEY	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
(15) JARED SHARP	0.00									
BOARD OF DIR-TREAS.	0.00	X						0	0	0
(16) JIMMY THORNTON	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
(17) BRITTANY TOTH	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
(18) KAROCKAS WATKINS	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
(19) KEN WATSON	0.00									
BOARD OF DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>267,952</b>		<b>21,693</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>267,952</b>		<b>21,693</b>

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>	<b>X</b>	
<b>5</b> 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>		<b>X</b>

**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 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 85,500					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b> 25,000					
	<b>e</b> Government grants (contributions)	<b>1e</b> 955,086					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,372,558					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total. Add lines 1a-1f</b>		<b>3,438,144</b>				
	<b>Program Service Revenue</b>	<b>2a</b> HEALTHY LIVING	Business Code	4,432,726	4,432,726		
<b>b</b> YOUTH DEVELOPMENT			2,111,132	2,111,132			
<b>c</b> SOCIAL RESPONSIBILITY			20,375	20,375			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total. Add lines 2a-2f</b>			<b>6,564,233</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		11,397	1,829		9,568	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>	3,142	46,070			
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	52,178			
	<b>c</b> Gain or (loss)	<b>7c</b>	3,142	-6,108			
	<b>d</b> Net gain or (loss)		-2,966	-2,966			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>			<b>10,010,808</b>	<b>6,563,096</b>	<b>0</b>	<b>9,568</b>	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,725,441	3,484,027	125,146	116,268
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	189,902	171,581	7,917	10,404
9 Other employee benefits	93,325	86,232	2,885	4,208
10 Payroll taxes	342,433	324,062	9,675	8,696
11 Fees for services (nonemployees):				
a Management				
b Legal	2,562		2,562	
c Accounting	18,470	250	18,220	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	115,657	4,112	111,350	195
13 Office expenses	21,528	2,434	19,046	48
14 Information technology				
15 Royalties				
16 Occupancy	650,863	612,296	35,094	3,473
17 Travel	42,379	35,335	3,672	3,372
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,857	21,688	3,954	3,215
20 Interest	635,912	635,274	638	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,231,191	1,230,200	903	88
23 Insurance	173,466	173,240	209	17
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>SUPPLIES</b>	549,037	518,888	23,168	6,981
b <b>CONTRACT SERVICES</b>	482,828	460,108	6,441	16,279
c <b>EQUIP-EXPENDABLE/RENTED</b>	290,650	283,674	6,316	660
d <b>TELECOMMUNICATIONS</b>	114,946	72,419	41,079	1,448
e All other expenses	287,798	278,455	8,587	756
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>8,997,245</b>	<b>8,394,275</b>	<b>426,862</b>	<b>176,108</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>113,201</b>	<b>1</b>	<b>378,078</b>
	<b>2</b> Savings and temporary cash investments .....	<b>901,996</b>	<b>2</b>	<b>2,797,671</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>203,273</b>	<b>3</b>	<b>101,643</b>
	<b>4</b> Accounts receivable, net .....	<b>27,256</b>	<b>4</b>	<b>8,212</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>37,276</b>	<b>9</b>	<b>35,662</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a 31,671,671</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b 12,652,075</b>	<b>19,790,613</b>	<b>10c 19,019,596</b>
	<b>11</b> Investments—publicly traded securities .....	<b>82,230</b>	<b>11</b>	<b>87,703</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>99,475</b>	<b>15</b>	<b>63,102</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>21,255,320</b>	<b>16</b>	<b>22,491,667</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>684,530</b>	<b>17</b>	<b>586,210</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	<b>77,260</b>	<b>19</b>	<b>70,480</b>
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>15,857,269</b>	<b>23</b>	<b>16,085,060</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	<b>8,218</b>	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	<b>114,384</b>	<b>25</b>	<b>219,518</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>16,741,661</b>	<b>26</b>	<b>16,961,268</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>4,378,659</b>	<b>27</b>	<b>5,383,496</b>
	<b>28</b> Net assets with donor restrictions .....	<b>135,000</b>	<b>28</b>	<b>146,903</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> Total net assets or fund balances .....	<b>4,513,659</b>	<b>32</b>	<b>5,530,399</b>	
<b>33</b> Total liabilities and net assets/fund balances .....	<b>21,255,320</b>	<b>33</b>	<b>22,491,667</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>10,010,808</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>8,997,245</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,013,563</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,513,659</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>3,177</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>5,530,399</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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		



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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](http://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 METROPOLITAN HUNTSVILLE ALABAMA** Employer identification number **58-2058795**

**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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

**14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2019 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	378,565	616,068	699,552	583,170	515,870	2,793,225
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,150,684	8,431,422	8,996,924	9,682,813	6,511,666	41,773,509
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	8,529,249	9,047,490	9,696,476	10,265,983	7,027,536	44,566,734
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	42,300	41,722	40,565	50,988	47,121	222,696
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	602,469	607,647	824,784	1,151,069	1,029,481	4,215,450
<b>c</b> Add lines 7a and 7b	644,769	649,369	865,349	1,202,057	1,076,602	4,438,146
<b>8 Public support.</b> (Subtract line 7c from line 6.)						40,128,588

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6	8,529,249	9,047,490	9,696,476	10,265,983	7,027,536	44,566,734
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,088	5,058	7,253	16,285	11,397	45,081
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	5,088	5,058	7,253	16,285	11,397	45,081
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	8,534,337	9,052,548	9,703,729	10,282,268	7,038,933	44,611,815

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	89.95 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	91.39 %

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

		Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in line 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

**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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> 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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

**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.)

**SUPPORTING SCHEDULE - UNUSUAL GRANTS**

<b>ONE TIME UNRESTRICTED CONTRIBUTION</b>	<b>\$ 2,000,000</b>
<b>COVID-19 RELIEF</b>	<b>\$ 15,000</b>
<b>PPP-COVID-19 RELIEF</b>	<b>\$ 897,274</b>
<b>EDIL-COVID-19 RELIEF</b>	<b>\$ 10,000</b>

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

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

Name of the organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HUNTSVILLE ALABAMA</b>	Employer identification number <b>58-2058795</b>
---	---

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION

58-2058795

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY SERVICE 701 ANDREW JACKSON WAY HUNTSVILLE AL 35807-0095	\$ 85,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DAVID/ANN HOGAN 3281 BURNT PINE LANE MIRAMAR BEACH FL 32550	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOHN HAMILTON 212 AVIAN LANE MADISON AL 35758	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RUSSELL HILL CANCER FOUNDATION 3601 CCI DR, NW HUNTSVILLE AL 35805	\$ 14,278	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN A. JOHNSON 140 SHILOH CREEK DRIVE MADISON AL 35758	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TYLER HOGAN 69 LAKE FOREST BLVD HUNTSVILLE AL 35824	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION

58-2058795

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANN HOGAN 69 LAKE FOREST BLVD HUNTSVILLE AL 35824	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	COMMUNITY FOUNDATION OF HUNTSVILLE MADISON COUNTY POST OFFICE BOX 332 HUNTSVILLE AL 35804	\$ 97,935	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BOEING 100 N. RIVERSIDE CHICAGO IL CHICAGO IL 60606	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HILL FAMILY CARES FOUNDATION 2804 BRIARWOOD HUNTSVILLE AL 35801	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FRANK WILLIAMS DEALERSHIPS 6533 UNIVERSITY DRIVE HUNTSVILLE AL 35806	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BRYANT BANK 320 PELHAM AVE, SW #100 HUNTSVILLE AL 35801	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION

58-2058795

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NORTHROP GRUMMAN CORPORATION 301 VOYAGER WAY NW HUNTSVILLE AL 35806	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CRESTWOOD MEDICAL CENTER ONE HOSPITAL DRIVE HUNTSVILLE AL 35801	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PRECOR 20031 142ND AVENUE NE WOODINVILLE WA 98072	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MACKENZIE SCOTT ANONYMOUS SEATTLE WA 98101	\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	FIRST BAPTIST CHURCH 600 GOVERNORS DR HUNTSVILLE AL 35801	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	LANDERS MCLARTY 6520 UNIVERSITY DRIVE HUNTSVILLE AL 35806	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HUNTSVILLE ALABAMA</b>	Employer identification number <b>58-2058795</b>
---	---

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

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

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ .....

**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 |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations .....  | 3a(i)  |    |
| (ii) Related organizations .....   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |
- 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 .....		2,742,641		2,742,641
b Buildings .....		23,537,435	9,173,764	14,363,671
c Leasehold improvements .....		1,401,174	1,172,383	228,791
d Equipment .....		2,814,837	1,862,964	951,873
e Other .....		1,175,584	442,964	732,620
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>19,019,596</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>REFUNDABLE ADVANCES</b>	<b>138,613</b>
(3) <b>LEASE INCENTIVE LIABILITY</b>	<b>80,905</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>219,518</b>

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





**SCHEDULE J**  
**(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF METROPOLITAN HUNTSVILLE ALABAMA**

Employer identification number

**58-2058795**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input 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:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment?                           | <b>4a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? | <b>4b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?    | <b>4c</b> | <input checked="" type="checkbox"/> |
- 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:

- |                                    |           |                                     |
|------------------------------------|-----------|-------------------------------------|
| <b>a</b> The organization?         | <b>5a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>5b</b> | <input checked="" type="checkbox"/> |
- 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:

- |                                    |           |                                     |
|------------------------------------|-----------|-------------------------------------|
| <b>a</b> The organization?         | <b>6a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>6b</b> | <input checked="" type="checkbox"/> |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**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	JERRY COURTNEY PRESIDENT AND CEO	(i) 157,738 (ii) 0 (iii) 6,094	(i) 0 (ii) 0 (iii) 0	(i) 21,189 (ii) 0 (iii) 0	(i) 0 (ii) 0 (iii) 0	(i) 185,021 (ii) 0 (iii) 0	(i) 0 (ii) 0 (iii) 0	
2		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
3		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
4		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
5		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
6		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
7		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
8		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
9		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
10		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
11		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
12		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
13		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
14		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
15		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	
16		(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	(i) .....	





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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF METROPOLITAN HUNTSVILLE ALABAMA**

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2020**

Open To Public Inspection

Employer identification number

**58-2058795**

**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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(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.

1	(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)					



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HUNTSVILLE ALABAMA</b>	Employer identification number <b>58-2058795</b>
---	---

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HUNTSVILLE  
INCORPORATED'S (YMCA) MISSION IS TO ADVANCE OUR CAUSE OF STRENGTHENING  
COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL  
RESPONSIBILITY. THE YMCA IS A POWERFUL ASSOCIATION OF MEN, WOMEN, AND  
CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE.  
WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING  
THE NATION'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK  
AND SUPPORT NEIGHBORS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
EACH MEMBER OF THE BOARD OF DIRECTORS WAS PROVIDED AN ELECTRONIC COPY OF  
THE FORM 990 FOR THEIR REVIEW AND APPROVAL. UNANIMOUSLY APPROVED BY  
ELECTRONIC VOTE. ALL VOTES WERE RECEIVED BY OCTOBER 25, 2021.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT  
OF INTEREST POLICY BY THE ANNUAL COMPLETION OF A CONFLICT OF INTEREST  
QUESTIONNAIRE BY ALL BOARD MEMBERS WHICH IS THEN REVIEWED.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
THE YMCA OF THE USA HUMAN RESOURCES AND TALENT MANAGEMENT TASK FORCE, A  
SUBCOMMITTEE OF THE YMCA OF THE USA BOARD OF DIRECTORS, ANNUALLY  
ESTABLISHES RECOMMENDED SALARY ADMINISTRATION GUIDELINES FOR YMCAS TO USE  
IN BUDGET PLANNING. THE TASK FORCE BASES ITS GUIDELINES ON A REVIEW OF

Name of the organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION

58-2058795

CURRENT SALARY TRENDS IN YMCAS AND OTHER ORGANIZATIONS. ONE KEY RESPONSIBILITY OF THE TASK FORCE IS TO IDENTIFY METHODS FOR VOLUNTEERS AND STAFF TO CONSIDER IN THE DEVELOPMENT AND MAINTENANCE OF EFFECTIVE SALARY ADMINISTRATION PROGRAMS IN THEIR RESPECTIVE ASSOCIATIONS. THE TASK FORCE REVIEWS CURRENT SALARY ADMINISTRATION TRENDS IN YMCAS AND IN OTHER ORGANIZATIONS THROUGHOUT THE COUNTRY IN BOTH THE FOR-PROFIT AND NONPROFIT SECTORS. THOSE TRENDS ARE THEN APPLIED TO ESTABLISH RECOMMENDED GUIDELINES FOR YMCAS TO USE IN BUDGET PLANNING. THE GROUP IS ASSISTED IN THIS TASK BY EXTERNAL CONSULTANTS FROM A LEADING PUBLIC ACCOUNTING FIRM, RSM MCGLADREY, INC. THE TASK FORCE DEVELOPS A MERIT POOL INCREASE AND GUIDELINES FOR IMPLEMENTATION BASED ON THE HAY PLAN UTILIZING JOB DESCRIPTIONS AND POINT VALUES AS WELL AS THE UTILIZATION OF YMCA BUDGET SIZE AND RESPONSIBILITY FOR POSITIONS FROM CEO LEVEL TO OTHER POINTED PROFESSIONAL POSITIONS. THE YMCA OF METROPOLITAN HUNTSVILLE STAFF AND VOLUNTEERS USE THESE GUIDELINES IN THE BUDGETING PROCESS, THEN, RECOMMENDATIONS ARE MADE IN THE BUDGET AND DISCUSSED AMONG THE EXECUTIVE AND FINANCE COMMITTEE THEN APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SEE 15A

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND BY REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AND OTHER POLICIES ARE AVAILABLE BY REQUEST.

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>								
1029	2-Life Fitness Lower Body Arc Trainer	1/06/20	13,068	X	0	5 HY 200DB	0	13,068
1030	3-Life Fitness Total Body Arc Trainer	1/06/20	20,598	X	0	5 HY 200DB	0	20,598
1031	6-Precor Crosstrainer EFX 885	1/06/20	40,867	X	0	5 HY 200DB	0	40,867
1032	2-Precor Crosstrainer EFX 883	1/06/20	12,541	X	0	5 HY 200DB	0	12,541
1033	7-Precor Spinners Chrono Power SBK 869	1/06/20	14,152	X	0	5 HY 200DB	0	14,152
1034	Precor Assault AirRower Elite ARW 865	1/06/20	1,404	X	0	5 HY 200DB	0	1,404
1035	Precor Back Extension DBR 312	1/06/20	883	X	0	5 HY 200DB	0	883
1036	Marpo Tire Trainer	1/06/20	3,421	X	0	5 HY 200DB	0	3,421
1037	Marpo VMX Dual Station	1/06/20	8,576	X	0	5 HY 200DB	0	8,576
1038	Life Fitness Lower Body Arc Trainer	1/06/20	6,533	X	0	5 HY 200DB	0	6,533
1039	2- Life Fitness Total Body Arc Trainer	1/06/20	13,729	X	0	5 HY 200DB	0	13,729
1040	5-Precor Crosstrainers EFX 885	1/06/20	34,873	X	0	5 HY 200DB	0	34,873
1041	4-Precor Treadmills TRM 781	1/06/20	25,728	X	0	5 HY 200DB	0	25,728
1042	2 Precor Upright Cycles- UBK 885	1/06/20	8,082	X	0	5 HY 200DB	0	8,082
1043	4-Precor Recumbent Cycles RBK 885	1/06/20	17,093	X	0	5 HY 200DB	0	17,093
1044	7- Precor Spinners Chrono Power SBK 869	1/06/20	14,492	X	0	5 HY 200DB	0	14,492
1045	2- Precor Assault AirRowers Elite ARW 865	1/06/20	2,876	X	0	5 HY 200DB	0	2,876
1046	Precor Flat Bench DBR 1010	1/06/20	802	X	0	5 HY 200DB	0	802
1047	Precor Multi-Purpose Bench DBR 116	1/06/20	440	X	0	5 HY 200DB	0	440
1048	5 Precor Mult Adjustable Benches DBR 11	1/06/20	4,715	X	0	5 HY 200DB	0	4,715
1049	Precor 8-Stack Multi Station CW2505	1/06/20	17,068	X	0	5 HY 200DB	0	17,068
1050	Precor FTS Glide	1/06/20	3,179	X	0	5 HY 200DB	0	3,179
1051	Precor Assault AirRunner ATR 825	1/06/20	4,128	X	0	5 HY 200DB	0	4,128
1052	2 Precor Assault AirRower Elite ARW 865	1/06/20	3,345	X	0	5 HY 200DB	0	3,345
1053	Smart Boards	8/19/20	10,989	X	0	5 HY 200DB	0	10,989
1054	Smart Boards	8/19/20	10,989	X	0	5 HY 200DB	0	10,989
1055	Smart Boards	8/19/20	10,989	X	0	5 HY 200DB	0	10,989
1056	Matrix Climbmill	1/06/20	6,490	X	0	5 HY 200DB	0	6,490
1057	Life Fitness Lower Body Arc Trainer	1/06/20	6,536	X	0	5 HY 200DB	0	6,536
1058	Life Fitness Total Body Arc Trainer	1/06/20	6,868	X	0	5 HY 200DB	0	6,868
1059	9 Precor Treadmills-TRM 781	1/06/20	58,443	X	0	5 HY 200DB	0	58,443
1060	2- Precor Interval Treadmills-TRM 731i	1/06/20	8,800	X	0	5 HY 200DB	0	8,800
1061	Precor Assault LarRower ARW 865	1/06/20	1,451	X	0	5 HY 200DB	0	1,451
1062	PrecorHack Squat DPL 603	1/06/20	3,794	X	0	5 HY 200DB	0	3,794
1063	Precor Multi Adjustable Bench DBR 119	1/06/20	1,878	X	0	5 HY 200DB	0	1,878
1064	Precor Half Rack DBR 611	1/06/20	1,956	X	0	5 HY 200DB	0	1,956
1065	Precor 6 Stack Multi Station CW2275	1/06/20	13,518	X	0	5 HY 200DB	0	13,518
1066	Precor Umax Prem Dumbbells	1/06/20	7,734	X	0	5 HY 200DB	0	7,734
1067	Precor X2 500 Bridge w/ Accessories	1/06/20	21,446	X	0	5 HY 200DB	0	21,446
			<u>444,474</u>		<u>0</u>		<u>0</u>	<u>444,474</u>
<b>7-year GDS Property:</b>								
1025	HVAC Unit 7	8/31/20	9,650	X	0	7 HY 200DB	0	9,650
1026	HVAC Unit 8	8/31/20	9,650	X	0	7 HY 200DB	0	9,650
1027	Basketball Goals	9/16/20	2,548	X	0	7 HY 200DB	0	2,548
1028	Basketball Goals	9/16/20	2,548	X	0	7 HY 200DB	0	2,548
			<u>24,396</u>		<u>0</u>		<u>0</u>	<u>24,396</u>
<b>15-year GDS Property:</b>								
1024	DuctSox	3/16/20	17,911	X	0	15 HY 150DB	0	17,911
			<u>17,911</u>		<u>0</u>		<u>0</u>	<u>17,911</u>
<b>Prior MACRS:</b>								
4	STEEL FRAMING - CHORBA	5/01/98	53,521		53,521	27 MM S/L	42,086	1,946
5	RENOVATE CAFETERIA	5/01/98	60,707		60,707	27 MM S/L	47,737	2,208
6	DOCK INSTALLATION	5/01/98	8,500		8,500	7 HY 200DB	8,500	0
7	RENOVATION	1/02/88	13,300		13,300	7 HY 200DB	13,300	0
8	ROOF	2/01/97	21,295		21,295	27 MM S/L	17,713	775
12	HOLLOW METAL DOOR	5/01/98	8,703		8,703	27 MM S/L	6,844	316
17	1998 FORD E350 VAN	6/03/98	25,517		25,517	5 HY 200DB	25,517	0
18	KITCHEN IMPROVEMENTS	7/01/02	45,000		45,000	27 MM S/L	28,567	1,636
19	CAMP IMPROVEMENTS	7/01/02	23,223		23,223	27 MM S/L	14,742	845
23	LANDSCAPING	11/01/03	21,627	X	10,813	15 HY 150DB	21,627	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
24	BUILDING	11/01/03	5,562,444			5,562,444	27 MM S/L	3,261,458	202,271	
25	WATER REACTIVATION FEE	11/01/03	300			300	27 MM S/L	176	11	
26	CORNERSTONE	11/01/03	1,107			1,107	27 MM S/L	649	40	
27	WIRING	11/01/03	3,081			3,081	27 MM S/L	1,806	112	
28	SE RENOVATIONS	1/01/03	22,935			22,935	27 MM S/L	14,143	834	
30	ENGINEERING FEE-Y ROOF	12/08/03	2,125			2,125	27 MM S/L	1,240	77	
31	ROOF-EXISTING YMCA	11/12/03	25,480			25,480	27 MM S/L	14,940	926	
32	SPRINKLER SYSTEM	11/26/03	37,205			37,205	27 MM S/L	21,815	1,352	
33	14 ROOF CURBS	3/03/03	1,481			1,481	27 MM S/L	904	54	
40	SERVER SWITCH	11/01/03	509		X	254	7 HY 200DB	509	0	
42	FITNESS CENTER MIRRORS	11/05/03	814		X	407	7 HY 200DB	814	0	
43	AUTOMATIC DEFIBILLATORS	11/06/03	9,365		X	4,682	7 HY 200DB	9,365	0	
47	HON DESK W/ RETURN & PEDESTALS	11/26/03	833		X	416	7 HY 200DB	833	0	
	Sold/Scrapped: 6/30/20									
49	INDOOR PRIME PLAYSYSTEM--Y TIKI	11/01/03	36,442		X	18,221	7 HY 200DB	36,442	0	
50	IRON PLATES -- WEIGHTS	11/01/03	6,522		X	3,261	7 HY 200DB	6,522	0	
52	12 ZEUBRA CHAIRS	11/01/03	6,444		X	3,222	7 HY 200DB	6,444	0	
	Sold/Scrapped: 6/30/20									
53	3 END TABLES 24X24X24	11/01/03	450		X	225	7 HY 200DB	450	0	
63	2-4 DRAWER VERTICAL FILE CABINE	11/01/03	476		X	238	7 HY 200DB	476	0	
68	5 GUEST CHAIRS -- BURGUNDY	11/01/03	750		X	375	7 HY 200DB	750	0	
74	OLYMPIC WEIGHT SYSTEM	11/01/03	6,437		X	3,218	7 HY 200DB	6,437	0	
75	HVAC Unit 6 Spin Room	12/01/03	3,450			3,450	27 MM S/L	2,012	126	
84	Metal Roofing - Staff, Director, Nurse, #5, ε	7/15/03	21,348			21,348	39 MM S/L	9,009	548	
85	D-HALL GREASETRAPS/BATHROOMS	7/15/03	4,337			4,337	39 MM S/L	1,830	112	
86	SEPTIC FOR BOYS/ GIRL'S SIDE	7/15/03	4,700			4,700	39 MM S/L	1,983	121	
87	STAFF CABIN BATHROOM	7/15/03	4,693			4,693	39 MM S/L	1,980	121	
88	NURSES CABIN	7/15/03	131			131	39 MM S/L	55	4	
89	BATHHOUSES	7/15/03	17,428			17,428	39 MM S/L	7,355	447	
90	UPPER ROOM OF DINNING HALL	7/15/03	22,480			22,480	39 MM S/L	9,487	576	
91	CABIN BATHROOMS	7/15/03	63,380			63,380	39 MM S/L	26,747	1,625	
92	DINING HALL ADDITION	7/15/03	37,498			37,498	39 MM S/L	15,825	961	
93	FACADES (PINE SIDING)	7/15/03	15,383			15,383	27 MM S/L	9,206	559	
94	HVAC IN DINNING HALL	7/15/03	20,000		X	10,000	7 HY 200DB	20,000	0	
95	ROPES COURSE	7/15/03	10,434		X	5,217	7 HY 200DB	10,434	0	
96	AMPHITHEATER	7/15/03	16,908		X	8,454	7 HY 200DB	16,908	0	
100	DIRECTOR'S CABIN	7/15/03	2,815			2,815	39 MM S/L	1,188	72	
101	BLUE PLAY CURBS	11/01/03	555			555	27 MM S/L	325	21	
103	Fence - Ball Fields	5/05/04	5,750		X	2,875	15 HY 150DB	5,750	0	
104	Fence with Gate - Volleyball Area	5/11/04	5,000		X	2,500	15 HY 150DB	5,000	0	
105	SE Building (retainer)	1/01/04	34,708			34,708	27 MM S/L	20,140	1,262	
106	Rooftop (Retainer) SE Child Care	1/01/04	5,700			5,700	27 MM S/L	3,308	207	
108	2 Steel Doors & Building Renovations	7/14/04	5,000			5,000	27 MM S/L	2,810	182	
115	NW Child Care Furniture	6/09/04	10,533		X	5,267	7 HY 200DB	10,533	0	
118	Playground Equipment	8/19/04	26,725		X	13,362	5 HY 200DB	26,725	0	
119	Delfield Cooler	7/14/04	1,700		X	850	5 HY 200DB	1,700	0	
123	Pool Waterslide	5/05/05	34,900			34,900	5 HY 200DB	34,900	0	
124	Used Sta-Rite Commercial Filter	5/06/05	6,500			6,500	5 HY 200DB	6,500	0	
125	Lifeguard Stand - Moveable	5/06/05	1,300			1,300	5 HY 200DB	1,300	0	
127	Phone System	9/02/05	3,222			3,222	5 HY 200DB	3,222	0	
129	Replace roof-old gym area	10/30/06	15,594			15,594	39 MM S/L	5,281	400	
132	Pontoon boat sn butj02512F607 w/trailer	10/17/06	17,900			17,900	27 MM S/L	8,597	651	
133	Roof SECC	12/01/06	14,634			14,634	39 MM S/L	4,894	375	
136	Chain Link Fence	4/04/07	4,295			4,295	15 HY 150DB	3,669	251	
137	Veterans Memorial Flagpole	11/07/07	4,569			4,569	15 HY 150DB	3,868	280	
138	SE YMCA Renovations with spin room	3/17/07	167,225			167,225	39 MM S/L	40,203	4,287	
140	2 mahogany writing desks - leasesouth	2/02/07	1,337			1,337	27 MM S/L	626	48	
141	6 Mahogany Credenzas - leasesouth	2/02/07	5,681			5,681	27 MM S/L	2,660	206	
142	2 Mahogany Hutches	2/02/07	1,944			1,944	27 MM S/L	910	71	
145	6 - 36x84 Bookcases	2/02/07	2,060			2,060	27 MM S/L	964	75	
146	10 - 4 drawer veritel file cabinets	2/02/07	2,785			2,785	27 MM S/L	1,304	101	
147	2 - 4 drawer lateral file cabinets	2/02/07	1,213			1,213	27 MM S/L	568	44	
148	1 Mahogany end table	2/02/07	121			121	27 MM S/L	56	5	
149	1 mahogany Conference table	2/02/07	1,306			1,306	27 MM S/L	612	47	
150	4 Mahogany Executive desks	2/02/07	3,816			3,816	27 MM S/L	1,786	139	
154	Kalatel 14 color monitor	10/25/07	340			340	27 MM S/L	151	13	
155	2 Tabletop scoreboards	12/07/07	1,073			1,073	27 MM S/L	470	39	
164	spa Safety Release & Booster Pump	12/22/08	1,464		X	732	5 HY 200DB	1,464	0	
165	Brick Improvements	12/22/08	4,200			4,200	39 MM S/L	3,071	108	
167	Sauna Access Panels & sprinkler heads	4/16/08	3,639			3,639	27 MM S/L	1,549	133	
168	SECC - Tile Entrance	3/27/08	2,225			2,225	27 MM S/L	954	81	

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
169	2 Desks	6/16/08	1,110			1,110	27 MMS/L	466	40
170	1 Exec Swivel Chair	6/16/08	90			90	27 MMS/L	38	3
171	4 Chairs	6/16/08	418			418	27 MMS/L	175	15
172	2 Vinyl mid-back Chairs	6/16/08	159			159	27 MMS/L	67	6
173	2 - 72x36 Desk	6/01/08	1,400			1,400	27 MMS/L	588	50
174	2 - Credenza	6/01/08	1,200			1,200	27 MMS/L	504	43
175	1 - Hutch	6/01/08	500			500	27 MMS/L	210	18
176	2 - Bookcases	6/01/08	790			790	27 MMS/L	332	28
177	2 - Lateral File	6/01/08	940			940	27 MMS/L	395	34
178	2 - Desk Chairs	6/01/08	598			598	27 MMS/L	251	22
179	6 Guest Chairs	6/01/08	1,380			1,380	27 MMS/L	579	50
180	4 Tables Base	6/01/08	660			660	27 MMS/L	277	24
181	4 - 30 Table Tops	6/01/08	360			360	27 MMS/L	151	13
182	12 - Multipurpose Chairs w/arms	6/01/08	1,560			1,560	27 MMS/L	655	56
183	Air Hockey Table-Teen Center	3/18/08	1,800			1,800	27 MMS/L	772	65
186	Aerobic Equipment	6/01/08	793			793	27 MMS/L	333	29
187	Fitness Wholesale - Aerobic Equipment	6/01/08	626			626	27 MMS/L	263	23
188	Fitness Wholesale - Aerobic Equipment	6/01/08	678			678	27 MMS/L	284	25
196	Humansport Shoulder Chest	6/01/08	3,409			3,409	27 MMS/L	1,431	124
203	Eagle Fly / Rear Delt	6/01/08	3,639			3,639	27 MMS/L	1,527	132
204	Eagle Prone Leg Curl w/ SRLD	6/01/08	3,113			3,113	27 MMS/L	1,306	114
205	Eagle Glute	6/01/08	3,188			3,188	27 MMS/L	1,338	116
206	Eagle Hip Ab/Ad	6/01/08	4,277			4,277	27 MMS/L	1,795	156
207	Eagle Torso	6/01/08	3,511			3,511	27 MMS/L	1,474	127
208	Eagle Chest Press	6/01/08	3,526			3,526	27 MMS/L	1,480	128
209	Eagle Overhead Press	6/01/08	3,413			3,413	27 MMS/L	1,433	124
210	Eagle Row	6/01/08	3,526			3,526	27 MMS/L	1,480	128
211	Eagle Leg Press	6/01/08	4,713			4,713	27 MMS/L	1,978	171
212	Eagle Leg Exten w/ SRLD	6/01/08	3,113			3,113	27 MMS/L	1,306	114
213	Eagle Seated Leg Curl w/ SRL	6/01/08	3,113			3,113	27 MMS/L	1,306	114
214	Eagle Arm Curl	6/01/08	2,737			2,737	27 MMS/L	1,149	99
215	Eagle Arm Extension	6/01/08	2,925			2,925	27 MMS/L	1,228	106
216	Eagle Abdominal	6/01/08	2,775			2,775	27 MMS/L	1,165	101
217	Eagle Back Extension w/SRLD	6/01/08	3,113			3,113	27 MMS/L	1,306	114
218	Eagle Calf	6/01/08	3,286			3,286	27 MMS/L	1,379	119
219	Eagle Lat Pull	6/01/08	3,526			3,526	27 MMS/L	1,480	128
220	Bent Leg Abdominal Board	6/01/08	1,296			1,296	27 MMS/L	544	47
221	Olympic Bench Press	6/01/08	689			689	27 MMS/L	289	25
222	Weight Storage Attachment	6/01/08	1,027			1,027	27 MMS/L	431	37
223	Olympic Incline Bench	6/01/08	819			819	27 MMS/L	344	29
224	Twin Tier Dumbell Rack	6/01/08	1,343			1,343	27 MMS/L	564	49
225	45 Deg Back Extension	6/01/08	758			758	27 MMS/L	318	28
226	Power Cage Station	6/01/08	1,642			1,642	27 MMS/L	689	60
227	Flat Bench w/ Adj to 80 Bench	6/01/08	2,370			2,370	27 MMS/L	995	86
228	Scott Curl	6/01/08	646			646	27 MMS/L	271	23
229	Olympic Decline Bench	6/01/08	819			819	27 MMS/L	344	29
230	Upright Bench	6/01/08	386			386	27 MMS/L	162	14
235	Converging Chest Press	6/01/08	1,729			1,729	27 MMS/L	726	62
236	Squat Press	6/01/08	2,769			2,769	27 MMS/L	1,162	101
237	Converging Incline Press	6/01/08	1,729			1,729	27 MMS/L	726	62
238	Row	6/01/08	1,902			1,902	27 MMS/L	798	69
248	Downtown Leasehold Improvements	6/01/08	1,361,624			1,361,624	39 MMS/L	1,004,500	34,914
249	Fencing - Playground Area	11/05/09	4,060			4,060	27 MMS/L	1,495	147
250	Childwatch Window Tinting	8/12/09	3,158			3,158	27 MMS/L	1,191	115
251	Septic Tanks	3/20/09	2,690			2,690	27 MMS/L	1,056	97
256	Playground Equipment	11/24/09	29,246		X	14,623	7 HY 200DB	29,246	0
260	Dining Hall Stools	11/23/09	10,000			10,000	27 MMS/L	3,682	363
263	DTCC Interior Wall Trim	5/24/04	4,435		X	2,217	7 HY 200DB	4,435	0
264	DTCC Credenza	6/30/05	200			200	27 MMS/L	106	7
266	DTCC Carpet	5/02/05	10,000			10,000	27 MMS/L	5,318	364
270	DTCC Air Conditioners	9/27/06	9,789			9,789	7 HY 200DB	9,789	0
271	DTCC HVAC	5/15/08	3,000		X	1,500	7 HY 200DB	3,000	0
272	DTCC 10 Teacher Low-Back Chairs	6/29/09	1,800			1,800	27 MMS/L	690	65
273	Seal/Line Parking Lot	3/30/10	11,719			11,719	27 MMS/L	4,173	426
276	From CIP Hogan Y	11/01/10	14,890,193			14,890,193	39 MMS/L	3,483,965	381,800
277	Monument Sign - Electronic Message Cente	11/01/10	31,650			31,650	27 MMS/L	10,502	1,151
278	Building Sign - Lighted YMCA	11/01/10	8,458			8,458	27 MMS/L	2,806	308
279	Monument Sign - Hogan Family Center	11/01/10	6,850			6,850	27 MMS/L	2,273	249
280	Monument Sign Letterset-Enfinger Steele C	12/14/10	1,625			1,625	27 MMS/L	534	59
281	Recognition Plates	12/14/10	6,749			6,749	27 MMS/L	2,219	245
282	Desk 41.5x71 with pedestal	11/01/10	498			498	27 MMS/L	165	18



Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
288	28 Mahogany Chairs	11/01/10	1,019			1,019	27 MM S/L	338	37
289	10 - 8ft Plastic Folding Tables	11/01/10	775			775	27 MM S/L	257	28
290	10 - 6ft Plastic Folding Tables	11/01/10	540			540	27 MM S/L	179	20
291	10 - 60 Round Plastic Folding Tables	11/01/10	892			892	27 MM S/L	296	32
292	8 - 24x24 Caf? Tables	11/01/10	484			484	27 MM S/L	161	17
294	25 Barstools	11/01/10	1,526			1,526	27 MM S/L	506	56
297	Table transport truck & 2 carts	11/01/10	818			818	27 MM S/L	271	30
299	Patio Furniture	11/01/10	1,922			1,922	27 MM S/L	638	70
300	12 Locker Benches	11/24/10	2,158			2,158	27 MM S/L	716	78
301	Child Watch Wood Gates	11/01/10	1,256			1,256	27 MM S/L	417	45
302	Filter & Pool Pump - Transfer to SE Y	6/14/10	1,200			1,200	27 MM S/L	416	44
303	Water Slide Disassembly	6/14/10	3,500			3,500	27 MM S/L	1,214	128
304	1 Lenovo ThinkCentre Compute 1 of 4	9/16/10	674			674	27 MM S/L	228	24
309	1 Roc-It Ab - Hoist Plate Loaded	9/24/10	1,665			1,665	27 MM S/L	563	60
317	1 Eagle Fly/Rear Delt	9/24/10	3,475			3,475	27 MM S/L	1,174	126
318	1 Eagle Calf	9/24/10	2,978			2,978	27 MM S/L	1,006	108
319	1 Eagle Prone Leg Curls w/ SRLD	9/24/10	2,730			2,730	27 MM S/L	922	100
320	1 Eagle Glute	9/24/10	3,040			3,040	27 MM S/L	1,027	111
321	1 Eagle Torso	9/24/10	3,351			3,351	27 MM S/L	1,132	122
322	1 Eagle Chest Press	9/24/10	3,351			3,351	27 MM S/L	1,132	122
323	1 Eagle Overhead Press	9/24/10	3,289			3,289	27 MM S/L	1,111	120
324	1 Eagle Row	9/24/10	3,351			3,351	27 MM S/L	1,132	122
325	1 Eagle Leg Press	9/24/10	4,531			4,531	27 MM S/L	1,531	165
326	1 Eagle Leg Extension w/ SRLD	9/24/10	2,978			2,978	27 MM S/L	1,006	108
327	1 Eagle Seated Leg Curl w/SRLD	9/24/10	2,978			2,978	27 MM S/L	1,006	108
328	1 Eagle Curl	9/24/10	2,605			2,605	27 MM S/L	880	95
329	1 Eagle Arm Extension	9/24/10	2,792			2,792	27 MM S/L	943	102
330	1 Eagle Abdominal	9/24/10	2,668			2,668	27 MM S/L	901	97
331	1 Eagle Back Extension w/ SRLD	9/24/10	2,978			2,978	27 MM S/L	1,006	108
332	1 Eagle Lat Pull	9/24/10	3,351			3,351	27 MM S/L	1,132	122
334	BRAVO w/Progressive Stabilization	9/24/10	5,641			5,641	27 MM S/L	1,906	205
335	1 Quad Tower	9/24/10	1,182			1,182	27 MM S/L	399	43
336	1 Row	9/24/10	1,498			1,498	27 MM S/L	506	55
337	1 Lat Pull	9/24/10	1,498			1,498	27 MM S/L	506	55
338	1 Adjustable Cable	9/24/10	1,318			1,318	27 MM S/L	445	48
339	1 Attached Cable Crossover	9/24/10	4,027			4,027	27 MM S/L	1,361	146
341	1 Fitlinxx Lateral Raise	9/24/10	2,617			2,617	27 MM S/L	884	95
343	TV Cable for New Fitness Equipment	9/20/10	3,100			3,100	27 MM S/L	1,047	113
344	Pool - 10HP C Series Motor	12/22/10	3,550			3,550	27 MM S/L	1,167	129
345	New Phone System	12/10/10	10,272			10,272	27 MM S/L	3,377	374
347	Laptop/docking station - CEO	8/02/10	1,116			1,116	27 MM S/L	380	41
349	Customized Play Structure	11/01/10	174,950		X	0	7 HY 200DB	174,950	0
351	Hoist - Roc-It Ab	11/01/10	1,665			1,665	27 MM S/L	553	60
361	1 Eagle Fly/Rear Delt	11/01/10	3,487			3,487	27 MM S/L	1,157	127
362	1 Eagle Prone Leg Curl	11/01/10	2,739			2,739	27 MM S/L	909	100
363	1 Eagle Glute	11/01/10	3,051			3,051	27 MM S/L	1,012	111
364	1 Eagle Torso	11/01/10	3,362			3,362	27 MM S/L	1,116	122
365	Eagle Chest Press	11/01/10	3,362			3,362	27 MM S/L	1,116	122
366	Eagle Overhead Press	11/01/10	3,300			3,300	27 MM S/L	1,095	120
367	Eagle Row	11/01/10	3,362			3,362	27 MM S/L	1,116	122
368	Eagle Leg Press	11/01/10	4,547			4,547	27 MM S/L	1,509	165
369	Eagle Lex Extension	11/01/10	2,989			2,989	27 MM S/L	992	108
370	Eagle Seated Leg Curl	11/01/10	2,989			2,989	27 MM S/L	992	108
371	Eagle Arm Curl	11/01/10	2,615			2,615	27 MM S/L	868	95
372	Eagle Arm Extension	11/01/10	2,802			2,802	27 MM S/L	930	101
373	Eagle Abdominal	11/01/10	2,677			2,677	27 MM S/L	888	98
374	Eagle Back Extension	11/01/10	2,989			2,989	27 MM S/L	992	108
375	Eagle Calf	11/01/10	2,989			2,989	27 MM S/L	992	108
376	Eagle Lat Pull	11/01/10	3,362			3,362	27 MM S/L	1,116	122
377	Free Weights - Benches & Weight Storage	11/01/10	10,590			10,590	27 MM S/L	3,514	385
378	Free Weights - 3 Twin Tier Dumbbell Rack	11/01/10	2,130			2,130	27 MM S/L	707	77
379	Free Weights - 2 Bent Leg Abdominal Boar	11/01/10	2,530			2,530	27 MM S/L	840	92
380	Free Weights - Power Cage Station	11/01/10	1,979			1,979	27 MM S/L	657	72
381	Free Weights - Leg Raise Dip & Squat Rack	11/01/10	2,086			2,086	27 MM S/L	692	76
382	Functional Trainer - BRAVO	11/01/10	5,152			5,152	27 MM S/L	1,710	85
	Sold/Scrapped: 6/30/20								
383	Jungle Gym - 2 Quad Towers	11/01/10	2,372			2,372	27 MM S/L	787	40
	Sold/Scrapped: 6/30/20								
384	Jungle Gym - 1 Row	11/01/10	1,503			1,503	27 MM S/L	499	25
	Sold/Scrapped: 6/30/20								
385	Jungle Gym - 1 Dual Handle Row	11/01/10	1,583			1,583	27 MM S/L	525	27

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Sold/Scrapped: 6/30/20								
386	Jungle Gym - 1 Lat Pull	11/01/10	1,503			1,503	27 MMS/L	499	25
	Sold/Scrapped: 6/30/20								
387	Jungle Gym - 1 Dual handle Lat Pull	11/01/10	1,583			1,583	27 MMS/L	525	27
	Sold/Scrapped: 6/30/20								
388	Jungle Gym - 2 Adjustable Cables	11/01/10	2,644			2,644	27 MMS/L	877	45
	Sold/Scrapped: 6/30/20								
389	Jungle Gym - 1 Embedded Cable Cross Ove	11/01/10	3,891			3,891	27 MMS/L	1,291	65
	Sold/Scrapped: 6/30/20								
391	OEM - Urethane Plates/ Free Weights	11/01/10	10,923			10,923	27 MMS/L	3,624	398
392	OEM - 3 Straight Handles Dumbbells	11/01/10	8,506			8,506	27 MMS/L	2,822	310
394	1 Plate Loaded - Row-Diverging	11/01/10	1,741			1,741	27 MMS/L	578	63
395	1 Plate Loaded Overhead Press	11/01/10	1,741			1,741	27 MMS/L	578	63
396	1 Plate Loaded Leg Press	11/01/10	3,010			3,010	27 MMS/L	999	109
397	1 Plate Loaded Smith Press	11/01/10	3,129			3,129	27 MMS/L	1,038	114
398	1 Plate Loaded Squat Press	11/01/10	2,693			2,693	27 MMS/L	894	98
399	1 Pleate Loaded Seated Calf	11/01/10	1,265			1,265	27 MMS/L	420	46
400	1 Chest Press	11/01/10	2,757			2,757	27 MMS/L	915	100
401	Overhead Press	11/01/10	2,691			2,691	27 MMS/L	893	98
402	Row	11/01/10	2,954			2,954	27 MMS/L	980	108
403	Lex Extension	11/01/10	2,757			2,757	27 MMS/L	915	100
404	Seated leg Curl	11/01/10	2,757			2,757	27 MMS/L	915	100
405	Arm Curl	11/01/10	2,363			2,363	27 MMS/L	784	86
406	Ab Crunch	11/01/10	2,231			2,231	27 MMS/L	740	82
407	Back Extension	11/01/10	2,626			2,626	27 MMS/L	871	96
408	Lateral Raide	11/01/10	2,626			2,626	27 MMS/L	871	96
409	Tricep Press	11/01/10	2,626			2,626	27 MMS/L	871	96
410	Cable Column	11/01/10	2,691			2,691	27 MMS/L	893	45
	Sold/Scrapped: 6/30/20								
411	Dip/Chin Assist	11/01/10	3,152			3,152	27 MMS/L	1,046	114
417	AED / CPR Responder	11/01/10	6,191			6,191	27 MMS/L	2,054	225
418	Fitness Equipment - BOSU Class Pack	11/01/10	4,170			4,170	27 MMS/L	1,384	151
419	3 LG 47 LCD TV with Mounts	11/01/10	4,025			4,025	27 MMS/L	1,336	146
420	1 LG 42 LCD TV with Mount	11/01/10	1,191			1,191	27 MMS/L	395	44
421	1 LG 55 LCD TV with Mount	11/01/10	2,601			2,601	27 MMS/L	863	95
422	Sound System	11/01/10	9,674			9,674	27 MMS/L	3,210	352
425	Security System - ViewSonic 26 VGA Mor	11/01/10	3,607		X	0	7 HY 200DB	3,607	0
427	Security System - Revision #3	11/01/10	17,613		X	0	7 HY 200DB	17,613	0
428	16 Dumbbells with Rack	11/03/10	682			682	27 MMS/L	226	25
429	Phone System	11/10/10	8,862			8,862	27 MMS/L	2,941	322
430	Pool - Palm Tree Royale	11/01/10	10,099			10,099	27 MMS/L	3,351	367
431	Pool - Leakin Beacon	11/01/10	11,953			11,953	27 MMS/L	3,966	435
432	Pool - Tumble Buckets	11/01/10	11,852			11,852	27 MMS/L	3,933	431
433	Pool - Sheetflo Curtain	11/01/10	8,104			8,104	27 MMS/L	2,689	295
434	Pool - Pirates Cove	11/01/10	23,243			23,243	27 MMS/L	7,712	846
435	Pool - Water Cannon	11/01/10	12,399			12,399	27 MMS/L	4,114	451
436	Pool - Sprayng Whale	11/01/10	7,901			7,901	27 MMS/L	2,622	287
437	Pool - Pop & Slant Jet	11/01/10	3,049			3,049	27 MMS/L	1,012	111
438	Plastic Lockers	11/01/10	101,391		X	0	7 HY 200DB	101,391	0
439	Pool - Slide Flumes	11/01/10	65,272			65,272	27 MMS/L	21,658	2,374
440	Pool - Tower Canopy	11/01/10	1,950			1,950	27 MMS/L	647	71
441	Aerobic Equipment	11/01/10	12,321			12,321	27 MMS/L	4,088	448
442	Acquatic Equipment	11/01/10	2,094			2,094	27 MMS/L	695	76
443	2 Guard Stations	11/01/10	878			878	27 MMS/L	291	32
446	Aquatic Rescue Equipment	12/30/10	3,180			3,180	27 MMS/L	1,045	116
447	Outdoor Sports Equipment	12/16/10	2,018			2,018	27 MMS/L	664	73
448	4 Stanchion Posts with flags/pool ropes	12/22/10	2,861			2,861	27 MMS/L	941	104
449	Lenovo ThinkCentre Computer	9/16/10	674			674	27 MMS/L	228	24
450	Lenovo ThinkCentre Computer	9/16/10	674			674	27 MMS/L	228	24
451	4 Cribs + 1 Evac Crib	3/04/10	1,677			1,677	27 MMS/L	597	61
455	5 Desk 36x72 with pedestal	11/01/10	2,495			2,495	27 MMS/L	828	91
456	Gravel for Parking Lot	4/11/11	27,843			27,843	27 MMS/L	8,817	1,012
457	Chainlink fence with top rail	11/21/11	3,190			3,190	27 MMS/L	943	116
459	Pylon Sign - New Y Logo	4/12/11	12,886			12,886	27 MMS/L	4,081	468
460	Indoor Signs - New Y Logo	12/22/11	4,787			4,787	27 MMS/L	1,400	174
462	Final Construction Costs	1/07/11	346,816			346,816	39 MM S/L	79,676	8,893
463	Locker Room Benches	11/28/11	3,390			3,390	27 MMS/L	1,002	123
464	Electric Blinds	9/02/11	48,699			48,699	27 MMS/L	14,684	1,770
465	KUBOTA BX 1860 W/ 54	8/11/11	9,148		X	0	7 HY 200DB	9,148	0
469	KUBOTA BX 1860 W/ 54	8/11/11	9,148		X	0	7 HY 200DB	9,148	0
470	Dell Server	7/29/11	1,690			1,690	27 MMS/L	520	61

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
471	35 Foot Blob	6/20/11	4,145				4,145	27	MM S/L	1,287	151
472	Outdoor Playground Shade & Pole Pads	9/25/12	5,760			X	2,880	15	HY 150DB	4,485	170
473	HY Fitness Center Drinking Fountain	3/13/12	2,414			X	1,207	7	HY 200DB	2,414	0
474	HY Dutch doors in Kids Gym/ASC Room	5/04/12	3,208				3,208	39	MM S/L	627	82
475	YMCA Building Sign	7/31/12	5,174			X	2,587	7	HY 200DB	5,174	0
477	Camera System	10/02/12	6,100			X	3,050	7	HY 200DB	6,100	0
478	4 Window A/C units	6/06/12	2,069			X	1,034	7	HY 200DB	2,069	0
479	Dell T110 Server - Corp Office	11/07/12	2,288			X	1,144	5	HY 200DB	2,288	0
480	Chain link fence & Drainage ditch	9/19/13	8,750			X	4,375	15	HY 150DB	6,554	258
481	Rubber Flooring	8/19/13	9,152			X	4,576	10	HY 200DB	8,102	300
482	Window Tinting-Teen Center	8/21/13	1,100			X	550	10	HY 200DB	974	36
483	Shooting House	4/13/13	1,500			X	750	15	HY 150DB	1,124	44
484	Eye Wash Station	3/07/13	3,290			X	1,645	15	HY 150DB	2,464	97
485	Wood Flooring-Conference Room	5/07/13	9,500			X	4,750	15	HY 150DB	7,116	280
486	Office Door	11/27/13	1,350			X	675	15	HY 150DB	1,011	40
487	Suspension Tracking Pro Pack	1/16/13	1,356			X	678	7	HY 200DB	1,325	31
488	Post Pads for Shade	5/07/13	1,366			X	683	7	HY 200DB	1,336	30
491	Bleachers	11/07/13	4,908			X	2,454	15	HY 150DB	3,677	144
492	5 Ceiling Fans & installation	10/14/13	2,875			X	1,437	7	HY 200DB	2,811	64
493	Walk in Cooler	10/08/13	4,818			X	2,409	7	HY 200DB	4,710	108
494	Infant Cribs	2/02/13	2,322			X	1,161	7	HY 200DB	2,271	51
495	Access Control System	9/11/13	3,525			X	1,762	5	HY 200DB	3,525	0
496	10 Cameras & DVR	10/01/13	4,696			X	2,348	7	HY 200DB	4,591	105
497	Refrigerator	10/30/13	1,803			X	901	7	HY 200DB	1,763	40
498	Infant Cribs	2/02/13	2,322			X	1,161	7	HY 200DB	2,271	51
499	Alphone Door Station	9/09/13	5,380			X	2,690	7	HY 200DB	5,260	120
500	6 Cameras	10/25/13	2,242			X	1,121	7	HY 200DB	2,192	50
501	Infant Cribs	2/02/13	2,652			X	1,326	7	HY 200DB	2,593	59
502	Intercom System	8/23/13	3,455			X	1,727	7	HY 200DB	3,378	77
503	2 DVRs	8/23/13	3,010			X	1,505	7	HY 200DB	2,943	67
504	Hot Food Serving Counter	9/19/13	1,200			X	600	7	HY 200DB	1,173	27
508	SwitchVox Voice System	12/05/13	6,191			X	3,096	7	HY 200DB	6,052	139
509	SwitchVox Voice System	12/03/13	8,283			X	4,141	7	HY 200DB	8,098	185
519	5 Desks	6/16/08	2,775				2,775	27	MM S/L	1,165	101
523	5 36x36 Mahogany Tabeles 2 of 5	11/01/10	128				128	27	MM S/L	42	5
524	5 36x36 Mahogany Tabeles 3 of 5	11/01/10	128				128	27	MM S/L	42	5
525	5 36x36 Mahogany Tabeles 4 of 5	11/01/10	128				128	27	MM S/L	42	5
526	5 36x36 Mahogany Tabeles 5 of 5	11/01/10	128				128	27	MM S/L	42	5
542	12 Lenovo ThinkCentre Comput 12 of 12	11/01/10	674				674	27	MM S/L	224	24
584	1 Hip Abductions	11/01/10	2,752				2,752	27	MM S/L	913	100
586	HVAC Unit 11 03 Fitness Center	6/01/10	3,569				3,569	27	MM S/L	1,238	130
609	High Challenge Ropes Course	9/02/15	38,652			X	19,326	10	HY 200DB	31,528	1,425
610	Rubber floor-Multi purpose & spin room	3/27/15	10,100			X	5,050	15	HY 150DB	6,952	315
611	SE Y Downstair Renovations	7/08/15	409,214				409,214	39	MM S/L	46,780	10,492
612	Natorium Sprinkler Upgrade	10/23/15	15,840			X	7,920	15	HY 150DB	10,904	493
613	SECC Improvements	12/30/15	48,458				48,458	39	MM S/L	5,022	1,242
616	Steam Generator-Mens/Wom. Steam Rms	3/05/15	5,062			X	2,531	7	HY 200DB	4,498	226
617	HVAC Unit 15 5.7 Tons Womens/Girls Loc	6/25/15	15,176			X	7,588	10	HY 200DB	12,379	560
618	Install 250K BTU Gas Heater for Spa	1/01/15	3,250			X	1,625	10	HY 200DB	2,651	120
619	HVAC Unit 16 Avon Mens/Boys Locker Rm	8/28/15	3,400			X	1,700	10	HY 200DB	2,773	126
620	HVAC Unit 1-3 3 Tons '16 Racquetball Cou	12/22/15	6,495			X	3,247	10	HY 200DB	5,298	239
621	HVAC Unit 10 Lenox 10 Ton Rubber Rm	12/22/15	12,894			X	6,447	10	HY 200DB	10,517	476
622	Camp Renovations	6/01/15	45,641				45,641	39	MM S/L	5,315	1,170
623	Fit Room Rubber Flooring	8/27/15	37,190			X	18,595	10	HY 200DB	30,335	1,371
624	Mini Mag Floor Scrubber	1/30/15	7,485			X	3,742	5	HY 200DB	7,269	216
625	Pressure Cleaner	3/04/15	1,747			X	874	5	HY 200DB	1,697	50
626	Security Camera System	6/30/15	30,497			X	15,248	5	HY 200DB	29,619	878
627	Water Softner	12/30/15	5,837			X	2,919	5	HY 200DB	5,669	168
635	Full Copmercial Lateral Trainer #10587	4/16/15	6,383			X	3,191	5	HY 200DB	6,199	184
636	Ascent Trainer #105252	3/26/15	5,883			X	2,941	5	HY 200DB	5,714	169
637	Ascent Trainer #105249	3/26/15	5,883			X	2,941	5	HY 200DB	5,714	169
638	Climbmill #101453	3/26/15	5,883			X	2,941	5	HY 200DB	5,714	169
639	Climbmill #101451	3/26/15	5,883			X	2,941	5	HY 200DB	5,714	169
641	Outdoor Pool Surveillance System	1/07/15	4,555			X	2,278	5	HY 200DB	4,424	131
643	80 Folding Chairs/Storage Caddie for Event	3/03/15	1,708			X	854	5	HY 200DB	1,658	50
644	4-Heet Benches 6 x 20	3/20/15	1,625			X	812	5	HY 200DB	1,578	47
645	Pool Deck Shade 27x18x9	4/13/15	8,446			X	4,223	5	HY 200DB	8,203	243
646	Haywood Pool/Spa Heater	3/26/15	9,290			X	4,645	7	HY 200DB	8,254	414
647	400K Hayward Pool Heater	11/09/15	3,300			X	1,650	7	HY 200DB	2,932	147
648	Expresso HD Upright #23178	3/05/15	5,696			X	2,848	5	HY 200DB	5,531	165
649	Expresso HD Upright #23179	3/05/15	5,696			X	2,848	5	HY 200DB	5,531	165

Asset	Description	Date		Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
		In Service	Cost							
650	AMT 885 Open Stride Preva NTSC	3/12/15	8,142			X	4,071	5 HY 200DB	7,907	235
651	AMT 885 Open Stride Preva NTSC	3/12/15	8,142			X	4,071	5 HY 200DB	7,907	235
659	Full Commercial Lateral Trainer #10596	4/16/15	3,975			X	1,987	5 HY 200DB	3,861	114
660	Full Commercial Lateral Trainer #90349	4/16/15	3,975			X	1,987	5 HY 200DB	3,861	114
661	Climbmill #101286	3/26/15	5,899			X	2,949	5 HY 200DB	5,729	170
662	Climbmill #101284	3/26/15	5,899			X	2,949	5 HY 200DB	5,729	170
663	2-21'Tipi Cover & Door	7/06/15	4,214			X	2,107	10 HY 200DB	3,437	156
664	20-72' round plywood Tables w/Cart	6/11/15	4,100			X	2,050	7 HY 200DB	3,643	183
665	15 Mattresses	6/17/15	1,327			X	664	7 HY 200DB	1,179	59
666	Convection Oven	7/03/15	3,100			X	1,550	7 HY 200DB	2,754	139
667	SECD Camera System	8/28/15	2,545			X	1,273	5 HY 200DB	2,471	74
668	Security System with Cameras	8/26/15	3,167			X	1,583	5 HY 200DB	3,076	91
670	16 Security Camera System	8/31/15	8,098			X	4,049	5 HY 200DB	7,864	234
671	Steam Generator-upgrade 4/2018	11/02/15	5,913			X	2,957	7 HY 200DB	5,253	264
672	Lockers	12/08/15	19,536			X	9,768	10 HY 200DB	15,935	720
673	Expresso HD Upright #23185	3/05/15	5,893			X	2,946	5 HY 200DB	5,723	170
674	Jacobs Ladder Climber	4/16/15	4,057			X	2,028	5 HY 200DB	3,940	117
679	Lenova Computers -COO	11/24/15	978			X	489	5 HY 200DB	950	28
680	Lenova Computers -CFO	11/24/15	978			X	489	5 HY 200DB	950	28
681	Lenova Computers -Marketing	11/24/15	978			X	489	5 HY 200DB	950	28
682	Lenova Computers -Excecutive Assistant	11/24/15	978			X	489	5 HY 200DB	950	28
683	Lenova Computers -Annual Giving Director	11/24/15	978			X	489	5 HY 200DB	950	28
684	Lenova Computers-Youth Service Director	11/24/15	978			X	489	5 HY 200DB	950	28
685	Lenova Computers -Human Resources	11/24/15	978			X	489	5 HY 200DB	950	28
686	DT Men's Locker Room Renovations	12/28/15	25,115			X	12,557	7 HY 200DB	22,313	1,121
687	Airnasium	1/15/14	77,708			X	38,854	15 HY 150DB	55,912	2,295
688	Outdoor Pool	5/31/14	664,923			X	332,462	15 HY 150DB	478,423	19,632
689	Fence-Outdoor Pool	7/28/14	16,652			X	8,326	15 HY 150DB	11,981	492
690	Outdoor Pool Slide	5/01/14	17,941			X	8,970	7 HY 200DB	16,740	801
692	Chemical Controllors and feed pumps	12/31/14	9,570			X	4,785	7 HY 200DB	8,929	427
693	30 Folding Chairs	12/29/14	389			X	194	7 HY 200DB	363	9
	Sold/Scrapped: 6/30/20									
694	77 X 12 Trailer	6/17/14	1,550			X	775	7 HY 200DB	1,446	69
695	Dell Optiplex 3020 Desktop Mship Dir Asst	7/23/14	1,064			X	532	5 HY 200DB	1,064	0
	Sold/Scrapped: 6/30/20									
696	Outdoor Pool Supplies	5/14/14	13,944			X	6,972	7 HY 200DB	13,010	622
697	Tomcat Miminag 28" Edge Scrubber Used	12/30/14	3,600				3,600	7 HY 200DB	3,118	321
699	DTY- 5 Computers	3/14/14	4,575			X	2,287	5 HY 200DB	4,575	0
703	1 eSpinners	9/24/10	3,709				3,709	27 MM S/L	1,253	135
723	HVAC Unit 2 Racquetball Court A	11/12/03	10,260				10,260	27 MM S/L	6,016	373
724	HVAC Unit 3 New Gym	11/12/03	10,260				10,260	27 MM S/L	6,016	373
725	HVAC Unite 4 New Gym	11/12/03	10,260				10,260	27 MM S/L	6,016	373
728	Resurface Pool Deck	6/14/16	18,400			X	9,200	15 MQ S/L	11,423	614
730	SECC Tile Flooring	1/01/16	13,003			X	6,501	10 MQ200DB	10,257	549
731	HVAC Unit 13 Lenox 10 Tone 15 Fitness C	6/20/16	10,220			X	5,110	10 MQ200DB	7,931	458
732	HVAC Unit 19 3 Ton Carrier Preschool	12/01/16	5,940			X	2,970	10 MQ200DB	4,457	297
733	HVAC Unit 23 4 Ton Preschool	12/01/16	5,940			X	2,970	10 MQ200DB	4,457	297
734	Fitness Room Rubber Flooring	12/19/16	26,002			X	13,001	10 MQ200DB	19,512	1,298
735	Community Room Vinyl Tile Squares Floor	12/19/16	7,865			X	3,933	10 MQ200DB	5,902	392
736	Compressor	9/30/16	22,158			X	11,079	10 MQ200DB	16,911	1,049
737	Chimney Improvements	5/19/16	22,650			X	11,325	15 MQ S/L	14,062	755
738	Amana 5 Ton Split heat pump	5/31/16	8,268			X	4,134	10 MQ200DB	6,416	370
739	Infirmiry Improvements	6/15/16	13,530				13,530	39 MM S/L	1,229	347
740	Waterfront Storage, Staff Sleep & Rec Rm I	6/15/16	27,275				27,275	39 MMS/L	2,477	699
741	10 Meeting Rm Chairs-Mesh Backs	12/22/16	1,890			X	945	7 MQ200DB	1,558	95
745	Jacob's Ladder	1/01/16	3,995			X	1,997	5 MQ200DB	3,748	220
761	ActivTrax Kiosk	8/01/16	3,276			X	1,638	5 MQ200DB	2,975	185
764	Weights	12/20/16	2,406			X	1,203	5 MQ200DB	2,159	132
765	Total Body Arc Trainer E3	12/28/16	6,418			X	3,209	5 MQ200DB	5,759	44
	Sold/Scrapped: 1/06/20									
766	Total Body Arc Trainer E3	12/28/16	6,418			X	3,209	5 MQ200DB	5,759	44
	Sold/Scrapped: 1/06/20									
767	Total Body Arc Trainer E3	12/28/16	6,418			X	3,209	5 MQ200DB	5,759	44
	Sold/Scrapped: 1/06/20									
768	Lower Body Arc Trainer E3	12/28/16	5,980			X	2,990	5 MQ200DB	5,366	41
	Sold/Scrapped: 1/06/20									
769	Lower Body Arc Trainer E3	12/28/16	5,980			X	2,990	5 MQ200DB	5,366	41
	Sold/Scrapped: 1/06/20									
770	Sci-Fit Pro 1 Adjustable UBE Prem Seat	12/28/16	4,191			X	2,095	5 MQ200DB	3,761	230
771	American Barbell 5-50 lbs	12/28/16	3,435			X	1,718	5 MQ200DB	3,082	188
772	American Barbell 55-100 lbs	12/28/16	5,829			X	2,914	5 MQ200DB	5,231	319

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
773	Free Weight-4 adjustable Benches	12/28/16	2,411			X	1,205	5	MQ200DB	2,164	132
774	Free Weight-45 Degree Back Extension	12/28/16	859			X	430	5	MQ200DB	771	47
775	Free Weight-Utility Bench	12/28/16	347			X	174	5	MQ200DB	311	19
776	Free Weight - 2 Flat Benches	12/28/16	572			X	286	5	MQ200DB	514	31
777	Free Weight - Scott Curl	12/28/16	670			X	335	5	MQ200DB	601	37
778	Flat Bench - Adjustable Decline Bench	12/28/16	653			X	326	5	MQ200DB	586	36
779	Plate Load-Smith Press	12/28/16	2,960			X	1,480	5	MQ200DB	2,656	162
780	Plate Load- Seated Calf	12/28/16	1,229			X	614	5	MQ200DB	1,103	67
781	6-Precor EFX 885 Elliptical CrossTrainer/ Sold/Scrapped: 1/06/20	12/28/16	39,089			X	19,545	5	MQ200DB	35,078	268
782	2-Precor EFX 883 Elliptical Crosstrainer/fix Sold/Scrapped: 1/06/20	12/28/16	12,312			X	6,156	5	MQ200DB	11,049	84
783	6- Precor Spinner Shifts w/Belt Drive Sold/Scrapped: 1/06/20	12/28/16	8,579			X	4,289	5	MQ200DB	7,699	59
784	Precor Concept 2 Rower Sold/Scrapped: 1/06/20	12/28/16	973			X	487	5	MQ200DB	873	7
792	Jacob's Ladder	1/01/16	3,995			X	1,997	5	MQ200DB	3,748	220
811	Compressor for swimming pool area	2/15/16	4,618			X	2,309	10	MQ200DB	3,643	195
812	ActivTrax Kiosk	8/01/16	3,276			X	1,638	5	MQ200DB	2,975	185
813	Weights exercise mats	12/20/16	3,103			X	1,552	5	MQ200DB	2,784	170
814	770T Treadmill 115v Embedded Monitor Sold/Scrapped: 1/06/20	12/28/16	6,001			X	3,001	5	MQ200DB	5,385	41
815	770T Treadmill 115v Embedded Monitor Sold/Scrapped: 1/06/20	12/28/16	6,001			X	3,001	5	MQ200DB	5,385	41
816	770T Treadmill 115v Embedded Monitor Sold/Scrapped: 1/06/20	12/28/16	6,001			X	3,001	5	MQ200DB	5,385	41
817	770T Treadmill 115v Embedded Monitor Sold/Scrapped: 1/06/20	12/28/16	6,001			X	3,001	5	MQ200DB	5,385	41
818	770T Treadmill 115v Embedded Monitor Sold/Scrapped: 1/06/20	12/28/16	6,001			X	3,001	5	MQ200DB	5,385	41
819	770T Treadmill 115v Embedded Monitor Sold/Scrapped: 1/06/20	12/28/16	6,001			X	3,001	5	MQ200DB	5,385	41
820	Total Body Arc Trainer E3 Sold/Scrapped: 1/06/20	12/28/16	6,319			X	3,159	5	MQ200DB	5,671	43
821	Total Body Arc Trainer E3 Sold/Scrapped: 1/06/20	12/28/16	6,319			X	3,159	5	MQ200DB	5,671	43
822	Lower Body Arc Trainer E3 Sold/Scrapped: 1/06/20	12/28/16	5,888			X	2,944	5	MQ200DB	5,284	41
823	770C Upright Cycle W/E3 emb. Monitor Sold/Scrapped: 1/06/20	12/28/16	3,840			X	1,920	5	MQ200DB	3,446	26
824	770R Recumbent Cycle w/E3 emb. Monitor Sold/Scrapped: 1/06/20	12/28/16	4,029			X	2,015	5	MQ200DB	3,616	27
825	770R Recumbent Cycle w/E3 emb. Monitor Sold/Scrapped: 1/06/20	12/28/16	4,029			X	2,015	5	MQ200DB	3,616	27
826	3-Precor EFX 885 Elliptical Crosstrainer/mo Sold/Scrapped: 1/06/20	12/28/16	20,382			X	10,191	5	MQ200DB	18,291	139
827	UKB 885 Upright Bikes Sold/Scrapped: 1/06/20	12/28/16	3,971			X	1,985	5	MQ200DB	3,564	27
828	2 RBK 885 Recumbent Bikes Sold/Scrapped: 1/06/20	12/28/16	8,542			X	4,271	5	MQ200DB	7,666	58
829	6-Precor Spinner Shifts w/Belt Drive Sold/Scrapped: 1/06/20	12/28/16	8,947			X	4,473	5	MQ200DB	8,029	61
830	Precor Concept 2 Rower Sold/Scrapped: 1/06/20	12/28/16	2,029			X	1,014	5	MQ200DB	1,821	14
831	12' Saturn Inflatable Water Toy	4/29/16	1,750			X	875	5	MQ200DB	1,613	99
832	AED	4/04/16	1,730			X	865	5	MQ200DB	1,595	98
833	Range w/ LP Convert	4/07/16	7,446			X	3,723	7	MQ200DB	6,332	330
834	Kitchen-6' Condensate Hood	6/02/16	5,000			X	2,500	7	MQ200DB	4,252	221
835	12 Paddle Boards with Floating Paddles	4/08/16	6,692			X	3,346	7	MQ200DB	5,690	297
836	Dishwear	5/04/16	4,472			X	2,236	7	MQ200DB	3,802	199
837	ANSUL Kitchen Fire Suppression System	5/06/16	1,800			X	900	7	MQ200DB	1,531	79
838	Portable Vacuum with Cart	5/11/16	1,474			X	737	7	MQ200DB	1,253	66
839	30' X 60' Solar Cover	5/11/16	3,065			X	1,532	7	MQ200DB	2,606	136
840	Pool Liner & Start Up Equipment	5/11/16	5,550			X	2,775	7	MQ200DB	4,719	246
841	Storage Building	6/01/16	2,520			X	1,260	15	MQ150DB	1,659	86
842	48 Twin Steel Bunk Beds	6/03/16	19,060			X	9,530	7	MQ200DB	16,207	845
843	96 Green Vinyl Mattress	6/03/16	7,200			X	3,600	7	MQ200DB	6,122	320
844	Pool-2-3 Tread Ladders	7/01/16	1,700			X	850	7	MQ200DB	1,423	79
845	Pool-Mesh Safety Cover	11/01/16	3,700			X	1,850	7	MQ200DB	3,050	186
846	4- Hatch iStartSmart Mobile Classroom	2/01/16	5,724			X	2,862	5	MQ200DB	5,370	315
847	Hatch Display Sol w/Optical Drive	2/01/16	8,839			X	4,419	5	MQ200DB	8,292	486

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
848	2 Single Large Art Easels	9/20/16	1,832			X	916	7	MQ200DB	1,534	85
849	1 Large Drum	9/20/16	1,285			X	642	7	MQ200DB	1,076	60
850	Pedestal Tables w/2 Seats	9/20/16	695			X	347	7	MQ200DB	582	32
851	Chime Panel	9/20/16	1,164			X	582	7	MQ200DB	975	54
852	Large Balance Scale	10/28/16	698			X	349	7	MQ200DB	575	35
853	Truck Pit	10/28/16	4,110			X	2,055	7	MQ200DB	3,388	206
854	Stump Gardens	10/28/16	558			X	279	7	MQ200DB	460	28
855	Weather Station Learning Center	10/28/16	3,023			X	1,511	7	MQ200DB	2,492	152
856	Double Passage Adventure Tube w/Flower	11/01/16	1,564			X	782	7	MQ200DB	1,289	79
857	Playtown Butterfly Climber	11/01/16	1,981			X	991	7	MQ200DB	1,633	99
881	ActivTrax Kiosk	8/01/16	3,276			X	1,638	5	MQ200DB	2,975	185
882	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
883	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
884	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
885	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
886	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
887	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
888	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
889	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
890	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
891	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
892	770T Treadmill 115 v Emb Monitor	12/28/16	6,022			X	3,011	5	MQ200DB	5,405	41
	Sold/Scrapped: 1/06/20										
893	Lower Body Arc Trainer E3	12/28/16	5,910			X	2,955	5	MQ200DB	5,303	41
	Sold/Scrapped: 1/06/20										
894	Total Body Arc Trainer E3	12/28/16	6,342			X	3,171	5	MQ200DB	5,692	43
	Sold/Scrapped: 1/06/20										
895	Climbmill	12/28/16	6,158			X	3,079	5	MQ200DB	5,526	42
	Sold/Scrapped: 1/06/20										
896	Concept 2 Rower	12/28/16	900			X	450	5	MQ200DB	808	6
	Sold/Scrapped: 1/06/20										
897	2 Single Large Art Easels	9/07/16	1,832			X	916	7	MQ200DB	1,534	85
898	1 Large Drum	9/07/16	1,285			X	642	7	MQ200DB	1,076	60
899	Pedestal Tables w/2 Seats	9/07/16	695			X	347	7	MQ200DB	582	32
900	Chime Panel	9/07/16	1,164			X	582	7	MQ200DB	975	54
901	2 Single Large Art Easels	9/20/16	1,832			X	916	7	MQ200DB	1,534	85
902	1 Large Drum	9/20/16	1,285			X	642	7	MQ200DB	1,076	60
903	Chime Panel	9/20/16	1,164			X	582	7	MQ200DB	975	54
904	Iron Grip Iron Plates w/ Hex Bar	12/28/16	1,019			X	510	5	MQ200DB	914	56
905	Pedestal Tables w/ 2 Seats	9/20/16	695			X	347	7	MQ200DB	582	32
906	New Blob Tower	4/25/17	24,860			X	12,430	15	HY 150DB	15,295	957
907	Parking Lot Addition	1/01/17	59,809			X	29,905	15	HY 150DB	36,797	2,302
908	2 Parking Lot Pole Lights	1/17/17	21,888			X	10,944	15	HY 150DB	13,467	842
909	HVAC Unit 12 10 Ton Lennox Fitness Ctr	7/31/17	10,098				10,098	39	MMS/L	636	259
910	HVAC Unit 18 10 Ton Lennox Office	7/31/17	10,098				10,098	39	MMS/L	636	259
911	HVAC Unit 5 10 Ton Lennox New Gym	7/31/17	10,098				10,098	39	MMS/L	636	259
912	HVAC Unit 26 10 Ton Carrier Old Gym	7/31/17	10,098				10,098	39	MMS/L	637	258
913	160 Vinyl windows 10 Screen Door Bldg 2,	2/23/17	64,347				64,347	39	MMS/L	4,744	1,649
914	Epoxy & Flake Flooring	3/07/17	13,200				13,200	39	MMS/L	945	338
915	Bathroom Partitions	2/08/17	3,771			X	1,885	15	HY 150DB	2,320	145
916	5 Ton 14 Seer split heat Pump	5/31/17	6,575				6,575	39	MMS/L	443	168
917	2-30" Commercial Sand Filter	9/25/17	3,210			X	1,605	5	HY 200DB	2,748	185
918	250K BTU Natural Gas Heater-Main Pool	12/29/17	3,150			X	0	5	HY 200DB	3,150	0
919	Main Pool 250K H Series Gas Heater	1/19/17	2,750			X	1,375	5	HY 200DB	2,354	158
920	Therapy Pool 250K BTU Gas Heater w/Ho	8/23/17	3,150			X	1,575	5	HY 200DB	2,696	182
921	Defibrillator w/smart pads	4/19/17	1,198			X	599	5	HY 200DB	1,025	69
922	Defibrillator w/smart pads	4/19/17	1,198			X	599	5	HY 200DB	1,025	69
923	Defibrillator w/smart pads	4/19/17	1,198			X	599	5	HY 200DB	1,025	69
924	HVAC Web Server	2/16/17	5,450			X	2,725	5	HY 200DB	4,665	314
925	Parking Lot Cameras	6/20/17	13,315			X	6,657	7	HY 200DB	10,404	831
926	Dechlorination System	9/29/17	2,829			X	0	5	HY 200DB	2,829	0

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
927	5 Ton 14 Seer Elec Split Heat Pump	3/31/17	6,575	X	3,287	5 HY 200DB	5,628	379
928	12-A/C Window Units	4/14/17	4,309	X	2,154	5 HY 200DB	3,689	248
929	120 -18" Chairs	4/24/17	4,244	X	2,122	7 HY 200DB	3,316	265
930	130ft Deck Improvements	5/31/17	6,090	X	3,045	15 HY 150DB	3,747	234
931	80 Gallon Water Heater	6/14/17	4,080	X	2,040	5 HY 200DB	3,492	235
932	Hatch Display Sol. W/ Optical	5/02/17	9,125	X	4,563	7 HY 200DB	7,129	570
933	4-isTartSmart Molbile Classroom	2/28/17	5,439	X	2,719	5 HY 200DB	4,656	313
934	Hatch Display Sol. W/ Optical	5/02/17	9,125	X	4,563	7 HY 200DB	7,129	570
935	3-iStartSmart Mobile Classroom	2/28/17	2,485	X	1,243	5 HY 200DB	2,127	143
936	iStartSmart Mobile Classroom	2/28/17	1,425	X	713	5 HY 200DB	1,219	82
937	Pool Heater Venting See asset #918	2/12/18	3,315	X	0	5 HY 200DB	3,315	0
938	250K BTU Gas Heater-Kiddie Pool	8/23/18	3,150	X	0	5 HY 200DB	3,150	0
939	2 Pool Ranger Chair Lifts	9/19/18	8,480	X	0	7 HY 200DB	8,480	0
940	6-SBK 843 Spinners	5/31/18	8,098	X	0	5 HY 200DB	8,098	0
941	12 S10 Spinner Studio Consoles	5/31/18	1,357	X	0	5 HY 200DB	1,357	0
942	6-LF 15.6 Attachable TV	5/31/18	5,304	X	0	5 HY 200DB	5,304	0
943	2 Cybex R Series Recumbent Bikes	5/31/18	8,066	X	0	5 HY 200DB	8,066	0
944	3 Cybex R Series Upright Bikes	5/31/18	7,729	X	0	5 HY 200DB	7,729	0
945	HD Athletic Half Rack 42" Multi Grip	5/31/18	1,708	X	0	5 HY 200DB	1,708	0
946	Eagle NX Ab-Ad	5/31/18	4,485	X	2,691	5 HY 200DB	3,193	517
951	HVAC Unit 17 Pool Area Compressor	6/30/18	12,245	X	0	10 HY 200DB	12,245	0
952	Pool Condenser Unit	10/01/18	4,463	X	0	5 HY 200DB	4,463	0
953	250K BTU Natural Gas Heater	1/23/18	3,150	X	0	5 HY 200DB	3,150	0
954	Dolphin C Class Commercial Cleaner	4/25/18	3,800	X	0	5 HY 200DB	3,800	0
955	9-LF 15.6 Attachable TV	5/31/18	7,841	X	0	5 HY 200DB	7,841	0
956	7-Cybex R Series Treadmills 50L	5/31/18	33,918	X	0	5 HY 200DB	33,918	0
957	2-Cybex Series Upright Bike 50L	5/31/18	5,084	X	0	5 HY 200DB	5,084	0
958	Hack Squat	5/31/18	3,344	X	0	5 HY 200DB	3,344	0
959	Matrix Elliptical-E7XE-04 W/VA	5/31/18	4,727	X	0	5 HY 200DB	4,727	0
960	Matrix Elliptical-E7XE-04 W/VA	5/31/18	4,727	X	0	5 HY 200DB	4,727	0
961	7-SBK 843 Spinners w/Console	5/31/18	10,314	X	0	5 HY 200DB	10,314	0
962	Plate Loaded Smith Press	11/19/18	3,269	X	0	5 HY 200DB	3,269	0
963	Hammer Strength Barbell Rack W/Barbells	5/31/18	2,528	X	0	5 HY 200DB	2,528	0
964	Precor AMT 885 Openstirde w/ Preva	5/31/18	8,062	X	0	5 HY 200DB	8,062	0
965	3 Precor EFT Ellipticals 885 V2 moving Ar.	5/31/18	19,471	X	0	5 HY 200DB	19,471	0
966	3 Precor EFT Ellipticals V2 Fixed Arm	5/31/18	17,849	X	0	5 HY 200DB	17,849	0
967	Concept 2 Ski Erg	5/31/18	1,023	X	0	5 HY 200DB	1,023	0
969	2 - 66 X 30 DESKS 2 of 3	11/01/03	1,450	X	725	7 HY 200DB	1,450	0
970	HVAC Unit 28 Serasco Daikin Pool Heater	4/20/19	48,500	X	0	7 HY 200DB	48,500	0
971	HVAC Unite 28 Seresco Daikin Unit	5/30/19	225,000	X	0	7 HY 200DB	225,000	0
972	HVAC Unit 14 -4 Ton Lennox Carrier Lobt	9/25/19	8,500	X	0	7 HY 200DB	8,500	0
973	HVAC Unite 28 Seresco Pool Area Exhaust	11/25/19	27,000	X	0	7 HY 200DB	27,000	0
974	HVAC Unite 28 Seresco Pool Areas Exhaust	11/25/19	25,970	X	0	7 HY 200DB	25,970	0
975	Program Director Cabin Reno	3/15/19	55,500		55,500	39 MMS/L	1,127	1,423
976	Ductless Mini Split HVAC Unit	3/15/19	4,820	X	0	7 HY 200DB	4,820	0
977	The Workshop Turf/Rubber Flooring	11/22/19	14,416	X	0	15 HY 150DB	14,416	0
978	The Workshop Mozaic Audio Video Integra	12/18/19	4,736	X	0	5 HY 200DB	4,736	0
979	Splash Pool Pump & Strainer Basket	3/07/19	11,000	X	0	7 HY 200DB	11,000	0
980	10HP EQ Series Pool Pump	10/24/19	10,200	X	0	7 HY 200DB	10,200	0
981	250K BTU Heater	5/31/19	3,450	X	0	5 HY 200DB	3,450	0
982	10 Hammer Barbells Rubber Rd 20-110lb	4/22/19	1,733	X	0	5 HY 200DB	1,733	0
983	Hammer Strength Barbell Rack	4/22/19	921	X	0	5 HY 200DB	921	0
984	StepOne Recumbent Stepper	4/22/19	4,245	X	0	5 HY 200DB	4,245	0
985	8-Precor Spinner Chromo Power Bike SBK	4/22/19	14,960	X	0	5 HY 200DB	14,960	0
986	Precor Assault AirBike	4/22/19	799	X	0	5 HY 200DB	799	0
987	Precor Assault AirRunner ATR825	4/22/19	3,999	X	0	5 HY 200DB	3,999	0
988	Precor Concept 2 SkiErg	4/22/19	1,200	X	0	5 HY 200DB	1,200	0
989	13 Precor Treadmills-TRM 781	4/22/19	83,174	X	0	5 HY 200DB	83,174	0
990	2-Procor Treadmills TRM 731	4/22/19	8,677	X	0	5 HY 200DB	8,677	0
991	Outdoor Movie Theater Syst	4/11/19	2,749	X	0	5 HY 200DB	2,749	0
992	Lochinvar 250K BTU ASME Heater	3/26/19	3,695	X	0	5 HY 200DB	3,695	0
993	Hikvision 16ch 12TB Hybird DVR	5/22/19	2,665	X	0	5 HY 200DB	2,665	0
994	2 Life Fitness Total Body Arc Trainer	4/22/19	13,714	X	0	5 HY 200DB	13,714	0
995	2 Precor Ellipticals EFX 865 MA	4/22/19	12,127	X	0	5 HY 200DB	12,127	0
996	Precor Elliptical EFX 835 MA	4/22/19	4,585	X	0	5 HY 200DB	4,585	0
997	8 Precor Treadmills-TRM 761	4/22/19	45,938	X	0	5 HY 200DB	45,938	0
998	4 Precor Treadmills TRM 731	4/22/19	17,454	X	0	5 HY 200DB	17,454	0
999	Precor Assault AirBike ABK 825	4/22/19	799	X	0	5 HY 200DB	799	0
1000	Precor Assault AirRunner ATR 825	4/22/19	3,999	X	0	5 HY 200DB	3,999	0
1001	6 Precor Spinners Chrono Power Bikes SBK	4/22/19	11,220	X	0	5 HY 200DB	11,220	0
1002	Concept 2 SkiErg Indoor Ski Machine	4/22/19	1,200	X	0	5 HY 200DB	1,200	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
1003	Precor Marpo Rope Trainer	4/22/19	3,000		X	0	5 HY 200DB	3,000	0
1004	Life Fitness Adjust. Upper Body Exerciser	4/22/19	3,806		X	0	5 HY 200DB	3,806	0
1005	Life Fitness Presitge Standing Calf	4/22/19	3,176		X	0	5 HY 200DB	3,176	0
1006	Life Fitness Lower Body Arc Trainer	4/22/19	6,605		X	0	5 HY 200DB	6,605	0
1007	Life Fitness Total Body Arc Trainer	4/22/19	6,961		X	0	5 HY 200DB	6,961	0
1008	3 Precor Upright Bike UBK885	4/22/19	11,269		X	0	5 HY 200DB	11,269	0
1009	3 Precord Recumbent Bikes RBK 885	4/22/19	11,918		X	0	5 HY 200DB	11,918	0
1010	14 Precor Spinner Chrono Power Bike SBK	4/22/19	29,966		X	0	5 HY 200DB	29,966	0
1011	Precor Versa Climber	4/22/19	4,595		X	0	5 HY 200DB	4,595	0
1012	3 Johnson Ascent Trainer A&XE	4/22/19	18,914		X	0	5 HY 200DB	18,914	0
1013	Johnson Climbmill	4/22/19	6,649		X	0	5 HY 200DB	6,649	0
1014	HVAC Unit 9 Youth Center/Party	12/01/03	3,450			3,450	27 MMS/L	2,012	126
1015	HVAC Unit 20 3 Ton Carrier Preschool	12/01/16	5,940		X	2,970	10 MQ200DB	4,457	297
1016	HVAC Unit 21 3 Ton Carrier Preschool	12/01/16	5,940		X	2,970	10 MQ200DB	4,457	297
1017	HVAC Unit 21 3 Ton Carrier Preschool	12/01/16	5,940		X	2,970	10 MQ200DB	4,457	297
1018	HVAC Unit 27 10 Ton Carrier Old Gym	7/31/17	10,098			10,098	39 MMS/L	637	258
1019	HVAC Unit 24	3/17/07	10,500			10,500	10 HY 200DB	10,500	0
1020	HVAC Unit 25	3/17/07	10,500			10,500	10 HY 200DB	10,500	0
1021	1 Lenovo ThinkCentre Compute 2 of 4 Sold/Scrapped: 6/30/20	9/16/10	674			674	27 MMS/L	228	11
1022	1 Lenovo ThinkCentre Compute 3 of 4 Sold/Scrapped: 6/30/20	9/16/10	674			674	27 MMS/L	228	11
1023	1 Lenovo ThinkCentre Compute 4 of 4 Sold/Scrapped: 6/30/20	9/16/10	674			674	27 MMS/L	228	11
			<u>28,277,445</u>			<u>25,850,547</u>		<u>11,915,109</u>	<u>769,709</u>
<b>ACRS:</b>									
1	SWIMMING POOL	1/01/81	20,670			20,670	15 MM PRE	20,670	0
	<b>Total ACRS Depreciation</b>		<u>20,670</u>			<u>20,670</u>		<u>20,670</u>	<u>0</u>
<b>Other Depreciation:</b>									
10	BUILDING II	10/10/64	255,000			255,000	40 MO200DB	255,000	0
11	BUILDING IV	1/01/56	106,000			106,000	40 MO200DB	106,000	0
20	LAND	6/04/63	38,595			38,595	0 -- Land	0	0
21	LAND	6/12/63	35,000			35,000	0 -- Land	0	0
22	HAZEL GREEN LAND	12/26/96	34,200			34,200	0 -- Land	0	0
135	18.87 acres land Hughes Rd Madison	12/08/06	2,634,846			2,634,846	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>3,103,641</u>			<u>3,103,641</u>		<u>361,000</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,124,311</u>			<u>3,124,311</u>		<u>381,670</u>	<u>0</u>
	<b>Grand Totals</b>		31,888,537			28,974,858		12,296,779	1,256,490
	<b>Less: Dispositions and Transfers</b>		321,694			173,320		275,471	2,393
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>31,566,843</u>			<u>28,801,538</u>		<u>12,021,308</u>	<u>1,254,097</u>



Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2019 &amp; 2020</b>
Name		For calendar year 2020, or tax year beginning		ending
Name		Taxpayer Identification Number		
<b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HUNTSVILLE ALABAMA</b>				<b>58-2058795</b>
		<b>2019</b>	<b>2020</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1. 583,170	2,483,058	1,899,888
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 49,125	955,086	905,961
	4. Program service revenue	4. 9,682,813	6,564,233	-3,118,580
	5. Investment income	5. 16,285	11,397	-4,888
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 35,765	-2,966	-38,731
	8. Net income or (loss) from fundraising events	8. -443		443
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 10,366,715	10,010,808	-355,907
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 4,938,651	4,351,101	-587,550
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 20,360	21,032	672
	19. Occupancy, rent, utilities, and maintenance	19. 748,687	650,863	-97,824
	20. Depreciation and Depletion	20. 1,176,141	1,231,191	55,050
	21. Other expenses	21. 3,561,928	2,743,058	-818,870
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 10,445,767	8,997,245	-1,448,522
23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -79,052	1,013,563	1,092,615	
<b>Other Information</b>	24. Total exempt revenue	24. 10,366,715	10,010,808	-355,907
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 9,734,863	6,572,664	-3,162,199
	27. Total assets	27. 21,255,320	22,491,667	1,236,347
	28. Total liabilities	28. 16,741,661	16,961,268	219,607
	29. Retained earnings	29. 4,513,659	5,530,399	1,016,740
	30. Number of voting members of governing body	30. 20	18	
	31. Number of independent voting members of governing body	31. 19	18	
	32. Number of employees	32. 871	681	
	33. Number of volunteers	33. 569	389	

Form **990**

Tax Return History

**2020**

Name **YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF METROPOLITAN HUNTSVILLE ALABAMA**

Employer Identification Number  
**58-2058795**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	378,565	616,068	731,596	632,295	3,438,144	
Membership dues						
Program service revenue	8,130,065	8,419,165	8,985,352	9,682,813	6,564,233	
Capital gain or loss	-45,367	-37,717	-20,985	35,765	-2,966	
Investment income	7,892	6,816	7,253	16,285	11,397	
Fundraising revenue (income/loss)	266	-7,274	-10,446	-443		
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>	<b>8,471,421</b>	<b>8,997,058</b>	<b>9,692,770</b>	<b>10,366,715</b>	<b>10,010,808</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	4,082,002	4,252,702	4,560,074	4,938,651	4,351,101	
Professional fees	26,106	19,849	19,356	20,360	21,032	
Occupancy costs	718,609	666,779	692,215	748,687	650,863	
Depreciation and depletion	1,107,699	1,230,091	1,249,893	1,176,141	1,231,191	
Other expenses	2,830,058	2,918,951	3,349,874	3,561,928	2,743,058	
<b>Total expenses</b>	<b>8,764,474</b>	<b>9,088,372</b>	<b>9,871,412</b>	<b>10,445,767</b>	<b>8,997,245</b>	
<b>Excess or (Deficit)</b>	<b>-293,053</b>	<b>-91,314</b>	<b>-178,642</b>	<b>-79,052</b>	<b>1,013,563</b>	
Total exempt revenue	8,471,421	8,997,058	9,692,770	10,366,715	10,010,808	
Total unrelated revenue						
Total excludable revenue	8,092,590	8,388,264	8,971,620	9,734,863	6,572,664	
Total Assets	23,361,613	22,314,983	21,488,038	21,255,320	22,491,667	
Total Liabilities	18,506,615	17,545,008	16,901,629	16,741,661	16,961,268	
Net Fund Balances	4,854,998	4,769,975	4,586,409	4,513,659	5,530,399	

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
SAVINGS INTEREST	\$ 9,568		14			
TOTAL	<u>\$ 9,568</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 1,829					
TOTAL	<u>\$ 1,829</u>					

**Federal Statements**

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROVISION FOR BAD DEBT	\$ 92,342	92,342		
NATIONAL DUES	89,812	89,812		
BANK CHARGES	87,863	86,565	1,298	
LICENSES & PERMITS	10,089	6,907	3,182	
DUES & SUBSCRIPTIONS	7,138	4,431	2,050	657
MISCELLANEOUS	554	-1,602	2,057	99
<b>TOTAL</b>	<b>\$ 287,798</b>	<b>\$ 278,455</b>	<b>\$ 8,587</b>	<b>\$ 756</b>

**Federal Statements**

**Schedule A, Part II - Unusual Grants**

Name	Date	Amount	Description
MACKENZIE SCOTT	12/03/20	\$ 2,000,000	ONE TIME UNRESTRICTED CONTRIBUTION
ALABAMA REVIVE	9/30/20	15,000	COVID-19 RELIEF
U.S. SMALL BUSINESS ADMINISTRATION	4/08/20	897,274	PPP-COVID-19 RELIEF
EIDL-U.S. SBA	4/08/20	<u>10,000</u>	EIDL-COVID-19 RELIEF
TOTAL		<u>\$ 2,922,274</u>	

**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

Donor Name	2016	2017	2018	2019	2020
DAVID & ANN HOGAN	\$ 12,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
STEVE BROWN, BOD		500	500		
BRETT CRAIN, BOD		3,012	3,000	16,433	13,000
HAMILTON, JOHN, BOD	3,000		250	500	500
BURCHAM, STEVE, BOD	1,000			1,500	1,500
SEELEY, SCOTT, BOD	1,500	1,500			
CAUDLE, JIM, BOD	1,500	3,000		1,000	
ADCOX, LEE, BOD	2,500	500			
EVANS, STEUART, BOD	250		240		
THRASHER, DAVID, BOD	250	60	500		
PERRY, FOSTER, BOD	100		500		
WISNER, MICHAEL, BOD	1,000	1,800	1,500	1,500	1,500
THORNTON, JIMMY, BOD		1,000	1,000	1,500	1,500
GOSSETT, JAMES,		100	100	100	
SMITH, DENISE	300	250	250	500	100
BAGGETTE, JOHN, BOD	500	1,000			
CLARK, NANSI, BOD					
CUMMINGS, SHEILA, BOD	1,500	1,500	1,500		
MONTGOMERY, DANIEL, BOD	200	200	200		
PETERSON, KAREN, BOD					
THOMAS, BRYON, BOD					

**Federal Statements**

**Schedule A, Part III, Line 7a - Support from Disqualified Persons (continued)**

Donor Name	2016	2017	2018	2019	2020
WARDEN, SALLY, BOD	\$ 3,000		\$ 3,500		
JOE COLLAZO, BOD					
JENNIFER GEIST, BOD	1,000	2,500	1,500		
GINGER HARPER, BOD		1,500			
SCOTT HARBOUR, BOD		300	150		
AMY NATION, BOD	100		500		
KATHY PARIKH, BOD	1,500	1,600	1,775	2,005	2,821
JARED SHARP, BOD	250		500	550	
WENDY COLESCOTT BOD	250	800	1,000	500	
WESLEY CRUNKLETON BOD	500	1,000	1,000	1,000	1,000
JEFF GRONBERG BOD	1,000	1,000	1,000	1,500	
LORI LIOCE BOD	750		500		
JEFF STILL BOD	500	1,500	500		
KEN WATSON BOD	1,000	500	1,000	1,000	1,000
DAVID BIER BOD	1,500	3,000	2,500	4,000	1,000
JUANITA HARRIS BOD	350				
FRANK WILLIAMS BOD	5,000				5,000
SEAN CURRIE BOD		100	100		
LESLIE SHARPE BOD		500	500	250	500
MATT CURTIS BOD		1,500	1,500		
JOHN HOWARD BOD		1,500	2,000		500
LOUCIOUS HIRES			1,000	1,000	1,000
CHRIS ROBINSON			1,500	1,500	1,500
DR. MYRA GRAY				1,000	1,500
JAY COBB				500	500
JULIE KHOLDBANDEH				500	500
DR. KAROKAS WATKINS				1,150	1,200
JERRY COURTNEY					
SARAH OSBOURNE					
KRISTIN PRASAD					
TOTAL	\$ 42,300	\$ 41,722	\$ 40,565	\$ 50,988	\$ 47,121

**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
STATE OF ALABAMA	\$	\$
2020	1,099,870	1,029,481
2019	1,253,892	1,151,069
2018	921,821	824,784
2017	698,172	607,647
2016	687,812	602,469
TOTAL	<u>\$ 4,661,567</u>	<u>\$ 4,215,450</u>