Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

Α	For the 2	2018 calendar year, or tax year beginning and c	enaing	_	
В	Check if applicable:	C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION		D Employer identific	cation number
	Address change	OF WATERTOWN NY INC.			
F	Name change	Doing business as WATERTOWN FAMILY YMCA		15-0	559207
	Initial return		Room/suite	E Telephone number	
	Final return/	119 WASHINGTON STREET		315-	782-3100
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,381,916.
	Amende return	WAIERIOWN, NI 15001		H(a) Is this a group re	
	Applica-	F Name and address of principal officer: DENISE YOUNG		for subordinates	·····
	pending		13601	H(b) Are all subordinates in	ncluded? Yes No
		npt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527		list. (see instructions)
		▶ WWW.WATERTOWNYMCA.ORG		H(c) Group exemption	
		rganization: X Corporation Trust Association Other	L Year	of formation: 1855 N	State of legal domicile; NY
		Summary	ממשאע אי	OWN FAMILY	VMCX 'C
e	1 B	riefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $ ext{V}$ $ ext{IISSION}$ $ ext{IS}$ $ ext{TO}$ $ ext{STREGTHEN}$ $ ext{INDIVIDUALS}$ $ ext{AND}$			HE
Activities & Governance	_				····
Veri	1	heck this box if the organization discontinued its operations or dispos		ا م ا	18
Ĝ	1	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)			18
م د	1	otal number of individuals employed in calendar year 2018 (Part V, line 2a)			562
Ë	i	otal number of volunteers (estimate if necessary)			0
ĕ		otal unrelated business revenue from Part VIII, column (C), line 12			0.
Ā	1	et unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
ø.	8 C	ontributions and grants (Part VIII, line 1h)		1,455,481.	1,204,429.
Ž	9 P	rogram service revenue (Part VIII, line 2g)		3,949,147.	4,053,582.
Revenue	10 lr	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		48,527.	80,735.
Œ	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[154,606.	165,490.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,607,761.	5,504,236.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 ⊟	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,514,437.	3,889,149.
Expenses	16a ₽	rofessional fundraising fees (Part IX, column (A), line 11e)		U.	0.
Ř	· b T	otal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	1 704 074	1 740 067
ш	17 (ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,724,974.	1,748,967.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,239,411. 368,350.	5,638,116.
	19 F	evenue less expenses. Subtract line 18 from line 12		·····	<u> </u>
Net Assets or	20 -		B.	eginning of Current Year 9,573,649.	End of Year 9,365,611.
SSE	20 T	otal assets (Part X, line 16)		447,284.	485,585.
let/	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		9,126,365.	8,880,026.
0 0		Signature Block		3,220,000	5,7000,70201
28463	建设在1000000000000000000000000000000000000	ies of perjury, I declare that I have examined this return, including accompanying schedule:	s and staten	nents, and to the best of m	y knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			
_	Ť				
Sig	gn	Signature of officer		Date	
He	re	DENISE YOUNG, CEO			
		Type or print name and title	0	• -	
		Print/Type preparer's name Preparer's squater	Bu	Check if	PTIN
Pa	id E	ELIZABETH BUSH		self-employ	
	· L	Firm's name BOWERS & COMPANY CPAS PLLC		Firm's EIN	20-1317788
Us	e Only	Firm's address 1120 COMMERCE PARK DRIVE EAST			E 500 500
_		WATERTOWN, NY 13601		Phone no.31	5-788-7690
Ma	av the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

15-0559207 OF WATERTOWN NY INC. Page 2 Form 990 (2018) Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 2,692,779. 2,837,000. including grants of \$ _) (Revenue \$) (Expenses \$ HEALTH AND WELLNESS BRANCH - THE FOCUS OF THE HEALTH AND WELLNESS BRANCH IS TO OFFER OPPORTUNITIES FOR EVERYONE IN THE FAMILY TO BE ACTIVE IN A SAFE ENVIRONMENT OPEN TO ALL. PROGRAMS ARE DESIGNED TO PROMOTE HEALTHY LIFESTYLES, DEVELOP SPECIFIC SKILLS, TEACH STRONG CHARACTER VALUES AND ENCOURAGE THE DEVELOPMENT OF FRIENDSHIPS. THIS BRANCH OPERATES OUT OF FOUR FACILITIES. SEE SCHEDULE O FOR BRANCH DESCRIPTIONS. 1,520,995. 2,349,286. including grants of \$) (Revenue \$) (Expenses \$ (Code: YOUTH DEVELOPMENT BRANCH- THE FOCUS OF THE YOUTH DEVELOPMENT BRANCH IS THE OFFERING OF LICENSED CHILDCARE PROGRAMMING FOR YOUTH AGES 3 MONTHS TO 12 YEARS OLD AND DEVELOPMENT PROGRAMMING FOR YOUTH AGES 10-17. PROGRAMMING IS DEVELOPED TO ENSURE A SAFE ENVIRONMENT, CHARACTER AND SELF ESTEEM BUILDING PROGRAM, ACTIVE PLAY AND ACADEMIC UPGRADING. MOST PROGRAMS ARE STATE LICENSED WITH OFFICE OF FAMILY AND CHILDREN'S SERVICES. FUNDING SUPPORT FOR PROGRAMMING IS RECEIVED FROM ARMED SERVICES YMCA OF THE USA, THE DEPARTMENT OF DEFENSE, YOUTH BUREAU OF JEFFERSON COUNTY AND THE UNITED WAY. THE BRANCH OPERATES OUT OF THREE UNITS. SEE SCHEDULE O FOR UNIT DESCRIPTIONS. (Code: _____) (Expenses \$) (Revenue \$ SEE SCHEDULE O 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ 5,186,286.

Form 990 (2018)

4e Total program service expenses ▶

Form 990 (2018) OF WATERTOWN NY INC. Checklist of Required Schedules

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		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	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11-	X	100000000000000000000000000000000000000
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	71	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.12		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٦,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<u> </u>
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	14b		Х
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	15		Х
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	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	 ^
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	19		x
20a	0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	20a		Х
b		20b		
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	21	<u> </u>	X

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THE YOUNG MEN'S CHRISTIAN ASSOCIATION Form 990 (2018) OF WATERTOWN NY IN Checklist of Required Schedules (continued) OF WATERTOWN NY INC.

RANGE TO				r
			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	22		х
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	23		х
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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
	School viol. Port I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		-	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):	12.7		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
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	33		Х
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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
07	If "Yes," complete Schedule R, Part V, line 2	36	_	
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	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Statements Regarding Other IRS Filings and Tax Compliance		•	•
esteric de	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	- 100000000		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable) 7, 7,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	l	I

				Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	- 0			
	filed for the calendar year ending with or within the year covered by this return 2a	562			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	44000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		├ ─
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		
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).	1		2000	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid		- SC		\vdash
ua	any contributions that were not tay deductible as shortship contributions?		6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		- Oa		
Ü			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor?	7a	36099436	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
·	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	20021000	. 30.240.00.00.00
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-C? [7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	100000000000	0.0000000000000000000000000000000000000
10	Section 501(c)(7) organizations. Enter:				
а			10.4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	2000000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	0.000	
	Note. See the instructions for additional information the organization must report on Schedule O.				
D	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				
_			100		
	Did the consideration and in the consideration and the constant of the constan		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a 14b		+**
ъ 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		טדו		+
13			15		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	1280M600	X
	If "Yes " complete Form 4720. Schedule O				

OF WATERTOWN NY INC. Form 990 (2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 18 1a 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 in Schedule O. 18 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	N.	١

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain in Schedule O)

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	WATERTOWN FAMILY YMCA - 315-782-3100
	119 WASHINGTON ST, WATERTOWN, NY 13601

OF WATERTOWN NY INC.

Form 990 (2018) 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	

15-0559207

Page 7

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organi	zation nor any related	orga	aniza	ation	cor	mpe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	POS heck	more	i than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	į						the	organizations	compensation
	hours for	rdirec				B	İ	organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensal		(W-2/1099-MISC)		organization
	organizations	lal tru	onal t		płoye	E CO				and related
	below line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEITH CAUGHLIN	1.00	=		-		王 65	<u> </u>			
PRESIDENT		x		х				0.	0.	0.
(2) K.I. LACLAIR	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) MERLE TOUSANT	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) KEVIN JORDAN	1.00						İ		_	
SECRETARY		Х		Х				0.	0.	0.
(5) MARY BENSON	1.00								_	•
MEMBER	1-00	Х	_	_	_	ļ	L	0.	0.	0.
(6) CHRISTINE CISCO	1.00	٠,,								0
MEMBER	1.00	Х	├	_	<u> </u>	_		0.	0.	0.
(7) JIM CORRIVEAU MEMBER	1.00	x	1					0.	0.	0.
(8) KATE COUCH	1.00	Λ	┢	_	_	<u> </u>		0.	U •	<u> </u>
MEMBER	1.00	X						0.	0.	0.
(9) JEFF FALLON	1.00	1	╁		\vdash	\vdash	\vdash	0.	•	
MEMBER		Х						0.	0.	0.
(10) JUDITH GENTNER	1.00									
MEMBER		Х						0.	0.	0.
(11) JASON MCCULLOUGH	1.00									
MEMBER		X						0.	0.	0.
(12) BARB MORROW	1.00									
MEMBER		Х						0.	0.	0.
(13) MAXINE QUIGG	1.00									
MEMBER		Х			_	<u> </u>		0.	0.	0.
(14) DAVID RECHLIN	1.00	ļ								
MEMBER	1 00	Х	<u> </u>		_	<u> </u>		0.	0.	0.
(15) DON RUTHERFORD	1.00								_	
MEMBER	1.00	Х	<u> </u>		_	1	<u> </u>	0.	0.	0.
(16) PETER SOUCH	1.00	X						0.	0.	_
MEMBER (17) DAN VILLA	1.00	^	├		<u> </u>	┼		· ·	U •	0.
MEMBER	1.00	X						0.	0.	0.
MEMBER		$\Gamma_{\mathbf{V}}$					Ь.	1 0 •	<u>U•</u> _	U •

OF WATERTOWN NY INC.

Form 990 (2018) OF WATER:	YN NWOT	Il	NC.	•					15-05	592	207	Page 8
Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghes	st C	Compensated Employe	es (continued)			
(A)	(B)			-	2)			(D)	(E)		(F)
Name and title	Average		not c		more	than o		Reportable	Reportable		Estima	
	hours per week					is both or/trus		,	compensation	ר	amoui	
	(list any	<u> </u>						from the	from related organizations	.	oth compen	
	hours for	direct			l	٦		organization	(W-2/1099-MIS		from	
	related	ee 0r	stee	İ		nsate		(W-2/1099-MISC)	(-′	organiz	
	organizations	1 trust	nal tru		ayee	ed m o					and re	lated
	below	ndividual trustee or director	Institutional trustee	 jg	Key employee	Highest compensated employee	Former			l	organiz	ations
	line)	ᆵ	lsui	Officer	, Ke	E H	Fo					
(18) GRAHAM WISE	1.00	x						0.		0.		0.
MEMBER (19) STACEY BRISTOW	40.00	^		-				0.		0.		
CFO	40.00			x				59,035.		0.	1.0	948.
(20) DENISE YOUNG	40.00			^	\vdash	\vdash		33,033.		0.	10,	740.
CEO	40.00			x				133,096.		0.	8	375.
CEO				^				133,030.		•	0,	575•
		ĺ										
		İ										
Marie II.										-		
11.00												
		1										
								,				
		1								ĺ		
1b Sub-total							•	192,131.		0.	19,	323.
c Total from continuation sheets to Part V	II, Section A						>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	192,131.		0.	19,	323.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable	е		4
compensation from the organization											L	1
										ſ	Ye	
3 Did the organization list any former officer,								=		- [CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	•							•	the organization	1		X
and related organizations greater than \$15											4	^
5 Did any person listed on line 1a receive or a	•				-		elai	ted organization or indiv	idual for services			X
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J	or s	ucn	pers	son .					5	
· · · · · · · · · · · · · · · · · · ·	mpanaetad in	don	and c	ant c	onti	rooto	ro !	that received more than	\$100,000 of com	none	ation from	
 Complete this table for your five highest co the organization. Report compensation for 	•									pens	ation non	•
(A)	trie Caleridar y	Cai	Cilui	ii ig v	VILII	Or W	1111	(B)	year.		(C)	
Name and business	address							Description of s	services	С	ompensa	tion
XGRASS					-			TURF FIELD				
	, GA 30'	72	1					INSTALLATION			183,	200.
	•											
										Antonia de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión d	00000000000000000000000000000000000000	o posto kominante
2 Total number of independent contractors (ot li	mite	d to		_	ste	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation 🕨					1						

Page 9

		Statement of Revenue		 -	•••		
		Check if Schedule O contains a respons	e or note to any lin				
		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
ıts	1 a	Federated campaigns 1a	41,601.				
and Other Similar Amounts	b	Membership dues 1b					
티	С	Fundraising events 1c					
ē	d	Related organizations 1d	157,156.				
Ξ	е	Government grants (contributions) 1e	838,615.				
אר אר	f	All other contributions, gifts, grants, and					
Ĕ		similar amounts not included above 1f	167,057.				
	g	Noncash contributions included in lines 1a-1f: \$					
ē	h	Total. Add lines 1a-1f	_	1,204,429.			
			Business Code		1 404 404		
Hevenue		FAIRGROUNDS	624100	1,424,424.	1,424,424.		
ايو		SACC		1,045,024.	1,045,024.		
Ē		WATERTOWN	624100	879,264.			
é	_	DAY CARE	624100	399,384.			
	_	CARTHAGE	624100	160,508.			
		All other program service revenue		144,978. 4,053,582.	144,978.		
+		Total. Add lines 2a-2f		4,053,562.			
1		Investment income (including dividends, inte		53,106.			53,10
		other similar amounts)		33,100.			33,10
		Income from investment of tax-exempt bond					
	5	Royalties					
1	_	(i) Real 114,377	(ii) Personal			100	3
					100		
1		2 4 4 2 7 7					
				114,377.	114,377.		
		Net rental income or (loss) Gross amount from sales of (i) Securities		111/3//	111/0//		
	/ a	00E 200	(ii) Other			All and an artist	
ļ	h	Less: cost or other basis					
	D	and sales expenses 877,680		199.0			
	_	Gain or (loss) 27,629	-				
	4	Net gain or (loss)	•	27,629.			27,62
		Gross income from fundraising events (not					
	o a	including \$ of					100
		contributions reported on line 1c). See					
		Part IV, line 18	a				de la
	b		b				
۱ ۱		Net income or (loss) from fundraising events				COLUMN CO	
Į		Gross income from gaming activities. See					
-		Part IV, line 19	a				
	b	Less: direct expenses	ь				
		Net income or (loss) from gaming activities		nonousemente en en en estado en en entre en entre en entre en entre en entre en entre en entre en entre en en		A STATE OF THE STA	
١		Gross sales of inventory, less returns					1000
		and allowances	a 920.				3.5
	b	Less: cost of goods sold	ь 0.			rot d	
		Net income or (loss) from sales of inventory		920.			92
		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS REVENUE	900099	40,314.			
	ь	COMMISSIONS	900099	9,879.	9,879.		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		50,193			
	12	Total revenue. See instructions		5.04 236	4,218,152.	0	. 81,65

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)
Program service expenses (C) Management and (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 66,548 125,583. 192,131. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 119,910. Other salaries and wages 3,158,521. 3,038,611. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 188,522. 159,778. 28,744. Other employee benefits 9 349,975. 325,055. 24,920. 10 Payroll taxes Fees for services (non-employees): Management 1,500. 1,500. Legal 11,788. 11,788. Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 26,690. 19,800. 6,890. Advertising and promotion 12 470,894. 470,907. Office expenses 13 14 Information technology Royalties 15 267,654. 264,054. 3,600. 16 Occupancy 11,869. 59,554 47,685. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 13,372. 6,407. 6,965. Conferences, conventions, and meetings 19 70,793. 70,782. 11. Interest 20 6,552. 94,603. 88,051. Payments to affiliates 8,875. 429,458. 420,583. Depreciation, depletion, and amortization 22 69,398. 97,029 27,631. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 103,841. 74,396. 29,445. ADMIN 56,127. 25,311. CONTRACTUAL 81,438. BAD DEBT 11,487. 11,487. **FUNDRAISING** 8,853. 8,117. 736. e All other expenses 451,830. 5,638,116. 5,186,286. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

15-0559207 Page **11**

Mess		Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X		T	
					(A)		(B)
					Beginning of year		End of year
	1				202,513.	1	437,353.
	2	Savings and temporary cash investments			802,403.	2	608,059.
	3	Pledges and grants receivable, net			70,820.	3	118,067.
	4	Accounts receivable, net			69,874.	4	52,410.
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L	54 C. P. P. C. P. P. C. P. P. C. P. P. C. P. P. C. P. P. C.	5	• AMOUNT OF THE STATE OF THE ST		
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	•	,, ,, ,,			
		employers and sponsoring organizations of sect					
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use			4,052.	8	4,140. 36,097.
	9	Prepaid expenses and deferred charges			41,751.	9	36,097.
	10a	Land, buildings, and equipment: cost or other		44 067 000			
		basis. Complete Part VI of Schedule D	10a	11,067,888. 5,174,317.	- 0.50 - 800		5 000 551
	b	Less: accumulated depreciation			5,863,799.	10c	5,893,571.
	11	Investments - publicly traded securities			2,389,375.	11	1,573,695.
	12	Investments - other securities. See Part IV, line				12	515,382.
	13	Investments - program-related. See Part IV, line			100 000	13	106 025
	14	Intangible assets			129,062.	14	126,837.
	15	Other assets. See Part IV, line 11			0 570 640	15	0 205 611
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	9,573,649.	16	9,365,611.
	17	Accounts payable and accrued expenses			258,539.	17	300,875.
	18	Grants payable			100 400	18	102 406
	19	Deferred revenue			183,408.	19	183,496.
	20					20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
E		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities						22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24). Complete Part X of	5 227		1 214
		Schedule D			5,337. 447,284.	25	1,214.
	26	Total liabilities. Add lines 17 through 25		Jahana N V	44/,404.	26	400,000.
,		Organizations that follow SFAS 117 (ASC 958		ck nere ▶ LAJ and			
Ş	07	complete lines 27 through 29, and lines 33 and lines 33 and lines 33 and lines 35 and lines 35 and lines 35 and lines 36 and lines 36 and lines 36 and lines 37 and lines 38 a			8,299,896.	07	7,954,735.
lan	27				50,771.	27	50,917.
Ba	28	Democratic metales and and analysis			775,698.	28 29	874,374.
Net Assets or Fund Balances	29	-		P) shock here	773,030.	29	0/4,5/4
ŗ		Organizations that do not follow SFAS 117 (A	SC 95	oj, cneck nere 🗩 📖	400		
9 0	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
; As	31	Paid-in or capital surplus, or land, building, or ed				31	
Red	32	Retained earnings, endowment, accumulated in			9,126,365.	32	8,880,026.
_	33	Total net assets or fund balances			9,573,649.	33	9,365,611.
	34	Total liabilities and net assets/fund balances		The Contraction	3,3/3,049.	34	3,303,011.

Form **990** (2018)

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY INC.

Form 990 (2018)

15-0559207 Page **12**

175	Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u>L</u>	
			E E 0.4	2.2	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,504		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,638		
3	Revenue less expenses. Subtract line 2 from line 1	3	-133		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,126		
5	Net unrealized gains (losses) on investments	5	-112	,45	9.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,880	,02	6.
120	Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				Х
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0		/es	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			37209573 457	X
2a	, , , , , , , , , , , , , , , , , , , ,		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	JOHA			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
	300000000000000000000000000000000000000		2b	X	
b	Were the organization's financial statements audited by an independent accountant?		2.0		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e Dasis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		0.000		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	\mathbf{x}	
	review, or compilation of its financial statements and selection of an independent accountant?		TVST III ON OUR OWN AND AND	20000000000000000000000000000000000000	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			Х
	Act and OMB Circular A-133?		3a	-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 (2	204.0
			Form S	30 (2	2U18)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY INC.

[htip::dicin]

Employer identification number

OMB No. 1545-0047

15-0559207 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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 10 X 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

15-0559207 Page 2

Schedule A (Form 990 or 990-EZ) 2018 OF WATERTOWN NY INC. 15-05592 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	,					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						· ·
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					·	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop					,,,,,,,,,, <u>,</u>	>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	%
16a	6a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and stop h	i ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		 ▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instruction	3 >
			<u> </u>	<u> </u>	Caba	dula A (Earm 900	** 000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2018 OF WATERTOWN NY INC. 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

Sec	etion A. Public Support	elow, please comp	nete Fart II.j				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4) 25	(2) 2010	(0) 2010	(4) 25 11	(9) 20 10	(i) i otal
	membership fees received. (Do not						
	include any "unusual grants.")	1380189.	945,701.	1008335.	1150209.	1285975.	5770409.
2	Gross receipts from admissions.		,				
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	3869683.	3967904.	3895272.	3923721.	4022229.	19678809.
2	Gross receipts from activities that	50050051	330,3021	30332720	03407414	102222	
3	are not an unrelated trade or bus-						
	iness under section 513	4,609.	5,483.	5,201.	1,316.	920.	17,529.
		4,000.	3,403.	3,201.	1,310.	740.	17,525.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities				·		
	furnished by a governmental unit to						
	the organization without charge	5054401	4010000	4000000	5055046	F200104	05466747
	Total. Add lines 1 through 5	5254481.	4919088.	4908808.	5075246.	5309124.	25466747.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						25466747.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	5254481.	4919088.	4908808.	5075246.	5309124.	25466747.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	150,271.	157,166.	131,859.	145,983.	167,483.	752,762.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	150,271.	157,166.	131,859.	145,983.	167,483.	752,762.
	Net income from unrelated business	,	,	•	·	<u> </u>	
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain					-	
	or loss from the sale of capital						
12	assets (Explain in Part VI.)	5404752.	5076254.	5040667.	5221229.	5476607	26219509.
	First five years. If the Form 990 is for						·
14	•	9		•	•	()()	zation,
Sec	check this box and stop here ction C. Computation of Publ						
	Public support percentage for 2018 (oolumn (fl)		15	97.13 %
							97.18 %
	Public support percentage from 2017 ction D. Computation of Investigation					16	37.10 %
				10 1 (6)	•	47	2.87 %
	Investment income percentage for 20	•				17	
	Investment income percentage from					18	
198	19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a	· ·	= :	•			▶ X
t	33 1/3% support tests - 2017. If the	•					
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	▶∐
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c 4a		
4b		
40		80000000000000000000000000000000000000
5a		
5b 5c		
5C		
6		
7		
8	120232000	
9a		
9c		
10a	,	
_10b	10-F7	Ь

15-0559207 Page 5 Schedule A (Form 990 or 990 EZ) 2018 OF WATERTOWN NY INC. Supporting Organizations (continued) Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b **b** A family member of a person described in (a) above? 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2018 OF WATERTOWN NY INC.

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	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	rage o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	ompiete S	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integra	ited Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

15-0559207 Page 7 Schedule A (Form 990 or 990-EZ) 2018 OF WATERTOWN NY INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (iii) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015

Schedule A (Form 990 or 990-EZ) 2018

and a first safetime.

c Excess from 2016

d Excess from 2017 e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 OF	WATERTOWN NY	INC.	15-0559207 Page 8
	Supplemental Information Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2	Dn. Provide the explanat , 3c, 4b, 4c, 5a, 6, 9a, 9b and 3; Part IV, Section E	tions required by Part , 9c, 11a, 11b, and 11 E, lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, olete this part for any additional information.
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY INC. 15-0559207 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔲 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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).

Employer identification number

HEITIN	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NAF FINANCIAL SERVICES DEPARTMENT OF THE ARMY 2450 CONNEL ROAD, 3RD FLOOR FORT SAM HOUSTON, TX 78234	\$181,573 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYS DOH 150 BROADWAY - FL 6 WEST ALBANY, NY 12204	\$\$7,682.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ARMED SERVICES YMCA OF THE USA 7405 ALBAN STATION COURT, SUITE B215 SPRINGFIELD, VA 22150	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNITED WAY OF NNY 200 WASHINGTON STREET WATERTOWN, NY 13601	\$41,601.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CARTHAGE CENTRAL SCHOOL DISTRICT 36500 STATE ROUTE 26 CARTHAGE, NY 13619	\$\$22,932.	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JEFFERSON COUNTY 175 ARSENAL STREET WATERTOWN, NY 13601	\$18,758.	Person X Payroll

Employer identification number

a de la Cara	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NNY COMMUNITY FOUNDATION 131 WASHINGTON STREET WATERTOWN, NY 13601	\$29,052.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JANE DELINE FOUNDATION 137 MAIN AVENUE 2ND FLOOR WATERTOWN, NY 13601	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	NEW ENGLAND WENDICO 120 ARCADE STREET WATERTOWN, NY 13601	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	NYS DEPARTMENT OF EDUCATION 89 WASHINGTON AVENUE ALBANY, NY 12234	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JEFFERSON COMMUNITY COLLEGE 1220 COFFEEN STREET WATERTOWN, NY 13601	\$46,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	NORTH COUNTRY INITIATIVE 120 WASHINGTON STREET SUITE 230 WATERTOWN, NY 13601		Person X Payroll

Employer identification number

Party[Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WATERTOWN CITY SCHOOL DISTRICT 1351 WASHINGTON STREET WATERTOWN, NY 13601	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Partill	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Name of organization

Employer identification number

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY INC

OF WA	TERTOWN NY INC.		15-0559207		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enterthis info. once.) \$		
/a\ Na	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	Relationship of transferor to transferee			
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	and the second s	(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C (Form 990 or 990-EZ)

(1 01111 330 G1 330-E2

Political Campaign and Lobbying Activities

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

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

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.							
Nan	ne of organization THE YOU	JNG MEN'S CHRISTI	AN ASSOCIAT	'ION E	mploy	er identific	cation	numbei	ř
		ERTOWN NY INC.				15-05!		07	
	Complete if the or	ganization is exempt und	der section 501(c	or is a section 52	7 org	anizatio	n.		
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	itures)					_
Pe	Complete if the or	ganization is exempt und	der section 501(c)(3).					-
	Enter the amount of any excise tax				\$				-
2	Enter the amount of any excise tax	k incurred by organization manag	gers under section 495	5)	▶ \$ [—]				_
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?			Ye	s	No	,
4 a	Was a correction made?			***************************************		☐ Ye	s	☐ No	,
t	If "Yes," describe in Part IV.								_
2539-2535	Complete if the or					(3). 			_
	Enter the amount directly expende				^ \$ _				_
2	Enter the amount of the filing organ		3						
_	exempt function activities				S \$				_
3	Total exempt function expenditure			•					
4	line 17b	1100 DOI for this			* <u>_</u>	Ye	_	No	_
5	Did the filing organization file Form Enter the names, addresses and e						-		
J	made payments. For each organiza			_		_	-		
	contributions received that were p								
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.		0 0			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s C	(e) Amour ontribution promptly delivered to political c	s rece and d to a se organiz	eived and lirectly eparate zation.	- i
	V					If none	, entei	r -U	_
									_
									-
									_
	· //								_
				1					

Schedule C (Form 990 or 990-EZ) 2018 OF WATERTOWN NY INC. 15-0559207 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, A Check ► expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) **d** Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 OF WATERTOWN NY INC. 15-055920 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the lobbying activity.	(a)	(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?	X		28,381.
j Total. Add lines 1c through 1i			28,381.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912	100		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th			
Complete if the organization is exempt under section 501(c)(4), section			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," Ol	R (b) Par	t III-A. line 3. is
			, , , ,
Dues, assessments and similar amounts from members		1	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic 		1	
		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 	al	2a 2b	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 	al	2a 2b 2c	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	al	2a 2b 2c	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	ess	2a 2b 2c	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds 	ess olitical	2a 2b 2c 3	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 	ess olitical	2a 2b 2c 3	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year? 	ess olitical	2a 2b 2c 3	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) 	ess olitical	2a 2b 2c 3 4 5	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 	ess olitical	2a 2b 2c 3 4 5	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. 	ess olitical list); Part II	2a 2b 2c 3 4 5 5 I-A, lines 1 a	and 2 (see
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	ess olitical list); Part II	2a 2b 2c 3 4 5 5 I-A, lines 1 a	and 2 (see
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 3 Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. 4 ART II-B, LINE 1, LOBBYING ACTIVITIES:	ess olitical list); Part II	2a 2b 2c 3 4 5 5 I-A, lines 1 a	and 2 (see
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	ess olitical list); Part II	2a 2b 2c 3 4 5 5 I-A, lines 1 a	and 2 (see
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	ess olitical list); Part II	2a 2b 2c 3 4 5 5 I-A, lines 1 a	and 2 (see

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

THE YOUNG MEN'S CHRISTIAN ASSOCIATION

OF WATERTOWN NY INC.

OMB No. 1545-0047

Employer identification number 15-0559207

	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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	-	
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		<u> </u>
87 T K850	impermissible private benefit?		Yes No
	Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	SERVICEOUS
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		i I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	J	
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	nservation easements during the year
-		w end	
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserv	ation easements during the year
8	Door cook conservation accoment reported on line 2/d) about	vo optiofy the very decrease of existing 4.7	0/1-1/41/171/3
0	Does each conservation easement reported on line 2(d) above and section 170/b/4/(P/(ii)2	,	
9	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	'	
	include, if applicable, the text of the footnote to the organizationservation easements.	tion's imancial statements that describes	s the organization's accounting for
	Organizations Maintaining Collections of	f Art. Historical Treasures, or C	Other Similar Assets
S. Charle	Complete if the organization answered "Yes" on Form	,	7.000to.
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
•	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		and or public service, provide, in real extri,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	addition, or resouron in farther arise of pr	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 1		ai gairi, provido
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

	THE YOU	NG MEN'S	CHRISTIAN A	ASSOCIATION	•		
Sche	edule D (Form 990) 2018 OF WATE	RTOWN NY	INC.		15-05	59207	Page 2
	Organizations Maintaining C	collections of	Art, Historical T	reasures, or Oth			
3	Using the organization's acquisition, accessi						
	(check all that apply):			~			
а	Public exhibition		d Loan or exc	change programs			
b	Scholarly research		e Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and exp	lain how they further	the organization's ex	empt purpose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donation	s of art, historical trea	asures, or other simila	ar assets		
	to be sold to raise funds rather than to be ma	aintained as part o	of the organization's o	ollection?		Yes	No
Pá	Escrow and Custodial Arran reported an amount on Form 990, Par		plete if the organization	on answered "Yes" o	n Form 990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interm	nediary for contributio	ns or other assets no	t included		
	on Form 990, Part X?					Yes [□ No
b	If "Yes," explain the arrangement in Part XIII						
	•	·	J			Amount	
С	Beginning balance				1c	M.	
d							
е	Distributions during the year					<i>,</i>	
f	Ending balance				1f		
2a	Did the organization include an amount on Fe				ility?	Yes	No
	If "Yes," explain the arrangement in Part XIII.						
FA	Endowment Funds. Complete i	f the organization	answered "Yes" on F	orm 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance	1,014,994	925,462	. 884,764.	945,203.		3,799.
b	Contributions						0,000.
С	Net investment earnings, gains, and losses	-49,703	89,532	. 55,698.	-45,439.	2	6,404.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	40,000	Ο.	15,000.	-15,000.	-1	5,000.
f	Administrative expenses						
g	End of year balance	925,291	1,014,994	925,462.	884,764.	94	5,203.
2	Provide the estimated percentage of the cur	rent year end bala	nce (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment ► 94.00	 %					
С	Temporarily restricted endowment	6.00 _%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organ	nization that are held a	and administered for	the organization	_	
	by:					Yes	
	(i) unrelated organizations					3a(i) X	
	firs 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					10 (11)	

(i) unrelated organizations
(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 V 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		131,000.	4	131,000.
b Buildings		4,186,371.	1,897,416.	2,288,955.
c Leasehold improvements		5,431,688.	2,367,775.	3,063,913.
d Equipment		1,221,957.	905,301.	316,656.
e Other		96,872.	3,825.	93,047.
Total. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part X, colui	mn (B), line 10c.)	>	5,893,571.

Schedule D (Form 990) 2018

Part VII	Investn	nents -	Other !	Securities
Schedule D	(Form 990)	2018	OF.	WATERT

Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11b See Form 900 Part V line 13	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives	(-,	(c) memor or valuations desc	- or ord or your market value
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENTS HELD AT			
(B) NORTHERN NEW YORK			
(C) COMMUNITY FOUNDATION	515,383	2. END-OF-YEAR MAR	KET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	515,382	2.	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of the organization and the	on Form 000 Port IV II	no 11d Con Form 000 Port V line 15	
	Description	ne 11d. See Form 990, Part X, line 15	(b) Book value
(1)	Sescription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) LEASE DEPOSIT		1,214.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	05)	1 214	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	1,214.	

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

15-0559207 Page 4 OF WATERTOWN NY INC. Schedule D (Form 990) 2018 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,391,777. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments -112,4592a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d -112,459. e Add lines 2a through 2d 5,504,236. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5,504,236. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,638,116. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 0. 26 5,638,116. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS ENDED 2018, 2017, 2016, AND 2015 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 3 YEARS AFTER THEY WERE FILED. BASED ON ITS ANALYSIS, THE ORGANIZATION DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS AND THAT THE ORGANIZATION SHOULD PREVAIL UPON EXAMINATION BY THE TAXING AUTHORITIES.

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 for the latest information.

Employer identification number 15-0559207

OMB No. 1545-0047

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY INC.

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

WATERTOWN FAMILY YMCA PROVIDES HEALTH AND WELLNESS, EDUCATIONAL, SENIOR

AND CHILDCARE PROGRAMS WHICH SUPPORT THE STRENGTHENING OF FAMILIES AND

HEALTHY DEVELOPMENT OF CHILDREN. THE WATERTOWN FAMILY YMCA STRIVES TO

CREATE A SENSE OF COMMUNITY THROUGH THE INVOLVEMENT OF INDIVIDUALS AND

FAMILIES OF ALL AGES, ABILITIES, INCOMES AND RACES. YMCA PROGRAMS AND

MEMBERSHIPS ARE SUPPORTED BY A FINANCIAL ASSISTANCE PROGRAM CALLED

GATEWAY WHICH ALLOWS EVERY MEMBER OF OUR COMMUNITY TO PARTICIPATE

REGARDLESS OF THEIR ABILITY TO PAY.

FORM 990, PART I, LINE 6

THE YMCA RECEIVES OVER 420 HOURS OF POLICY AND COMMITTEE SUPPORT FROM

32 VOLUNTEERS, 1500 HOURS OF ASSISTANCE WITH SPECIAL EVENTS FROM OVER

170 VOLUNTEERS, 4,830 HOURS OF SUPPORT FROM OVER 225 SPORTS TEAM

COACHES AND OVER 400 HOURS OF QUILTING FROM OVER 203 VOLUNTEER QUILTERS

FOR OUR KID COMFORT PROGRAM IN SUPPORT OF DEPLOYED SOLDIERS AND THEIR

FAMILIES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HEALTH AND WELLNESS BRANCH - THE FOCUS OF THE HEALTH AND WELLNESS

BRANCH IS TO OFFER OPPORTUNITIES FOR EVERYONE IN THE FAMILY TO BE

ACTIVE IN A SAFE ENVIRONMENT OPEN TO ALL. PROGRAMS ARE DESIGNED TO

PROMOTE HEALTHY LIFESTYLES, DEVELOP SPECIFIC SKILLS, TEACH STRONG

CHARACTER VALUES AND ENCOURAGE THE DEVELOPMENT OF FRIENDSHIPS. THIS

BRANCH OPERATES OUT OF FOUR FACILITIES.

THE FAIRGROUNDS Y - IS A LARGE FACILITY (75,000 SQ. FT.) WHICH

INCLUDES 2 INDOOR SOCCER FIELDS, A GYMNASIUM, 2 RACQUET COURTS, AN

AEROBICS STUDIO, A FITNESS CENTER, AN ARTS CENTER, AND A GYMNASTICS

CENTER. PROGRAMMING INCLUDES SOCCER, LACROSSE, BASKETBALL, FOOTBALL,

ART CLASSES, GYMNASTICS, CHILDWATCH CENTER, AEROBIC CLASSES AND DANCE.

THERE ARE ABOUT 3,100 MEMBERS AND THOUSANDS OF PROGRAM PARTICIPANTS.

THE DOWNTOWN Y - IS A TRADITIONAL Y WITH A FITNESS CENTER, AEROBICS

STUDIO, SPINNING STUDIO, GYMNASIUM, CHILDWATCH CENTER AND 2 POOLS. MOST

PROGRAMMING IS DESIGNED TO SUPPORT THE OVER 5,100 MEMBERS WITH A STRONG

FOCUS ON SENIOR WELLNESS PROGRAMS SUCH AS DIABETES PREVENTION, ENHANCE

FITNESS AND SILVER SNEAKERS. THIS FACILITY IN ADDITION TO MEMBER

PROGRAMMING OFFERS SWIM LESSONS AND ADMINISTERS THE ACTIVITIES OF THE

YMCA BLUE SHARKS SWIM TEAM WITH OVER 100 MEMBERS.

THE CARTHAGE Y - IS A NON-TRADITIONAL Y IN A SMALL COMMUNITY WITH A

DIFFERENT RATE STRUCTURE TO ENSURE ACCESSIBILITY WITHIN THAT COMMUNITY.

FACILITIES INCLUDE A FITNESS CENTER, CHILDWATCH, GYMNASIUM, AND AN

AEROBICS STUDIO. WITH 1,000 MEMBERS THIS NEIGHBORHOOD Y IS AN IMPORTANT

PART OF THE FABRIC OF THE CARTHAGE AND AREA COMMUNITY.

THE SACKETS Y - IS A NON-TRADITIONAL Y IN A SMALL COMMUNITY WITH A

DIFFERENT RATE STRUCTURE TO ENSURE ACCESSIBILITY WITHIN THAT COMMUNITY.

FACILITIES INCLUDE A FITNESS CENTER, CHILDWATCH, GYMNASIUM, AND AN

AEROBICS STUDIO. WITH OVER 300 START-UP MEMBERS IN 2017 THIS

NEIGHBORHOOD Y IS AN IMPORTANT PART OF THE FABRIC OF THE SACKETS HARBOR

AREA COMMUNITY.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

SCHOOL AGE CHILDCARE - SACC IS A LICENSED BEFORE AND AFTER SCHOOL CARE

PROGRAM OFFERED IN 16 AREA SCHOOLS ACROSS SEVEN SCHOOL DISTRICTS. THERE

ARE 600-800 CHILDREN REGISTERED WITH 350-400 ATTENDING DAILY.

PROGRAMMING INCLUDES FULL DAY FOR SUMMER AND SCHOOL BREAKS. PROGRAMMING

FOCUSES ON ACTIVE PLAY CHARACTER DEVELOPMENT AND ACADEMIC SUPPORT. THIS

UNIT ALSO OFFERS ADMINISTRATIVE AND STAFFING FOR A PRESCHOOL OFFERED AT

THE FAIRGROUNDS Y.

DAYCARE IS LOCATED AT 514 WASHINGTON STREET AND OFFERS LICENSED FULL

DAY CARE FROM 7:00 AM TO 6:00 PM. CARE IS AVAILABLE FOR UP TO 80

CHILDREN FROM AGES 6 WEEKS TO 5 YEARS OF AGE. HEALTHY EATING AND

PHYSICAL ACTIVITY AND AN ENRICHING, NURTURING AND AGE APPROPRIATE

DEVELOPMENT AND EDUCATION ARE FOCUS AREA FOR PROFESSIONAL CHILD

DEVELOPMENT STAFF. ADDITIONALLY, THE DAYCARE PARTNERS WITH WATERTOWN

CITY SCHOOL DISTRICT TO PROVIDE PRESCHOOL AND EDUCATION PROGRAMS TO

4-YEAR-OLD YOUTH LIVING IN THE WCSD. PROGRAMS ARE LOCATED AT OHIO

ELEMENTARY AND Y DAYCARE.

YOUTH DEVELOPMENT UNIT HAS STRONG RELATIONSHIPS WITH WATERTOWN CITY

SCHOOL DISTRICT (WCSD) AND CARTHAGE CENTRAL SCHOOL DISTRICT (CCSD) FOR

PROGRAMS INCLUDING NEIGHBORHOOD PLAY PROGRAMS IN TARGETED ELEMENTARY

SCHOOLS WITHIN WCSD AND ENHANCEMENT OF 21ST CENTURY GRANT PROGRAMS IN

CCSD'S MIDDLE AND HIGH SCHOOLS. 21ST CENTURY PROGRAM ENHANCEMENT IS

MADE POSSIBLE THROUGH FUNDING SUPPORT FROM ARMY YOUTH IN YOUR

NEIGHBORHOOD FUNDING PROVIDED FROM THE DEPARTMENT OF THE ARMY. COLLEGE

AND CAREER EXPLORATION PROGRAMS INCLUDE YOUTH EMPLOYMENT PROGRAM AND
EPIC SUMMER YOUTH PROGRAMS FUNDED THROUGH THE UNITED WAY AND JEFFERSON
COUNTY YOUTH BUREAU. ADDITIONALLY, MILITARY SUPPORT AND OUTREACH
PROGRAMS FOR ACTIVE DUTY JUNIOR ENLISTED FAMILIES INCLUDE RESPITE CHILD
CARE, OPERATION KID COMFORT QUILTS FOR CHILDREN WITH A DEPLOYED PARENT,
AND THE OPERATION HERO PROGRAM TO HELP KEEP STUDENTS ON TRACK SOCIALLY
AND EMOTIONALLY. SUPPORT FOR THESE MILITARY PROGRAMS COMES FROM ARMED
SERVICES YMCA.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS SOCIAL RESPONSIBILITY BRANCH: THE YMCA IS FOCUSED ON BRINGING ABOUT MEANINGFUL CHANGE BY PROVIDING RESOURCES BASED ON THE MOST CRITICAL SOME OF THE MOST PRESSING SOCIAL ISSUES INCLUDE: COMMUNITY NEEDS. CHILD WELFARE, EDUCATION, EMPLOYMENT, HOUSING AND SUBSTANCE ABUSE. YMCA WORKS TO MAKE SURE THAT EVERY CHILD, FAMILY AND COMMUNITY HAS WHAT THEY NEED TO ACHIEVE THEIR BEST. PROGRAMS SUCH AS FEED OUR VETS, COAT AND MITTEN TREES, DOLLAR DINNERS AND TOGHETHERHOOD ARE EXAMPLES OF PROGRAMS THAT THE YMCA OFFERS TO ADDRESS THESE COMMUNITY NEEDS. IN 2018, THE WORK OF SOCIAL RESPONSIBILITY HAS BEEN SPREAD THROUGHOUT ALL DEPARTMENTS AND BRANCHES OF THE YMCA. GATEWAY ASSISTANCE PROGRAM: THE GOAL OF THE PROGRAM IS TO REMOVE FINANCIAL BARRIERS IMPACTING ACCESSIBILITY TO YMCA MEMBERSHIP PROGRAMS AND YMCA SACC SERVICES. THE PROGRAM WAS ABLE TO ASSIST WITH THE PAYMENT OF SACC FEES FOR 106 CHILDREN AND DAYCARE FEES FOR 17 CHILDREN. THE PROGRAM WAS ALSO USED TO ASSIST 818 CHILDREN, SENIORS AND ADULTS TO BECOME A PART OF THE YMCA MEMBERSHIP AND FOR 685 CHILDREN TO PARTICIPATE IN PROGRAMS LIKE SOCCER LEAGUES, GYMNASTICS, DANCE, SWIM

LESSONS AND ART. IN ADDITION, IN 2018 THE GATEWAY PROGRAM PROVIDED

ASSISTANCE FOR 42 INDIVIDUALS TO PARTICIPATE IN THE DIABETES PREVENTION

PROGRAM AND 11 CANCER SURVIVORS TO PARTICIPATE IN LIVESTRONG. THE

VALUE OF THE YMCA ASSISTANCE FOR CHILDCARE IS APPROXIMATELY \$111,000,

FOR MEMBERSHIP \$188,000, FOR PROGRAMS \$35,000, AND FOR DPP AND

LIVESTRONG IS \$18,000 FOR A TOTAL OF \$352,000. THE YMCA COULD NOT

OPERATE WITHOUT THE SUPPORT AND GUIDANCE OF ITS VOLUNTEERS. THE YMCA

RECEIVES OVER 420 HOURS OF POLICY AND COMMITTEE SUPPORT FROM 32

VOLUNTEERS, 1,500 HOURS OF ASSISTANCE WITH SPECIAL EVENTS FROM OVER 170

VOLUNTEERS, ANOTHER 4,830 HOURS OF SUPPORT FROM OVER 225 SPORTS TEAM

COACHES, AND 400 HOURS FROM 203 QUILTERS THROUGHOUT NEW YORK STATE FOR

THE OPERATION KID COMFORT PROGRAM. IN TOTAL, THE YMCA RECEIVED

APPROXIMATELY 7,150 VOLUNTEER HOURS FROM 630 VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S POLICIES ARE SUCH THAT THE MEMBERS ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY.

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

THE BOARD OF DIRECTORS HAS AN AUDIT REVIEW COMMITTEE WHOSE CHAIRPERSON IS

APPOINTED BY THE CHAIR THE BOARD AND INCLUDES THE CEO, CHAIRPERSON OF

FINANCE, AND TWO OTHER BOARD MEMBERS. THE AUDIT AND 990 ARE MADE AVAILABLE

TO THIS GROUP FOR REVIEW. THE AUDITORS PRESENT FINDINGS TO THIS GROUP AND

MEETS TO ANSWER ANY QUESTIONS THAT MAY ARISE FROM THE REVIEW OF THE AUDIT

AND 990. THIS INFORMATION IS SHARED WITH THE FULL BOARD AND IF IT IS FELT

NECESSARY, THE AUDITOR WILL BE ASKED TO ATTEND THE BOARD MEETING TO RELATE

FINDINGS AND ANSWER ANY QUESTIONS. THE AUDIT IS MADE AVAILABLE TO ALL BOARD

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number 15-0559207

MEMBERS.

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

EACH DIRECTOR, OFFICER, OTHER VOLUNTEERS AND SELECTED EMPLOYEES ARE

REQUIRED TO PROVIDE THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE WITH
A FULL AND COMPLETE WRITTEN DISCLOSURE OF ALL FACTS CONCERNING ANY

TRANSACTION OR SITUATION WHICH MAY INVOLVE THE POSSIBLE EXISTENCE OF A

CONFLICT OF INTEREST. A COPY OF THE CONFLICT OF INTEREST POLICY IS SENT TO

ALL DIRECTORS, OFFICERS AND SELECTED VOLUNTEERS AND EMPLOYEES ANNUALY. EACH
NEW DIRECTOR, OFFICER, OR EMPLOYEE IS REQUIRED TO FILE A COMPLETED

DISCLOSURE STATEMENT IMMEDIATELY UPON ASSUMPTION OF THEIR RESPONSIBILITIES.

ALL TRANSACTIONS INVOLVING BOARD MEMBERS ARE CAREFULLY SCRUTINIZED AND

REQUIRE A DECLARATION OF CONFLICT AND THEREFORE NO INVOLVEMENT IN

DISCUSSION OR DECISION MAKING OR IF NECESSARY WITHDRAWAL FROM THE BOARD.

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

THE BOARD OF DIRECTORS MUST APPROVE ANNUALLY THE COMPENSATION OR ANY CHANGE
TO THE COMPENSATION FOR EACH OF THE YMCA'S SENIOR OFFICERS. THE BOARD

DELEGATES ITS POWER TO DETERMINE OFFICERS' COMPENSATION TO ITS EXECUTIVE

COMMITTEE. THIS COMMITTEE MUST DETERMINE BEFORE THE COMPENSATION OF ANY

SENIOR OFFICER IS CHANGED, THAT THE COMPENSATION TO BE PAID TO THE OFFICER

IS REASONABLE BY COMPARING THE COMPENSATION PAID TO THE EQUIVALENT OF

SENIOR OFFICERS FROM CHARITABLE, SERVICE ORGANIZATIONS OPERATING IN

METROPOLITAN AREAS THAT HAVE COMPARABLE REVENUES, EMPLOYEES AND SERVICE

POPULATIONS. ONCE THE COMPENSATION IS DETERMINED, THE EXECUTIVE COMMITTEE

PREPARES A WRITTEN REPORT TO THE BOARD.

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

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY INC.	Employer identificat	tion number
	13 000720	
INFORMATION IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST	AND THROUGH	A
POSTING ON THE YMCA WEB PAGE.		<u></u>
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FO	R OVERSIGHT	OF
THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.		
	· · · · · · · · · · · · · · · · · · ·	

		e r
	· · · · · · · · · · · · · · · · · · ·	
	*	

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

For Fiscal Year Beginning		yy) 01/01/	2018 ar	nd Ending (mm/dd/yyyy) 12	/31/2	2018		
- <u> </u>	` ,,	rganization:					r	ntification Number (EIN):	
Address Change	THE Y	OUNG MEN'	S CHRIST	TIAN A	SSOCIATIO	N OF	15-0	559207	
	Mailing Add						NY Registrati		
Initial Filing		ASHINGTON	STREET				04-74-	51	
	City / State	TOWN, NY	13601				Telephone: 315 78	2-3100	
Amended Filing Reg ID Pending	WATER Website:	TOWN, INT	13001				Email:	2-3100	
Reg ID Pending		ATERTOWNY	MCA.ORG				CITIAII.		
Check your organization's Confirm your Registration Category in the									
registration category:	7A c	only L EPTL	only X	DUAL (7A &	EPTL) L EXE			at www.CharitiesNYS.com.	
egge egglife entens									
See instructions for certific	ation requi	rements. Imprope	er certification is	a violation	of law that may be	subject	to penalties. Th	e certification requires	
two signatories.									
We certify under pe	enalties of p	perjury that we rev	iewed this repo	rt, including	all attachments, a	nd to the	e best of our kno	wledge and belief,	
they are	true, corre	ct and complete i	n accordance w	ith the laws	of the State of Ne	w York a	pplicable to this	report.	
					DENISE	YOU	1G		
President or Authorized C	Officer:				CEO				
		Signature			Pri	int Name	and Title	Date	
Chief Financial Officer or	Treasurer:	<u> </u>							
		Signature			Pri	int Name	and Title	Date	
S. Annual Reponding	/a como	(6) e 8							
Check the exemption(s) th	PRINCE LYGICATORS WEIST SOUN		organization is	claiming ar	exemption under	one cate	gory (7A or EP	L only filers) or both	
categories (DUAL filers) th			•	•	•		· , ,	• •	
additional attachments are			, , ,						
schedules and attachmen	ts and pay	applicable fees.							
		_			g residents, founda	-	_		
		he organization di ne fiscal year.	d not engage a	profession	al fund raiser (PFR)	or fund	raising counsel	(FRC) to solicit	
Contribution	is during ii	ie liscai year.							
OF EDIT 6	r			-1 405 000					
during the		tion: Gross receip	ts ala not excee	90 \$25,000	and the market val	iue or ass	sets dia not exc	eed \$25,000 at any time	
daning the	noour your.								
4. Schedules and A	tachmei	itsi						# # P P P P P P P P P P P P P P P P P P	
See the following page									
for a checklist of	☐ Yes [X No 4a. Did y	our organizatio	n use a pro	fessional fund raise	er, fund r	aising counsel	or commercial co-venturer	
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.									
attachments to									
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.									
5. Fee									
See the checklist on the	7A filir	na fee:	EPTL filing fe	e:	Total fee:			v.	
next page to calculate you		-g					ū	check or money order	
fee(s). Indicate fee(s) you						- 1	•	payable to:	
are submitting here:	\$	25.	\$2!	50 <u>.</u>	\$275	<u>.</u>	"Depa	rtment of Law"	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

868451 01-15-19 1019 Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY INC.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- $\cdot \ \text{Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.}$
- · Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$750,000.) port is less than \$250,000
Calculate Your Fee	la my Pagiatratian Catagoni 7A EDTI DUAL at EVEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

- IRS Form 990 PF, calculate the difference between

Total Liabilities (Part II, line 23(b)).

Total Assets at Fair Market Value (Part II, line 16(c)) and

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2018

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

sk@@mikkilentlit@metidisk

Name of Organization:

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WATERTOWN NY 04-74-51

2. Government (Strainte		
Name of Government Agency	Am	ount of Grant
1. NAF FIN. SERVICES	1.	181,573.
2. CACFP - NYS DEPT OF HEALTH	2.	57,682.
3 JEFF. CO. YOUTH BUREAU	3.	18,758.
4. CARTHAGE CENTRAL SCHOOL DISTRICT	4.	22,932.
5. NYS DEPARTMENT OF EDUCATION	5.	463,100.
6. VILLAGE OF CARTHAGE	6.	3,750.
7. TOWN OF HOUNSFIELD	7.	4,000.
8. VILLAGE OF SACKETS HARBOR	8.	2,000.
9. WATERTOWN CSD	9.	38,320.
10.JEFFERSON COMMUNITY COLLEGE	10.	46,500.
11.	11	· · · · · · · · · · · · · · · · · · ·
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	838,615.