Form	990

Т

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

		Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
A For the 2024 calendar year, or tax year beginning and ending										
	Check if applicable	Ie: THE	organization YOUNG MEN'S CHRISTIAN ASSOCIATION ATERTOWN NY, INC.	D Employer identifica	tion number					
	Addre: chang		_							
	Name chang Initial		usiness as WATERTOWN FAMILY YMCA	15-055920	7					
	return Final return/	E Telephone number	135							
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$										
	Ameno	WAIE	RTOWN, NY 13601	H(a) Is this a group retu						
	Applic tion pendir	F Name a	nd address of principal officer: AMMBROSE SOUZA	for subordinates?	Yes X No					
	-	SAME	AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No					
<u> </u>	Tax-exe	empt status:		If "No," attach a lis	t. See instructions					
	Websit		WATERTOWNYMCA.ORG	H(c) Group exemption r						
			X Corporation Trust Association Other L Yea	r of formation: 1855 M s	State of legal domicile: NY					
P	art I	Summary								
e	1		e the organization's mission or most significant activities: THE WATER!		ICA'S					
Governance		MISSION	IS TO STREGTHEN INDIVIDUALS AND THE CO							
erni	2	Check this bo								
Ň	3		ing members of the governing body (Part VI, line 1a)		18					
				18						
es	5		of individuals employed in calendar year 2024 (Part V, line 2a)		474					
iti	6		of volunteers (estimate if necessary)		1068					
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.					
			_	Prior Year	Current Year					
e	8		and grants (Part VIII, line 1h)	5,985,275.	5,709,810.					
Revenue	9	•	ce revenue (Part VIII, line 2g)	4,512,724.	5,866,284.					
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	-237,994.	-341,888.					
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	181,876.	77,638.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,441,881.	11,311,844.					
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
			to or for members (Part IX, column (A), line 4)	0.	0.					
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	4,210,377.	4,653,592.					
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.					
ã	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) <u>35,613.</u>	2 2 2 0 1 2 2	2 660 407					
-	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,668,487.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,449,499.	8,322,079.					
	19	Revenue less	expenses. Subtract line 18 from line 12	3,992,382.	2,989,765.					
Net Assets or		T-+-!		Beginning of Current Year	End of Year					
SSe.	20	Total assets (F		39,307,166.	37,391,204. 9,736,900.					
etA	21		(Part X, line 26)	14,848,059.						
	art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	24,459,107.	27,654,304.					
				and and to the base of the						

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

Sign	Signature of officer			Date				
-	AMMBROSE SOUZA, COO							
	Type or print name and title							
	Preparer's name	Rreparer's signature	Date		Check	PTIN		
Paid	ELIZABETH BUSH	Charleth Bush	04/07	/25	it self-employed	P0126462	7	
Preparer	Firm's name BOWERS & COMPANY	Y CPAS OPLLC		Firm's	EIN 20-	1317788		
Use Only	Firm's address 1120 COMMERCE PA	ARK DRIVE EAST						
	WATERTOWN, NY 13	3601		Phone	no.315-	788-7690		
May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	THE YOUNG MEN'S CHRISTIAN ASSOCIATION
	1990 (2024) OF WATERTOWN NY, INC. 15-0559207 Page 2 rt III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,148,212. including grants of \$) (Revenue \$ 3,531,657.)
ти	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 THREE FACILITIES.
	Difficient of highlight of the internations.
4b	(Code:) (Expenses \$ 2,514,568. including grants of \$) (Revenue \$ 1,942,194.)
40	
	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. THE BRANCH OPERATES OUT OF THREE UNITS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	
40	Total program service expenses 7,662,780.

THE YOUNG MEN'S CHRISTIAN ASSOCIATION Form 990 (2024) OF WATERTOWN
Part IV Checklist of Required Schedules

OF WATERTOWN NY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<u> </u>
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			- 23
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
-	Schedule D, Part III	8		
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		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
L	Schedule D, Parts XI and XII	IZa	- 23	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	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)? <i>If "Yes," complete Schedule E</i>	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		x
			000	

Form	<u>1990 (2024)</u> OF WATERTOWN NY, INC. 15-055	9207	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes." complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30		x
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-		38	х	1
Pa				
	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	5		_
		0		
	Did the exercise complex with body a withhelding view of a provide and apple of the exercise of the second se	1		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

0 (2024)		

THE YOUNG MEN'S CHRISTIAN ASSOCIATI	THE	YOUNG	MEN'S	S	CHRISTIAN	ASSOCIATIC	N
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Form	990 (2024) OF WATERTOWN NY, INC. 15-0559	207	P	_{age} 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 474			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	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		
	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.	4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

OF WATERTOWN NY, INC. 15-0559207 Page 6 Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 18 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 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? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? х 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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? х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe С х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Х 15b h Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **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 List the states with which a copy of this Form 990 is required to be filed $\$ NY17 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 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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
	THE ORGANIZATION - 315-783-4947

THE	YOUNG	MEN	'S	CHRISTIAN	ASSOCIATION
OF	WATERTO	OWN	NY.	INC.	

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensate
	Employees an	d Independe	ent Contrac	tors		

Employees, and independent Contractors

Form 990 (2024)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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\mathbf{THE}	YOUNG	MEN'S	CHRISTIAN	ASSOCIATION
OF V	VATERTO	WN NY	TNC.	

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Form 990 (2024) OF WATER	TOWN NY,	I	NC	•					15-0559	<u>207 г</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	d Hig	ghest	C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do			ition	than or	he	Reportable	Reportable	Estimat	ed
	hours per	box,	, unles	ss pei	rson is	s both a	an	compensation	compensation	amount	t of
	week		cer an	aaa	Irector	r/truste	e)	from	from related	other	
	(list any hours for	irecto						the	organizations	compens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from th organiza	
	organizations	ruste	ll trus		ee	mpen		1099-NEC)	1033-1120)	and rela	
	below	Individual trustee or director	In stit utio nal tru stee	-	Key employee	est col oyee	er			organizat	
	line)	Indiv	In stit	Officer	Key e	Highest compensated employee	Former				
(18) PHILIP BANAZEK	1.00										
VICE CHAIR		Х		х				0.	Ο.		Ο.
(19) DALE KLOCK	1.00										
MEMBER		Х						0.	0.		0.
(20) KIMBERLY LACLAIR	1.00										
MEMBER		Х						0.	0.		Ο.
1b Subtotal								222,633.	0.	17,1	35.
c Total from continuation sheets to Part VI								0.	0.		0.
d Total (add lines 1b and 1c)								222,633.	0.	17,1	.35.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	oove)) whc	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											
										Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or l	nig	hest compensated emp	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		4	X
5 Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om	any i	unrel	ate	ed organization or individ	lual for services		
rendered to the organization? If "Yes." corr	plete Schedule	e J fo	or su	ıch į	oersc	on				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co										tion from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	rith o	r with	hin	the organization's tax y	ear.		
(A)	- dalue			_				(B)		(C)	
Name and business	address	NC	ONE	5			_	Description of s	ervices	Compensatio	on
							_				
							\dashv				
							+				
							\dashv				
2 Total number of independent contractors (in	0	ot lin	nitec	to '	~		ed	above) who received mo	bre than		
\$100,000 of compensation from the organized	zation				0						

						OWN	NY, INC.			15-0559	207 Page 9
Pa	rt \	/11	Statement of Re	eveni	ue						
			Check if Schedule O	conta	ins a re	esponse	or note to any lin	((5)	(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts						1b					
Åmc Amc		с	Fundraising events		[1c					
ar /			Related organizations			1d					
imil		е	Government grants (cont	ributic	ons)	1e	4,745,565.				
tion er S		f	All other contributions, gifts,								
Dthe			similar amounts not included			1f	964,245.				
onti nd (-	Noncash contributions included in		_	1g \$		E 700 910			
<u>o</u> e		h	Total. Add lines 1a-1f				Business Code	5,709,810.			
	~	_	PROGRAM FEES				624100	3,486,733.	3,486,733.		
vice	2	a b	MEMBERSHIP REVENUE				624100	2,379,551.	2,379,551.		
Ser		c							2,072,0011		
m S		d									
Program Service Revenue		e									
Pro		f	All other program service	reven	nue						
			Total. Add lines 2a-2f					5,866,284.			
	3		Investment income (inclue	ding c	dividen	ds, inter	est, and				
								60,404.			60,404.
	4		Income from investment		-						
	5		Royalties								
			a .		(I)	Real	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses Rental income or (loss)	6b 6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Se	curities	(ii) Other				
	-	-	assets other than inventory	7a	1	94,349					
		b	Less: cost or other basis								
an			and sales expenses	7b	1:	26,570	. 913,586.				
venue		с	Gain or (loss)	7c		67 , 779.	-470,071.				
a 1		d	Net gain or (loss)			·····		-402,292.	-470,071.		67,779.
Other R	8	а	Gross income from fundrais	ing eve	ents (no	ot					
ō			including \$								
			contributions reported on								
		Ŀ.	Part IV, line 18								
			Less: direct expenses Net income or (loss) from				<u>ار</u>				
	9		Gross income from gamir		-						
	5	4	Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from			····· <u> </u>					
	10		Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of inve	entory .					
S							Business Code	60.050	CO. 050		
ieor	11		RENTAL INCOME				900099	62,970.	62,970.		
llan /eni		b	COMMISSIONS MISCELLANEOUS REVEN	TIP			900099 900099	8,037. 6,631.	8,037. 6,631.		
Miscellaneous Revenue		ى بە						0,031.	0,031.		
Ϊ			All other revenue Total. Add lines 11a-11d					77,638.			
	12		Total revenue. See instructi					11,311,844.		0.	128,183.
				50				, , , =•	, , , =•		- 000,000,0

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

Form Pa	990 (2024) OF WATERTOWN	N NY, INC. es		15-05	59207 _{Page} 1
Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		110 000	4.4.4.4.5	
	trustees, and key employees	222,633.	118,386.	104,247.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 0 6 0 0 0 0	2 604 050	126 506	28 001
7	Other salaries and wages	3,868,775.	3,694,958.	136,526.	37,291
8	Pension plan accruals and contributions (include	00 100		1 (0.5.5
	section 401(k) and 403(b) employer contributions)	28,196.	26,280.	1,659.	257
9	Other employee benefits	250,722.	233,837.	15,654.	1,231
10	Payroll taxes	283,266.	262,806.	17,776.	2,684
11	Fees for services (nonemployees):				
а	Management				
b	Legal	36,563.		36,563.	
С	Accounting	33,775.		33,775.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	21 225		21 225	
	column (A), amount, list line 11g expenses on Sch 0.)	31,996.		31,996.	
12	Advertising and promotion		405 005		1 0 0 0
13	Office expenses	527,190.	427,285.	97,973.	1,932
14	Information technology	116,309.	90,903.	23,006.	2,400
15	Royalties	214 250	214 250		
16	Occupancy	314,359.	314,359.	10 566	
17	Travel	52,419.	32,853.	19,566.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.2.6	226		
19	Conferences, conventions, and meetings	236.	236.	2 661	
20	Interest	623,520.	619,749.	3,771.	
21	Payments to affiliates	125,100.	117,980.	7,120.	
22	Depreciation, depletion, and amortization	1,071,133.	1,068,744.	2,389.	
23	Insurance	230,887.	159,261.	71,626.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BANK SERVICE CHARGES	166,836.	166,276.	39.	521
b	PROGRAM SERVICES	121,999.	121,999.		
с	MAINTENANCE & EQUIPMENT	114,816.	114,816.		
d	LEASE EXPENSE	45,106.	45,106.		
е	All other expenses	56,243.	46,946.		9,297
25	Total functional expenses. Add lines 1 through 24e	8,322,079.	7,662,780.	603,686.	55,613
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2024)
Part X Balance Sheet

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

15-0559207 Page 11

² ai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	3,502,017.	1	3,609,222
	2	Savings and temporary cash investments		2	60,988
	3	Pledges and grants receivable, net	1,322,727.	3	902,250
	4	Accounts receivable, net	64,892.	4	93,75
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges	279,504.	9	84,96
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 33,689,445.			
	b	Less: accumulated depreciation 10b 4,094,311.	31,319,603.	10c	29,595,13
	11	Investments - publicly traded securities	1,518,957.	11	1,680,56
	12	Investments - other securities. See Part IV, line 11	669,751.	12	748,55
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	115,722.	14	113,50
	15	Other assets. See Part IV, line 11	513,993.	15	502,28
	16	Total assets. Add lines 1 through 15 (must equal line 33)	39,307,166.	16	37,391,20
	17	Accounts payable and accrued expenses	2,864,405.	17	276,97
	18	Grants payable	• •	18	
	19	Deferred revenue	603,429.	19	417,11
	20	Tax-exempt bond liabilities	•	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	10,854,693.	23	8,525,29
	24	Unsecured notes and loans payable to unrelated third parties		24	.,
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schodulo D	525,532.	25	517,50
	26	Total liabilities. Add lines 17 through 25	14,848,059.		9,736,90
		Organizations that follow FASB ASC 958, check here	, ,		- / /
3		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	23,384,047.	27	26,495,95
	28	Net assets with donor restrictions	23,384,047. 1,075,060.	28	<u>26,495,95</u> 1,158,35
		Organizations that do not follow FASB ASC 958, check here	• •		
5		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	24,459,107.	32	27,654,30
2	33	Total liabilities and net assets/fund balances	39,307,166.	33	37,391,20
			,,,		Form 990 (2

THE Y	OUNG	MEN'S	CHRISTIAN	ASSOCIATION	
~					

	n 990 (2024) OF WATERTOWN NY, INC.	15-	<u>055920</u>	7	_{Page} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			844.
2	Total expenses (must equal Part IX, column (A), line 25)	2		-	079.
3	Revenue less expenses. Subtract line 2 from line 1	3			765.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			107.
5	Net unrealized gains (losses) on investments	5	1	.26,	633.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			800
9	Other changes in net assets or fund balances (explain on Schedule O)	9		78,	799.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27,6	54,	304.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Ye	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			_	_
b	Were the organization's financial statements audited by an independent accountant?		2	<u>b</u>	ζ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			<u>2c 2</u>	<u>۲</u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			la	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	
					0 (000 4)

Form **990** (2024)

(Form 9	of the Treasury		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.								
	enue Service			Form990 for instruction				1	Inspection		
Name of	the organization	OF W	ATERTOWN N					1	identification number 5-0559207		
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The orga	nization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)					
1	A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	990).)						
3	A hospital or	a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).				
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state	e:									
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in		
	section 170	b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	-		-	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in		
			omplete Part II.)								
8				(1)(A)(vi). (Complete Part							
9	-	-	-	in section 170(b)(1)(A)(i		-		-	-		
	-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
	university:										
10 X	U U			than 33 1/3% of its supp							
				t to certain exceptions; a					-		
				(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	iter Julie 30, 1975.		
11	1		mplete Part III.)	vely to test for public saf	otv Soo v	coction 5(O(a)(4)				
12	-	-	-	vely for the benefit of, to	•			rn out tho	nurneses of one or		
	-	-	-	d in section 509(a)(1) o				•			
			-	f supporting organization					Sheek the box off		
a		-	• •	upervised, or controlled l				-	aivina		
- <u> </u>				gularly appoint or elect a	• • • •	-					
		•	complete Part IV, Se		, ,						
b			-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing		
	control or n	nanagement o	f the supporting orga	anization vested in the sa	me perso	ns that co	ntrol or mana	ge the supp	ported		
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c 🗌	Type III fur	ctionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	and functiona	lly integrate	d with,		
	its supporte	ed organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.				
d	Type III no	n-functionally	<pre>integrated. A supp</pre>	orting organization operation	ated in cor	nnection v	vith its suppo	rted organiz	ation(s)		
	that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	reness		
_	_			nplete Part IV, Sections							
e		•		written determination from			Туре I, Туре	II, Type III			
				nally integrated supportir	ng organiz	ation.					
	ter the number										
g Pro	(i) Name of suppo		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetarv	(vi) Amount of other		
	organization			(described on lines 1-10	in your governi		support (see ii	-	support (see instructions)		
				above (see instructions))	Yes	No					
					_						
Total											

THE YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule A (Form 990) 2024 OF WATERTOWN NY , INC . 15-0559207 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(w) and 170(b)(1)(A)(w)
(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.)

Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total (c) 2023 (c) 2024 (f) Total (c) 2023 (c) 2024 (f) Total (c	Sec	ction A. Public Support	-					
membership fees received. (Do not include any "unusual grants.") include any "unusual grants.") 2 Tax revenues levied for the organ- ization is benefit and ether paid to or expended on its benafit include any "unusual grants.") 3 The value of services or facilities furnished by a governmental unit to the organization without charge by acch person (other than a government) unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) include that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Sobiel tes Show te 4. include that yes the shown on line 11, column (f) include that yes the shown on securities least, rents, royaties, and income from similar sources include that yes the shown on securities least, rents, royaties, and income from similar sources 9 Net income from united tuniness activities, whether or not the business is regularly carried on the securities least, rents, royaties, and income from similar sources include that is that the public of the sources 	Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
include any "unusual grants") 2 2 Tax revenues levied for the organization's benefit and either para to or expended on its behalf	1	Gifts, grants, contributions, and						
2 Tarvenues levid for the organization without charge		membership fees received. (Do not						
ization 5 bendified dither paid to or expended on its behalf		include any "unusual grants.")						
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 three exceeds 2% of the amount shown on line 11, column (f) 6 Public support 3.ebtextime 6 term line 4 5 Section B. Total Support 5 Support 5 Subsectime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 7 Amounts from line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 4 5 Constructions 6 Public support 5.ebtextime 6 term line 6 term line 6 5 Constructions 6 Public support 1 6 Constructions 6 Public support 1 7 Constructions 7 Constructions 7 Public support 1 7 Public support 1 7 Constructions 7 Public	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: the organization without charge 4 Total. Add lines 1 through 3. Image: the organization without charge Image: the organization charge 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: the organization of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: the organization include on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: the organization include on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: the organization include on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: the organization include on line 1 the organization of the organization is first, second, third, fourth, or fifth taxy sear as a section 501(c)(3) organization, check this box and stop here. Image: the organization of the organization of the organization organization organization, check this box and stop here. 11 Other income. Do not include gain or line 13, and line 14 is 33 173% or more, check this box and stop here. Image: the organization organizati		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge for the organization included on the the the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 11, column (f) for the exceeds 2% of the amount shown on line 4		or expended on its behalf						
the organization without charge Image: charge in the organization without charge in the organization 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 (i) Image: charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge include organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge include organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge include organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: charge included amount shown on line 11, column (i) Image: charge included amount shown on line 11, column (i) Image: charge included amount shown on line 11, column (i) Image: charge included amount shown on line 13, charge included amount charge included amount on line 14, column (i)	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) Image: the provide the provide the provided total provided tot		the organization without charge						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) Image: the provide the provide the provided total provided tot	4	Total. Add lines 1 through 3						
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Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

OF WATERTOWN NY INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 15-0559207 Page 3

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

Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1976571.	4012989.	9112318.	5985275.	5709810.	26796963.
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	2749622.	3115908.	3922298.	4121291.	5866284.	19775403.
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
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						
Ű	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	4726193.	7128897.	13034616.	10106566.	11576094.	46572366
	Amounts included on lines 1, 2, and	47201951	1120057.	12024010.	101003001	113700940	105725001
/ a	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.
	Add lines 7a and 7b						••
	Public support. (Subtract line 7c from line 6.)						46572366.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022			(f) Total
	Amounts from line 6	4726193.	/12889/.	13034616.	TOT00200.	115/6094.	465/2366.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	38,327.	44,239.	42,906.	177,475.	60,404.	363,351.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	38,327.	44,239.	42,906.	177,475.	60,404.	363,351.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				181,876.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	4764520.	7173136.	13196029.	10465917.	11714136.	47313738.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2024 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	98.43 %
	Public support percentage from 2023					16	99.17 <u>%</u>
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	24 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	<u>.77 %</u>
18	Investment income percentage from 2	2023 Schedule A,	Part III, line 17			18	.83 %
19a	33 1/3% support tests - 2024. If the	organization did n				3 1/3%, and line 1	7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2023. If the	-	•				Ind
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio			-		-	

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

1

2

Yes

No

Schedule A (Form 990) 2024 OF W2

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

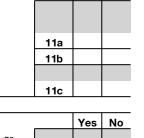
OF WATERTOWN NY, INC. 15-0559207 Page 5 Schedule A (Form 990) 2024 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, <u>provide detail in</u> Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 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 year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental С

2 Activities Test. Answer lines 2a and 2b below.

entity (see instructions).

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

Yes No 2a 2b 3a



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

Sche	dule A (Form 990) 2024 OF WATERTOWN NY, INC.			5-0559207 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

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

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	dule A (Form 990) 2024 OF WATERTOWN N			1	5-0559207	Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2024 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	IS	(iii) Distributab Amount for 2	
_1	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2024					
a	From 2019					
	From 2020					
C	From 2021					
d	From 2022					
e	From 2023					
f	Total of lines 3a through 3e					
<u> </u>	Applied to under distributions of prior years					
h	Applied to 2024 distributable amount					
i	Carryover from 2019 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2024 distributable amount					
_	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022 Excess from 2023					
	Excess from 2023 Excess from 2024					
e	EAUEDD II UIII 2024					

Schedule A (Form 990) 2024

	(Form 990) 2024		YOUNG			ASSOCIATION	15-0559207 Page 8
Part VI	Supplemental Info	r matic 1, 2, 3b.)n. Provide 3c. 4b. 4c.	the explana 5a. 6. 9a. 9	ations required by P b. 9c. 11a. 11b. and	Part II, line 10; Part II, line 17 d 11c; Part IV, Section B, lir 3a and 3b; Part V, line 1; Pa omplete this part for any ad	

		·····J···J	····· · ··· · ···· · ···· · ······	J		
(Form 990)	For Orga	anizations Exempt From Incom	e Tax Under Section	n 501(c) and Section 5	527	2024
Department of the Treasury Internal Revenue Service		e if the organization is describe to www.irs.gov/Form990 for in			-EZ.	Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Tax) (see separate instr 	panizations: Com r than section 50 ations: Complete wered "Yes" on panizations that h panizations that h wered "Yes" on ructions), then:	Form 990, Part IV, line 4, or For have filed Form 5768 (election un have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	mplete Part I-C. Parts I-A and I-C belo m 990-EZ, Part VI, li der section 501(h)): C on under section 501(iw. Do not complete Pa i ne 47 (Lobbying Acti Complete Part II-A. Do r (h)): Complete Part II-B	art I-B. vities), the not comple	n: ite Part II-B. omplete Part II-A.
 Section 501(c)(4), (5) Name of organization 	THE YOU	ions: Complete Part III. NG MEN'S CHRISTIA	N ASSOCIAT	ION		identification number (EIN)
Part I-A Comple		RTOWN NY, INC. anization is exempt unde	r contion 501(a)	or is a sostion 5		<u>5-0559207</u>
Part I-B Comple	ete if the org	gn activities anization is exempt unde	er section 501(c)	(3).		
		incurred by the organization unde				
		incurred by organization manage n 4955 tax, did it file Form 4720 f				Yes No
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt unde	er section 501(c)	except section !	501(c)(3)	
-		by the filing organization for sec				•
		ization's funds contributed to oth				
					\$	
	-	. Add lines 1 and 2. Enter here ar			¢	
		1120-POL for this year?				Yes No
5 Enter the names, an organization listed, promptly and direct	ddresses, and El enter the amour tly delivered to a	Ns of all section 527 political org at paid from the filing organization separate political organization, s de information in Part IV.	anizations to which th n's funds. Also enter t	he filing organization m the amount of political	nade paymo contributic	ents. For each
(a) Name)	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's co ter -0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization.
						If none, enter -0

Political Campaign and Lobbying Activities

OMB No. 1545-0047

SCHEDULE C

					N ASSOCIAT		
Schedule C (Form 990) 2024 C Part II-A Complete if the orga	nizatio	n is exem	NY, INC ptundersec	tion 50	1(c)(3) and file		559207 Page 2
section 501(h)).			•			•	
A Check if the filing organizati	on belong	s to an affilia	ated group (and	list in Par	t IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	of excess	lobbying e	(penditures).				
B Check if the filing organizati	on checke	ed box A and	d "limited control	" provisio	ons apply.		1
Limits (The term "expendi		ying Expenderation expension expe		red.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence publi	c opinion (gi	rassroots lobbyir	ıg)			
b Total lobbying expenditures to influe	ence a leg	islative body	(direct lobbying)			
c Total lobbying expenditures (add line	es 1a and	1b)					
d Other exempt purpose expenditures	s						
e Total exempt purpose expenditures	(add lines	1c and 1d)					
f Lobbying nontaxable amount. Enter	the amou	int from the	following table in	both co	umns.		
IF the amount on line 1e, column (a) or	[.] (b), is:	THEN th	e lobbying nont	axable a	mount is:		
not over \$500,000			ne amount on line				
over \$500,000 but not over \$1,000,0) plus 15% of the		· · · · · · · · · · · · · · · · · · ·		
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 (ente		,					
h Subtract line 1g from line 1a. If zero							
i Subtract line 1f from line 1c. If zero					l		
j If there is an amount other than zero							Yes No
reporting section 4911 tax for this ye			aging Period U		tion 501(b)		Yes No
(Some organizations that	at made a	section 50		not have	to complete all o	f the five columns b	elow.
		•	ditures During 4				
	LODD	ying Expend	altures During 4	- tear Av	reraging Period		
Calendar year (or fiscal year beginning in)	(a) 2	021	(b) 2022		(c) 2023	(d) 2024	(e) Total
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))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2024

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
of the lobbying activity.	Yes	Νο	Amo	ount
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?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
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		37	,530.
j Total. Add lines 1c through 1i				,530.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	i), or sec	tion	
			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 the				
Part III-B 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."				93, is
1 Dues, assessments, and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid):				
a Current year		2a		
b Carryover from last year				
c Total				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc 	000			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
		4		
expenditures next year?5 Taxable amount of lobbying and political expenditures. See instructions				
5 Taxable amount of lobbying and political expenditures. See instructions		၁		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-A (affiliated group	list): Part II /	lines 1 o	nd 2 (600	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	1.30, i ait 117	, iii ico i a	10 2 (300	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
30% OF ANNUAL DUES PAID TO YMCA'S OF NEW YORK STATE,	NC. AR	E SPE	NT ON	

30% OF 1	ANNUAL DU	JES PAID	10	IMCA S	Or	NEW	IORK	STATE,	TNC.	ARE	SPENT
DIRECT 1	LOBBYING	EXPENSES	5.								

	HEDULE D n 990)	Supplementa Complete if the organ	nization answered	"Yes" on Form 990,		OMB No. 154	5-0047
Depart	ment of the Treasury		ttach to Form 990.		-	Open to F	
_		<u>to www.irs.gov/Form990</u> /UNG MEN'S CHI					
Nam	U	ERTOWN NY, IN		JOCIATION		identification	
Pa	t I Organizations Maintai			er Similar Funds or			
	organization answered "Yes"	-			,	complete il tric	•
	-			dvised funds	(b) Funds an	d other accoun	ts
1	Total number at end of year						
2	Aggregate value of contributions to						
3	Aggregate value of grants from (duri						
4	Aggregate value at end of year						
5	Did the organization inform all donor			ts held in donor advised	funds		
	are the organization's property, subj	ect to the organization's	exclusive legal contr	ol?		Yes	No
6	Did the organization inform all grante						
	for charitable purposes and not for t	he benefit of the donor o	r donor advisor, or fo	or any other purpose cor	nferring		
						Yes	No
Pa	t II Conservation Easeme	nts. Complete if the org	anization answered	"Yes" on Form 990, Par	t IV, line 7.		
1	Purpose(s) of conservation easemen	ts held by the organization	on (check all that ap	oly).			
	Preservation of land for public	use (for example, recreat	tion or education)	Preservation of a	nistorically impo	rtant land area	
	Protection of natural habitat			Preservation of a	certified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the	organization held a qualif	ied conservation cor	ntribution in the form of a	a conservation e	asement on the	last
	day of the tax year.				Held	at the End of the	Tax Year
а	Total number of conservation easem	nents			2a		
b	Total acreage restricted by conserva						
с	Number of conservation easements	on a certified historic stru	ucture included on li	ne 2a	2c		
d	Number of conservation easements	included on line 2c acqui	red after July 25, 20	06, and not			
	on a historic structure listed in the N	lational Register			2d		
3	Number of conservation easements	modified, transferred, rele	eased, extinguished	, or terminated by the or	ganization during	g the tax	
	year						
4	Number of states where property su	bject to conservation eas	ement is located				
5	Does the organization have a written	n policy regarding the per	iodic monitoring, ins	pection, handling of			
	violations, and enforcement of the co	onservation easements it	holds?			Yes	No
6	Staff and volunteer hours devoted to	o monitoring, inspecting,	handling of violation	s, and enforcing conserv	vation easements	s during the yea	ır
7	Amount of expenses incurred in mor	nitoring, inspecting, hand	ling of violations, an	d enforcing conservatior	n easements dur	ing the year	
8	Does each conservation easement re	-	•				
	and section 170(h)(4)(B)(ii)?					Yes	No No
9	In Part XIII, describe how the organiz	•		•			
	balance sheet, and include, if applica		ote to the organizati	ion's financial statement	s that describes	the	
De	organization's accounting for conser	rvation easements.	Aut Historical			1 -	
Pa	t III Organizations Maintai			Treasures, or Othe	r Similar As	sets.	
	Complete if the organization a						
1a	If the organization elected, as permit		•				
	of art, historical treasures, or other s	-			erance of public		
_	service, provide in Part XIII the text of					_	
b	If the organization elected, as permit						
	art, historical treasures, or other sim		exhibition, educatio	on, or research in furthera	ance of public se	ervice,	
	provide the following amounts relatin	-					
	(i) Revenue included on Form 990,				•		
_	(ii) Assets included in Form 990, Pa						
2	If the organization received or held w			•	ain, provide		
	the following amounts required to be	-	-		-		
a	Revenue included on Form 990, Par						
	Assets included in Form 990, Part X						10 00
	Paperwork Reduction Act Notice, se	e the Instructions for Fe	orm 990.		Schedule D (Fo	orm 990) (Rev.	12-2024)
LHA	432051 01-02-25						

	dule D (Form 990) (Rev. 12-2024) OF WAT	ERTOWN NY,	INC.			15-0	55920	7 Рад	ge 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Simil	ar Asse	ets _{(contil}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significan	t use of it	s		
-	collection items (check all that apply).								
a		d		hange program					
b	Scholarly research	e	Other						
c	Preservation for future generations	Use Maria and some late	. I						
4	Provide a description of the organization's co	•	•	•		ose in Pa	art XIII.		
5	During the year, did the organization solicit o					ſ	Vee		N.
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pai		te if the organization	answered "Yes" or	1 Form 99	0, Part IV	, line 9, or		
1a	Is the organization an agent, trustee, custodi		liarv for contribution	s or other assets no	ot include	d			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII					•••••••			
-	······································						Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • •	•••••••			
Par									
	• · · ·	(a) Current year	(b) Prior year	(c) Two years back		e years ba	ack (e) Four years ba		ack
1a	Beginning of year balance	2,235,718.	1,904,534.	1,241,087.	. 1	,156,57	1.	975,9	21.
b	Contributions	22,535.	· ·	914,190.		<u> </u>		100,0	00.
c	Net investment earnings, gains, and losses	249,605.	354,944.	-113,785.		84,51	6.	80,6	50.
d	Grants or scholarships	,		,		,		,	
e	Other expenditures for facilities								
Ū	and programs	46,785.	23,760.	20,734.	.				
f	Administrative expenses	, .	1 -	116,224.					
g	End of year balance	2,461,073.	2,235,718.		_	,241,08	7. 1	,156,5	71.
2	Provide the estimated percentage of the curr	i				<u> </u>	-	, ,	
a	Board designated or quasi-endowment	53.0203	%						
b	Permanent endowment 31.5187	%							
c	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	%							
U	The percentages on lines 2a, 2b, and 2c sho								
39	Are there endowment funds not in the posse		tion that are held an	d administered for t	tha				
ou	organization by:	solori or the organiza						Yes	No
	(i) Unrelated organizations?							X	
	(ii) Related organizations?								Х
h	If "Yes" on line 3a(ii), are the related organization of the second seco	tions listed as require	ed on Schedule B?				<u>Balan</u>		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part >	K, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumula		(d) Boo	k value	
		basis (investm	nent) basis	(ouner) d	lepreciatio	011			
-	Land			1 247 1	962	0.01	07 22	0 20	6
b	Buildings				863,0		27,33		
С	Leasehold improvements				,241,2		1,41		
d	Equipment			0,310.	930,			$\frac{9,74}{6}$	
	Other		•	5,521.		457.		<u>6,06</u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X <u>, line 10c, column</u>	<u>(B))</u>		<u> </u>	29,59	<u>5,⊥3</u>	4.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) OF WATERTOWN NY , INC. Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes RIGHT OF USE LEASE LIABILITY 517,509 (2)(3) (4) (5) (6) (7) (8) (9) 517,509. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2.

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

Schedule D (Form 990) (Rev. 12-2024)

Sche	dule D (Form 990) (Rev. 12-2024) OF WATERTOWN NY , INC •			0559207	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	11,987,	<u>,347.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a	126,633.			
b	Donated services and use of facilities 2b				
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d	78,799.			
е	Add lines 2a through 2d		2e	205, 11,781,	<u>,432.</u>
3	Subtract line 2e from line 1		3	11,781,	<u>,915.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b	-470,071.			
с	Add lines 4a and 4b		4c	,	<u>,071.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5		,844.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per R	letur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	8,792,	<u>,150.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
с	Other losses 2c				
d	Other (Describe in Part XIII.) 2d	470,071.			
е	Add lines 2a through 2d		2e	470, 8,322,	,071.
3	Subtract line 2e from line 1		3	8,322,	,079.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	8,322,	,079.
Pa	t XIII Supplemental Information				
Provi	de 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 X	I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	ormation.			
PAF	RT X, LINE 2:				
THE	E ORGANIZATION'S FORMS 990, RETURN OF ORGANIZAT	ION EXEMPT F	ROM	INCOME	
ΤΑΣ	X, FOR THE YEARS ENDED 2023, 2022, AND 2021 ARE	SUBJECT TO	EXA	MINATION	1
BY	THE IRS, GENERALLY FOR 3 YEARS AFTER THEY WERE	FILED. BASE	D O	N ITS	
	LYSIS, THE ORGANIZATION DETERMINED THAT THERE				
POS	SITIONS AND THAT THE ORGANIZATION SHOULD PREVAL	L UPON EXAMI	NAT	ION BY T	HE
ΤΑΣ	XING AUTHORITIES.				
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
	NGE IN ASSETS HELD BY NNYCF			78,7	/99.
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				

LOSS ON DISPOSAL OF EQUIPMENT	-1,483.
LOSS ON DISPOSAL OF LEASEHOLD IMPROVEMENTS	-468,588.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-470,071.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF EQUIPMENT	1,483.
LOSS ON DISPOSAL OF LEASEHOLD IMPROVEMENTS	468,588.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	470,071.

THE YOU	JNG MEN'S CHE	RISTIAN ASSOCIATION	[
0) (Rev. 12-2024) OF WATE	ERTOWN NY, IN	NC.	

Schedule D (Form 990) (Rev. 12-2024) OF WATERTOWN NY,	INC.	15-0559207	Page 5
Schedule D (Form 990) (Rev. 12-2024) OF WATERTOWN NY , Part XIII Supplemental Information (continued)			

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990) (Rev. December 2024)	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 Form 990-EZ.		Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organization			identification number 559207
FORM 990, PA			555207
	MILY YMCA PROVIDES HEALTH AND WELLNESS, EDUCAT		SENIOR
AND CHILDCAR	-	FAMILI	ES AND
HEALTHY DEVE	LOPMENT OF CHILDREN. THE WATERTOWN FAMILY YMC.	A STRI	VES TO
CREATE A SEN		IVIDUA	
	· · · · ·	PROGRA	
	ARE SUPPORTED BY A FINANCIAL ASSISTANCE PROGRA		
REGARDLESS O		ICIPAT	<u>E</u>
REGARDIESS U.	F INEIR ABILITI TO PAI.		
FORM 990, PA	RT VI, SECTION A, LINE 7A:		
	TION'S POLICIES ARE SUCH THAT THE MEMBERS ELEC	T ONE	OR MORE
MEMBERS OF T	HE GOVERNING BODY.		
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
THE BOARD OF	DIRECTORS HAS AN AUDIT REVIEW COMMITTEE WHOSE	CHAIR	PERSON IS
APPOINTED BY	•	CHAIRP	
FINANCE, AND			AVAILABLE
	P FOR REVIEW. THE AUDITORS PRESENT FINDINGS TO		GROUP AND
MEETS TO ANS AND 990. THI	WER ANY QUESTIONS THAT MAY ARISE FROM THE REVI S INFORMATION IS SHARED WITH THE FULL BOARD AN		THE AUDIT
	HE AUDITOR WILL BE ASKED TO ATTEND THE BOARD AN		
	ANSWER ANY QUESTIONS. THE AUDIT IS MADE AVAIL		O ALL BOARD
MEMBERS.			·
FORM 990, PA			
EACH DIRECTO	• •		ARE
	PROVIDE THE BOARD OF DIRECTORS OR THE EXECUTIV OMPLETE WRITTEN DISCLOSURE OF ALL FACTS CONCER		ITTEE WITH
			E OF A
	INTEREST. A COPY OF THE CONFLICT OF INTEREST P		-
	S, OFFICERS AND SELECTED VOLUNTEERS AND EMPLOY		
NEW DIRECTOR	, OFFICER, OR EMPLOYEE IS REQUIRED TO FILE A C	OMPLET	ED
	TATEMENT IMMEDIATELY UPON ASSUMPTION OF THEIR :		
	IONS INVOLVING BOARD MEMBERS ARE CAREFULLY SCR		
	CLARATION OF CONFLICT AND THEREFORE NO INVOLVE		
DISCUSSION O	R DECISION MAKING OR IF NECESSARY WITHDRAWAL F	ROM TH	E BOARD.
FORM 990, PA	RT VI, SECTION B, LINE 15:		
THE BOARD OF	DIRECTORS MUST APPROVE ANNUALLY THE COMPENSAT		
	NSATION FOR EACH OF THE YMCA'S SENIOR OFFICERS		
	S POWER TO DETERMINE OFFICERS' COMPENSATION TO		
	HIS COMMITTEE MUST DETERMINE BEFORE THE COMPEN		
	ER IS CHANGED, THAT THE COMPENSATION TO BE PAI		
	E BY COMPARING THE COMPENSATION PAID TO THE EQUE		
	ERS FROM CHARITABLE, SERVICE ORGANIZATIONS OPE		
	AREAS THAT HAVE COMPARABLE REVENUES, EMPLOYEE ONCE THE COMPENSATION IS DETERMINED, THE EXEC		
	RITTEN REPORT TO THE BOARD.		
<u></u>			
FORM 990, PA	RT VI, SECTION C, LINE 19:		
INFORMATION	IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST A	ND THR	OUGH A

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

ame of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION	Pag Employer identification number
OF WATERTOWN NY, INC.	15-0559207
OSTING ON THE YMCA WEB PAGE.	
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN ASSETS HELD BY NNYCF	78,799.
	-
ORM 990, PART XII, LINE 2C:	
HE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR HE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.	R OVERSIGHT OF
HE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.	