PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

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

A I	or the	2018 calendar year, or tax year beginning and e	ending					
B	Check if applicable:	100NG MEN S CHRISTIAN ASSOCIATION OF		D Employer identifie	cation number			
	Address change	AUSTIN						
	Name change	Doing business as		74-1	193464			
	Initial return Final	, ,	Room/suite	E Telephone number				
	return/ termin-	3208 RED RIVER		(512) 322-9622				
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78705		G Gross receipts \$	36,658,360.			
	return Applica	,		H(a) Is this a group re				
	tion pending	SAME AS C ABOVE			? Yes X No			
_	Fav. av.a		r 527	H(b) Are all subordinates in				
		npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) ole: ► WWW.AUSTINYMCA.ORG	1 327	H(c) Group exemptio	list. (see instructions)			
		organization: X Corporation Trust Association Other ►	I Voor		N State of legal domicile: TX			
		Summary	L TEAL (ui ioiilialioli. ±233 N	1 State of legal domicile, 121			
		briefly describe the organization's mission or most significant activities: TO PU	TT CHR	TSTTAN PRINC	TPLES INTO			
Se	' ;	PRACTICE THROUGH PROGRAMS THAT BUILD HEALT	THY SP	TRIT MIND	AND BODY			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose		•				
/eri	3 1			3	33			
é	4 1	lumber of voting members of the governing body (Fart VI, line 1b)			33			
∞ ∞	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 1a)			2150			
ties	6 T	otal number of volunteers (estimate if necessary)			2081			
:≨	7a T	otal unrelated business revenue from Part VIII, column (C), line 12			26,009.			
Ą	'a'	let unrelated business taxable income from Form 990-T, line 38			-59,873.			
_		not difficulted business taxable medific from 550 f, fine 55		Prior Year	Current Year			
	8 0	Contributions and grants (Part VIII, line 1h)		1,978,482.	9,429,451.			
Revenue	9 F	Program service revenue (Part VIII, line 2g)		25,727,904.	26,772,901.			
Ver	10 h	estment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	10,135.			
Be	11 (other revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)		326,104.	445,873.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,032,490.	36,658,360.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	denefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	45 0	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,363,279.	16,130,649.			
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)		145,850.	60,000.			
ben	b T	otal fundraising expenses (Part IX, column (D), line 25) 674,93	2.		•			
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,334,068.	12,840,548.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,843,197.	29,031,197.			
	1	levenue less expenses. Subtract line 18 from line 12		189,293.	7,627,163.			
JO.			Be	ginning of Current Year	End of Year			
sets	20 T	otal assets (Part X, line 16)		45,888,973.	51,018,364.			
ASS	21 T	otal liabilities (Part X, line 26)		11,321,015.	8,823,243.			
Net Assets or	22 N	let assets or fund balances. Subtract line 21 from line 20		34,567,958.	42,195,121.			
	art II	Signature Block						
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, 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	ich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	e	JAMES P. FINCK, PRESIDENT/CEO Type or print name and title						
	$\overline{}$	Print/Type preparer's name Preparer's signature //, /	. [Date Check	PTIN			
Paid		SEAN HOLCOMB	_ 1	0/29/2019 if self-employ	501040001			
		Firm's name MAXWELL LOCKE & RITTER LLP		Firm's EIN ▶	74-2900215			
	· -	Firm's address 401 CONGRESS AVENUE, SUITE 1100		THIII 3 LIN				
	···· ,	AUSTIN, TX 78701-9682		Phone no 51	2-370-3200			
Ma	the IR	S discuss this return with the preparer shown above? (see instructions)		1. 110110 110.0 =	X Yes No			

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Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) OF AUSTIN
	IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT
	BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,383,203. including grants of \$) (Revenue \$ 6,478,503.)
	YOUTH DEVELOPMENT - AT THE YMCA OF AUSTIN, WE BELIEVE THE VALUES AND
	SKILLS LEARNED EARLY ON ARE VITAL BUILDING BLOCKS FOR QUALITY OF LIFE.
	WE SUPPORT THE ENTIRE CHILD DEVELOPMENT CONTINUUM FROM BIRTH THROUGH
	THE TEEN YEARS AND EVEN INTO YOUNG ADULTHOOD BY PROVIDING KIDS OF EVERY
	AGE THE SUPPORT, RESOURCES AND VALUES THEY NEED TO THRIVE. INSTILLING
	VALUES, EDUCATIONAL ENRICHMENT AND PHYSICAL ACTIVITY ARE AT THE CENTER
	OF ALL OUR YOUTH DEVELOPMENT INITIATIVES, THUS ENSURING THAT KIDS HAVE
	OPPORTUNITIES TO FLEX THEIR BRAINS AND MUSCLES. WE BELIEVE THAT ALL
	CHILDREN DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY
	CAN ACHIEVE. THE OUTCOMES WE FOSTER ARE CLEAR: WE HELP YOUNG PEOPLE
	CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE
	BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT.
4b	(Code:) (Expenses \$16,033,127. including grants of \$) (Revenue \$19,298,476.)
	HEALTHY LIVING - AT THE Y, WE HAVE A MISSION CENTERED ON HEALTHY
	LIVING, WITH A FOCUS ON PREVENTION. WE BRING FAMILIES CLOSER TOGETHER,
	ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS,
	NUTRITION, SPORTS, OUTDOOR RECREATION AND SHARED INTERESTS.
	ADDITIONALLY, OUR HOLISTIC APPROACH TO PREVENTION ENCOURAGES MEN, WOMEN
	AND CHILDREN TO COMMIT TO HEALTHY LIVING NOT JUST WHILE THEY ARE
	WORKING AT THE Y BUT ALL DAY, EVERY DAY, IN EVERY AREA OF THEIR LIVES,
	EMPOWERING OUR PARTICIPANTS TO TAKE THEIR HEALTH INTO THEIR OWN HANDS.
	WE IMPACT AN AVERAGE OF 10,000 INDIVIDUALS PER DAY FROM ALL WALKS OF
	LIFE AND OF ALL AGES.
	AS A RESULT, MORE THAN 65,000 YMCA OF AUSTIN MEMBERS AND AN ADDITIONAL
	60,000 NONMEMBER PROGRAM PARTICIPANTS ARE RECEIVING THE SUPPORT,
4c	(Code:) (Expenses \$1,176,424. including grants of \$) (Revenue \$1,415,787.)
	SOCIAL RESPONSIBILITY - OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING
	OUR NEIGHBORS. AS PART OF OUR COMMITMENT TO SOCIAL RESPONSIBILITY, WE
	WORK TO DEVELOP THE POTENTIAL OF EVERY MAN, WOMAN AND CHILD REGARDLESS
	OF AGE, INCOME OR WALK OF LIFE. WE ARE ALSO DEEPLY COMMITTED TO
	FRAGILE, FINANCIALLY CHALLENGED AND UNDERSERVED COMMUNITIES ACROSS OUR
	SERVICE AREA OF TRAVIS, HAYS AND BASTROP COUNTIES, WHERE MANY FAMILIES
	RELY ON QUALITY YMCA PROGRAMS AND MEMBERSHIPS TO STAY HEALTHY, REDUCE
	STRESS, BUILD CHARACTER AND STRENGTHEN BONDS. OUR BRANCHES SERVE AS
	CENTERS OF PRIDE, SAFETY, EDUCATION, HEALTH AND CONNECTION FOR
	THOUSANDS OF DESERVING CHILDREN, SENIORS AND FAMILIES. YMCAS CONVENE
	DIVERSE COMMUNITIES TO BREAK THE SOCIAL TREND OF ISOLATION AND
	DISCONNECT AMONG NEIGHBORS. OUR YS SERVE AS COMMUNITY GATHERING PLACES,
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 22,592,754.
40	Total program service expenses 22,592,754.

Form 990 (2018) AUSTIN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		7.7	
	endowments, or 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,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			٠,,
	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	١		\
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	- 25	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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	170		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	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		Х
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		х
_		_		_

Form 990 (2018) AUSTIN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
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 in Schedule O for Part VI, lines 11b and 19?		37	
Par	Note. All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Contoudio C contains a response of flote to any line in this fact v			<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c		
	(3333		000	

Form 990 (2018) AUSTIN

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

2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements. 2a 2150 b II at least one is reported on line 2a, did the organization line all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-tile (see instructions) 3a X b If "Yes," has it filled a Form 900 T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b X 4 At any time during the calendarity year, did the organization or more during the year? 3a X b If "Yes," has it filled a Form 900 T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b X 4 At any time during the calendarity year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Explanation are sufficient to the secondary of the secondary se						Yes	No					
fliet for the calendar year ending with or within the year covered by this return If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to _e-file (see instructions) 3a Did the organization have unreliated buriness gross incended of 15,000 or mode chiring the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, and a signature or other authority over, and a signature or other authority or possible tax shelter transaction? 5b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization selevation authority of the solicitation	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a dis greater than 50, you may be required to _wile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'Yes, 1 has it filled a Form 990-1' for this year? If 'No' to line 3b, provide an explanation in Schedule O 3c			2a	2150								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to/lei_ (see instructions) 3	b		ns?		2b	Х						
b if "Yes," and if field a Form 990-T for this year? If "No' to fine 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? and the standard of the comparization have an interest in, or a signature or other authority over, a financial account? by If "Yes," enter the name of the foreign country, is a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party norify the organization file Form 8886.T? 6a 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 deductibles a charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If the organization received a contribution of qualified intellectual property, did the organization free may form young for indirectly, to pay premiums on a personal benefit contract? 7g If the organization received a contribution of qualified intellectual property, did the organization free may form the second of the payor of the very second payor of the very second payor of the very second payor of the payor of the very second payor of the very second payor of the payor of the very second payor of the very second p												
49 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)? 50 If 'Yes', enter the name of the foreign country. 51 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 52 Was the organization to a prohibitod tax shelter transaction at any time during the tax year? 53 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 54 Was the organization to a prohibitod tax shelter transaction? 55 See 1 Yes' to line 5 a or 5b, did the organization that it was or is a party to a prohibitod tax shelter transaction? 55 See 1 Yes' did 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? 56 Beat 1 Yes, 'did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 57 Organization shat may receive deductible accontributions under section 170(c). 58 If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 59 If 'Yes, 'indicate the number of Forms 8282 filed during the year of the organization shall the organization organization or they allow for exque of the goods or services provided? 50 If the organization organization express and services provided? 50 If the organization organization express and services provided? 50 If the organization organization express and contribution of qualified intellectual property, did the organization file a Form 1098-C? 51 Did the organization expected a contribution of qualified intellectual property, did the organization file a Form 1098-C? 51 Did the organization express or contribution o	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X						
4a 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 accounts (**FaFi).* b If "Yes," enter the name of the foreign country. ▶ 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Was the organization party to a prohibited tax shefter transaction at any time during the tax year? 5c Was the organization to a organization that it was or is a party to a prohibited tax shefter transaction? 5c Was the organization in a organization the organization that it was or is a party to a prohibited tax shefter transaction? 5c Was the organization that we around the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5c Was the organization that we around the organization that was or tax deductibles or tax deductibles are charable contributions? 5c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Vas Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Variations that may receive deductible contributions under section 170(c). 8d Was the organization sheft was payment in excess of \$75 made party as a contribution and party for goods and services provided to the payin? 7r Variation of the organization organization that was on the value of the goods or services provided? 7r Variation (Was organization was payment in excess of \$75 made party as a contribution of any and the organization and services provided to the paying organization and the organization was payment in excess of \$75 made party as a contribution of any and the services provided? 7r Variation (Was organization was payment in excess of \$75 made party as a contribution of any any any as a contribution of	b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O										
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Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 125 125 125 125 125 125 125 125 125 125	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a			11a									
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b											
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Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Is X			ı	′ 	12a							
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X			120									
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 c Enter the amount of reserves on hand 13c 14a					122							
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 c Enter the amount of reserves on hand 13c 14a	а	-			ısa							
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	h	- · · · · · · · · · · · · · · · · · · ·										
c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	5	· · · · · · · · · · · · · · · · · · ·	13h									
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14b X					14a		Х					
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? In the payment of the section 4968 excise tax on net investment income? In the payment of the section 4968 excise tax on net investment income?												
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If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					15		Х					
,												
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		Х					
		If "Yes," complete Form 4720, Schedule O.										

Form 990 (2018)

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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 in Schedule O. See instructions.

						X						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 33											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
3												
	of officers, directors, or trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X						
6	Did the organization have members or stockholders?			6	Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or									
	more members of the governing body?			7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or									
	persons other than the governing body?			7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea											
а	The governing body?			8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the									
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re											
			,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.											
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х							
11a												
b												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." a	escribe									
	in Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	X							
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	Х							
	Other officers or key employees of the organization			15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a									
	taxable entity during the year?			16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)	only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	financ	ial							
	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 boo	ks an	d records 🕨									
	TRACIE STOOKESBERRY - (512) 322-9622	_										
	3208 RED RIVER STE. 200 AUSTIN TX 78705											

AUSTIN

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Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	person is both an director/trustee)			compensation	compensation	amount of
	week	_	cer an	ia a a	recto	or/trus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1000 141100)		and related
	below	idual	ution	ie i	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (High emp	Former			
(1) ANDREA RICHESON	1.00									
DIRECTOR		Х						0.	0.	0.
(2) BART GUNKEL	1.00									
DIRECTOR		Х						0.	0.	0.
(3) BOB DIGNEO	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) BRIAN HAULOTTE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CHRIS BRITTON	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) CHRIS CARUSO	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DONALD CHRISTIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DOROTHEE AULDRIDGE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) ERIK COTTRELL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ESTRELLA BARRERA	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(11) HAMILTON RIAL	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) JEREMY BLACKMAN	1.00	. ,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(13) KATE HENDERSON BOARD CHAIR	1.00	Х		v				0.	0.	0
(14) KELLY LATZ	1.00	Δ		Х				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(15) MARK LITTLEFIELD	1.00	Δ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(16) MARK STACEY	1.00	-22	\vdash					1	0.	_
DIRECTOR	1.00	Х						0.	0.	0.
(17) MARK STUCKEY	1.00		\vdash					†	.	•
DIRECTOR	1.30	х						0.	0.	0.
			1	l		1			<u></u>	5 000 (2212)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(18) MARTHA HARRIS	1.00											
DIRECTOR		Х						0.	0.	0.		
(19) MIKE HOGAN	1.00											
DIRECTOR		Х						0.	0.	0.		
(20) PAUL HOFFMAN	1.00											
DIRECTOR		Х						0.	0.	0.		
(21) REAGAN NASH	1.00											
DIRECTOR		X						0.	0.	0.		
(22) RICHARD ARCHER	1.00											
DIRECTOR		Х						0.	0.	0.		
(23) RYAN KEATHLEY	1.00											
DIRECTOR		Х						0.	0.	0.		
(24) SARAH ROPER-COLEMAN	1.00											
DIRECTOR		Х						0.	0.	0.		
(25) SUSAN HENRICKS	1.00											
DIRECTOR		Х						0.	0.	0.		
(26) TERRY MCDANIEL	1.00											
DIRECTOR		Х						0.	0.	0.		
1b Sub-total								725,676.	0.	0.		
c Total from continuation sheets to Part VII	c Total from continuation sheets to Part VII, Section A								0.	121,337.		
d Total (add lines 1b and 1c)								725,676.	0.	121,337.		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ABM BUILDING SERVICES	Becomption of convices	Compensation
PO BOX 419860, BOSTON, MA 02241	HVAC MAINTENANCE	700,206.
STUDIO 8 ARCHITECTS	CAMP MOODY	
611 WEST 15TH STREET, AUSTIN, TX 78701	ARCHITECTURE	439,973.
DAXKO, 600 UNIVERSITY PARK PLACE # 500,	REGISTRATION	
BIRMINGHAM, AL 35209	SOFTWARE	336,209.
HINES POOL		
900 MCPHAUL, AUSTIN, TX 78758	POOL MAINTENANCE	289,629.
GRIFFIN ENGINEERING	CAMP MOODY	
11808 TEDFORD STREET, AUSTIN, TX 78753	ENGINEERING	275,196.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 27		

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Form 990 AUSTIN									74-119	J = U =
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per	Ť				Ė	-	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ctor				n od n		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted er		(W-2/1099-MISC)		organization
	related	stee c	uste		-	eu sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	III ii	Officer	emp	hest	Former			
	line)	lug	Inst	0#!	Key	Hig	Fon			
(27) VERONICA BRISENO LARA	1.00									
VICE CHAIR		Х		Х				0.	0.	0 .
(28) ZACH WATKINS	1.00									
VICE CHAIR		Х		х				0.	0.	0
(29) COLETTE PIERCE BURNETTE	1.00									
DIRECTOR	1.00	x						0.	0.	0
(30) PARTICK HOWARD	1 00							0.	0.	0
	1.00	٠,,						_	0	•
DIRECTOR	1 00	Х						0.	0.	0
(31) KELLI CRADOCK	1.00									
DIRECTOR		Х						0.	0.	0
(32) RANDY TEICH	1.00									
DIRECTOR		Х						0.	0.	0
(33) AMANDA RICKMAN	1.00									
DIRECTOR		Х						0.	0.	0
(34) JAMES FINCK	40.00	 -						· ·	•	
PRESIDENT/CEO	10.00	•		x				271,899.	0.	39,484
(35) SEAN DOLES	40.00	 						2/1,000.	0.	37,404
	40.00	1		Х				110 014	0	25 250
VP MISSION ADVANCEMENT	40.00	₩		^				118,014.	0.	25,358
(36) TIFFANY PATTERSON	40.00	-				l		100 000	•	46 850
REGIONAL DIRECTOR	 	Ь				Х		120,360.	0.	16,759
(37) ANDREW WIGGINS	40.00									
DISTRICT EXECUTIVE		$oxed{oxed}$				Х		108,210.	0.	23,850
(38) KIM YEAKEY	40.00									
DISTRICT EXECUTIVE						Х		107,193.	0.	15,886
		1								
		•								
		_								
		-								
		Ь								
		1								
		1								
	l	Щ		l		L				
								725,676.		121,337
Total to Part VII, Section A, line 1c								125 676.		1 1 2 1 3 3 7

Form 990 (2018) AUSTIN
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns	1a					
ran	b							
Ē,S	С	Fundraising events						
ifts ar A		Related organizations		80,000.				
s, G mila		Government grants (contributi						
Sign		All other contributions, gifts, grant						
but		similar amounts not included above		9,349,451.				
o dri	g	Noncash contributions included in lines	la-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	9,429,451.			
				Business Code				
e l	2 a	MEMBERSHIP DUES & ASSES	SMENT	900099	17,982,717.	17,982,717.		
r Š	b	SVC/INITIATION FEES		900099	8,764,175.	8,764,175.		
Se	С	POOL MANAGEMENT		713990	26,009.		26,009.	
am	d							
Program Service Revenue	е	· <u></u>						
Ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			26,772,901.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	10,135.			10,135.
	4	Income from investment of tax	exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······				
enue	8 a	Gross income from fundraising including \$	•					
Other Reven		contributions reported on line	1c). See					
놂		Part IV, line 18	a	1				
풀	b	Less: direct expenses	t	·				
١		Net income or (loss) from fund		_				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
	С	Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sales						
}		Miscellaneous Revenue	e	Business Code				
		MISCELLANEOUS REVENUE		900099	445,873.	445,873.		
	b							
	C							
		All other revenue			AAE 072			
		Total. Add lines 11a-11d			445,873. 36,658,360.	27,192,765.	26,009.	10,135.
	12	Total revenue. See instructions		🟲	20,020,300.	41,134,103.	۷0,009.	1 10,133.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			ірієєє соіштіп (А).	
	not include amounts reported on lines 6b,		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	454,755.	326,834.	116,706.	11,215.
6	Compensation not included above, to disqualified	,	,	,	•
•	persons (as defined under section 4958(f)(1)) and				
7	.,,,,,	13 423 301	10,042,247.	3,116,817.	264,237.
7 o	Other salaries and wages	10, 10, 101.		J, 110, 011 •	204,2310
8	Pension plan accruals and contributions (include	557,318.	301,963.	224,930.	30 /25
_	section 401(k) and 403(b) employer contributions)	557,510.	301,963.	225,007.	30,443.
9	Other employee benefits	1,137,765.			30,425. 30,436. 22,161.
10	Payroll taxes	1,13/,/05.	877,238.	238,366.	22,101.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	60,000.			60,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,312,452.	884,759.	383,055.	44,638.
12	Advertising and promotion	570,611.	440,833.	109,776.	20,002.
13	Office expenses	2,283,394.	1,888,187.	241,414.	153,793.
14	Information technology				
15	Royalties				
16	Occupancy	3,447,696.	3,083,404.	360,817.	3,475.
17	Travel	179,929.	115,107.	60,320.	4,502.
18	Payments of travel or entertainment expenses	·			•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	153,943.	37,688.	107,650.	8,605.
20	Interest	259,630.	249,919.	9,711.	2,000
21	Payments to affiliates			- /	
22	Depreciation, depletion, and amortization	2,394,707.	2,211,854.	182,853.	
		108,943.	92,579.	16,364.	
23	Insurance Other expenses. Itemize expenses not covered	100,743.	74,519.	10,304.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	1 030 507	719,000.	207 9/12	13,664.
a		1,030,507.	669,178.	297,843.	
b	EQUIPMENT RENTAL	742,378.		68,314.	4,886.
С	NATIONAL DUES	356,358.	349,897.	3,568.	2,893.
d					
е	All other expenses	00 001 105	00 500 554	F 762 F14	674 000
25	Total functional expenses. Add lines 1 through 24e	29,031,197.	22,592,754.	5,763,511.	674,932.
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)				
					Earm 990 (2019)

Form 990 (2018)
Part X Balance Sheet

Pai	ιΛ	balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,132,209.	2	3,813,139.
	3	Pledges and grants receivable, net			1,507,632.	3	4,745,212.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer offic	cers, directors,			
		trustees, key employees, and highest compensa	ted emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c	c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	67,514,937.			
	b	Less: accumulated depreciation	10b	25,373,171.	42,743,648.	10c	42,141,766.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			505,484.	15	318,247.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			45,888,973.	16	51,018,364.
	17	Accounts payable and accrued expenses			509,735.	17	422,585.
	18	Grants payable				18	
	19	Deferred revenue			1,149,696.	19	739,413.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
S	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and di	squalified persons.			
iabi		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			8,175,667.	23	6,742,733.
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of	4 405 045		010 510
		Schedule D			1,485,917.	25	918,512.
	26	Total liabilities. Add lines 17 through 25			11,321,015.	26	8,823,243.
		Organizations that follow SFAS 117 (ASC 958		here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			22 051 100		22 444 400
anc	27	Unrestricted net assets			33,051,198.	27	33,444,492.
3ak	28	Temporarily restricted net assets			1,516,760.	28	8,750,629.
<u>Б</u>	29					29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶ □ □			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			24 565 050	32	40 105 101
Z	33	Total net assets or fund balances			34,567,958.	33	42,195,121.
	34	Total liabilities and net assets/fund balances			45,888,973.	34	51,018,364.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,03	<u>1,1</u>	<u>97.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	7,62	7,1	<u>63.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,56	7,9	<u>58.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	42,19	5,1	21.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AUSTIN 74-1193464 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 AUSTIN

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

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

Se	ction A. Public Support	ciow, picase comp	ioto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1676710.	1807711.	3780584.	1978482.	9429451.	18672938.
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	21878877.	23266028.	24865959.	25938742.	27192765.	123142371
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513	19,981.	12,360.				32,341.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	23575568.	<u> 25086099.</u>	28646543.	<u> 27917224.</u>	36622216.	141847650
	Amounts included on lines 1, 2, and 3 received from disqualified persons	200,222.	221,634.	191,999.	155,707.	3198251.	3967813.
k	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	200,222.	221,634.	191,999.	155,707.	3198251.	3967813.
8	Public support. (Subtract line 7c from line 6.)						137879837
Se	ction B. Total Support	1		T	T	.	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	23575568.	25086099.	28646543.	2/91/224.	36622216.	14184/650
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,033.	21,222.			10,135.	35,390.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	4,033.	21,222.			10,135.	35,390.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,033.	21,222.			10,133.	33,390.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	23579601.	25107321.	28646543.	27917224.	36632351.	$14188304\overline{0}$
14	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
<u></u>		o Cupport Dor					>
	ction C. Computation of Publi			L (n)		45	97.18 %
	Public support percentage for 2018 (I	, (,,		(//		15	0.0.
	Public support percentage from 2017 perion D. Computation of Investigation	·	•			16	99.24 %
	Investment income percentage for 20			ne 13 column (f))		17	.02 %
	Investment income percentage from					18	.02 %
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box as						► V
k	33 1/3% support tests - 2017. If the	=	-				
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
Oh		
3b		
3с		
4a		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Oh		
9b		
9с		
30		
10a		
10b		
n 990 or 90	n_E7\	2019

Sche	dule A	(Form 990 or 990-EZ) 2018 AUSTIN 74-11	L9346	4 Pa	age 5
	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
с	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u></u>	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations		I., I	
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec		upported organization(s). D. All Type III Supporting Organizations			
		217 III 1 ypo III oupporting organizations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	structions)		
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	OI-		
2		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below. The organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		the organization have the power to regularly appoint or elect a majority of the officers, directors, or elect a majority of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
		Supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2018 AUSTIN

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
с	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i_	Carryover from 2013 not applied (see instructions)						
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

74-1193464 Page 8 Schedule A (Form 990 or 990-EZ) 2018 AUSTIN Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

Employer identification number

74-1193464

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990-990-PF)						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,027.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 8,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	Total contributions \$ 12,515.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$6,273.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$5,000.	Person X Payroll		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$9,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$9,775.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 12,667.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$310,523.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	\$ 12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$15,419 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>80,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 3,125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 123,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions - \$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$50,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$15,052.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	\$ 12,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$12,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 45	Name, address, and ZIP + 4	\$10,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	Humb, dud 655, and Zir T T	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	Name, audress, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

74-1193464 AUSTIN Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 49 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 50 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 Person X Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 Person **Payroll** 9,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 54 X Person **Payroll** 8,200. Noncash (Complete Part II for

noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 8,095.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$8,075.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$8,061.	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	\$ 8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$ 7,943.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$6,525.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,775.	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	* 5,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,384.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
7 0	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$,000.	Person X Payroll
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	Total contributions 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
AUSTIN

Employer identification number

74-1193464

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
AUSTIN

Employer identification number

74-1193464

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

Name of organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

74-1193464

(b) Purpose of gift Transferee's name, address, an (b) Purpose of gift Transferee's name, address, an (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held
(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held Relationship of transferor to transferee
(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held Relationship of transferor to transferee
Transferee's name, address, an	(e) Transfer of gift	t Relationship of transferor to transferee
Transferee's name, address, an	(e) Transfer of gift	t Relationship of transferor to transferee
	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	t
Transferee's name, address, an	ad ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of giff	<u> </u>
	7ID . 4	
-	(b) Purpose of gift Transferee's name, address, an	(e) Transfer of gift

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

Employer identification number 74-1193464

	organization answered "Yes" on Form 990, Part IV, line		(h) Funda and athericans
,	Table with made of the same	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in w	-	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	, , , , ,	
Pai	impermissible private benefit? t II Conservation Easements. Complete if the org		
			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		ata da alla Sana arta at lan di anno
	Preservation of land for public use (e.g., recreation or ed	· —	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а			
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	·	I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation easi		_
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation easements during the year
	> \$		- 6 1 (1) (7) (1)
8	Does each conservation easement reported on line 2(d) above	• •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	,
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or O	Athor Similar Assats
Га			diei Sililiai Assets.
_	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh	•	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Accets included in Form 900 Part V		•

Pai	rt III Organizations Maintaining (Collections of Art	i, Historical Tre	asures, or Ot	ther Si	imilar Ass	sets (continued)
3	Using the organization's acquisition, access						
	(check all that apply):		•	_	_		
а	Public exhibition	d	Loan or excl	nange programs			
b	Scholarly research	е					
С	Preservation for future generations						
4	Provide a description of the organization's of	collections and explain	how they further th	e organization's	exempt	purpose in F	Part XIII.
5	During the year, did the organization solicit						
	to be sold to raise funds rather than to be m	naintained as part of th	ne organization's col	lection?			Yes No
Par	rt IV Escrow and Custodial Arrar	ngements. Comple	ete if the organization	n answered "Yes	" on For	m 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custoo	dian or other intermedi	ary for contributions	or other assets	not incl	uded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XII	and complete the foll	owing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on I				iability?		Yes No
	If "Yes," explain the arrangement in Part XII						
Pai	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, I	ine 10.		
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three years b	ack (e) Four years back
1a	Beginning of year balance	3,723,608.	2,883,823.	2,788,21	L2.	2,942,3	32. 2,810,153.
b		76,249.	650,932.			31,3	65. 132,416.
С	Net investment earnings, gains, and losses	-220,928.	295,365.	202,16	59.	-75,4	57. 110,295.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	80,000.	80,000.	80,00	00.	80,0	48. 78,000.
f	Administrative expenses		26,512.	26,55	58.	29,9	80. 32,532.
g	End of year balance	3,498,929.	3,723,608.	2,883,82	23.	2,788,2	2,942,332.
2	Provide the estimated percentage of the cu	rrent year end balance	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	100.00	_%				
b	Permanent endowment	%					
С	Temporarily restricted endowment >	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3а	Are there endowment funds not in the poss	ession of the organiza	tion that are held an	d administered f	or the o	rganization	
	by:						Yes No
	(i) unrelated organizations						3a(i) X
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	ed on Schedule R?				3b X
4	Describe in Part XIII the intended uses of the		wment funds.				
Pai	rt VI Land, Buildings, and Equipn						
	Complete if the organization answere			ee Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or of				mulated	(d) Book value
		basis (investm	,		depred	ciation	
1a	Land			4,868.			2,934,868.
	Buildings		56,59	7,495. 1	9,17	<u>1,130.</u>	37,426,365.
С	Leasehold improvements						
d	I Equipment				6,20	2,041.	619,682.
	Other	•	•	0,851.			1,160,851.
Total	al. Add lines 1a through 1e. (Column (d) must	egual Form 990. Part 3	X column (B) line 10	Oc.)			42,141,766.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		-	and of voor morket value
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-or-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 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
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV	ine 11d See Form 990 Part Y line 15	
	Description	ine Tru. dee Form 330, Fait X, into 13.	(b) Book value
(1)	,		(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I		25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		006 004	
(2) CAPITAL LEASE OBLIGATION		826,894.	
(3) INTEREST RATE SWAP		31,050.	
(4) OTHER LIABILITY		60,568.	
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.25)	918,512.	
2. Liability for uncertain tax positions. In Part XIII, provide			ts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Part :			Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l			06 405 400
1 T	otal revenue, gains, and other support per audited financial statements			1	36,437,432.
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	et unrealized gains (losses) on investments				
	onated services and use of facilities				
	ecoveries of prior year grants		000 000		
	ther (Describe in Part XIII.)	. 2d	-220,928.		000 000
	dd lines 2a through 2d			2e	-220,928.
	ubtract line 2e from line 1			3	36,658,360.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			
	vestment expenses not included on Form 990, Part VIII, line 7b				
	ther (Describe in Part XIII.)	. 4b			0
	dd lines 4a and 4b			4c	0.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) XII Reconciliation of Expenses per Audited Financial Statem	onto With	Evnonces per B	5	36,658,360.
Part	·		Expenses per n	etur	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			_	20 024 040
	otal expenses and losses per audited financial statements			1	29,034,948.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1			
	onated services and use of facilities				
	rior year adjustments				
	ther losses		3,751.		
	ther (Describe in Part XIII.)		•		2 751
	dd lines 2a through 2d			2e	3,751. 29,031,197.
	ubtract line 2e from line 1			3	29,031,197.
	mounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
	vestment expenses not included on Form 990, Part VIII, line 7b				
	ther (Describe in Part XIII.)			4-	0.
	dd lines 4a and 4b			4c 5	29,031,197.
Part	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.			<u> </u>	25,051,157.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1h	and 2h: Part V line 4:	· Part `	X line 2: Part XI
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•		, , , , , ,	λ, πιο Σ, τ αιτ λί,
PART	V, LINE 4:				
THE	FUNDS REFERENCED IN PART V, LINE 1E ARE U	USED TO	SUPPORT T	HE	YOUNG
				~	
WEN.	S CHRISTIAN ASSOCIATION OF AUSTIN, INCLUI	DING A	BOARD-DEST	GNA'	TED AMOUNT
O ₽ . Ċ	90 000 mo einin nno teom daee a nnoonam ni		TO CWIM I DO	CONT	C TO MODE
OF Ş	80,000 TO FUND PROJECT SAFE, A PROGRAM PI	KOVIDII	NG SMIM TES	SON	S TO MORE
шпуν	ONE THOUSAND CHILDREN THROUGHOUT AUSTIN	AND CI	TDDOIINDTNG	л D 🗗	AS. THIS
TIIM	ONE THOUSAND CHILDREN THROUGHOUT AUSTIN	AND S	DRROUNDING A	AKE.	up. IIIIp
PROG	RAM HAS BEEN FUNDED BY THE ENDOWMENT FUND	D STNCI	₹ 2009.		
11100	THE THE BELLY I CHOLD BY THE ENDOWMENT I ON	D DIIICI	2005.		
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
	·				
ENDC	WMENT FUND REVENUES				-220,928.
D3-5-	WIT I THE OR OBUIES AS THE STATE OF				
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
ביאדם ר	WMENT FUND EXPENSES				2 751
БИРС	WMENT FUND EXPENSES				3,751.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule D (Form 990) 2018 AUSTIN	74-1193464 Page 5
Schedule D (Form 990) 2018 AUSTIN Part XIII Supplemental Information (continued)	
	_
	_

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN 74-1193464 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) FAYRUZ BENYOUSEF - 203 AGAVE Yes No BLOOM COVE, AUSTIN, TX 78738 CONSULTANT Х 0 60,000 -60,000. 60 000 -60 000. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	11 L I	of fundraising event contributions and gro	-			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts				
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
ect Ex	7	Food and beverages				
₫		Catadalaman				
	8	Entertainment Other direct expenses				
	l -	Direct expense summary. Add lines 4 through			•	
	11	Net income summary. Subtract line 10 from li				
Pa	art I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				3 1 3 3		(-) 3 (-)
æ	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	٦	The direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
					_	
	8	Net gaming income summary. Subtract line 7	nomine i, column (a)		······	I
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
a		the organization licensed to conduct gaming ac	_	states?		Yes No
k	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
b) If "	Yes," explain:				
	_					

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Sch	nedule G (Form 990 or 990-EZ) 2018 AUSTIN	74-11	9346	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	L	163	
	a The organization's facility		13a	%
	o An outside facility		13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			,,
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	ount		
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G	(Form 990 or 990-EZ) AUSTIN	74-1193464 Page 4
Part IV	(Form 990 or 990-EZ) AUSTIN Supplemental Information (continued)	*
	(Section 2)	

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

Employer identification number 74-1193464

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
	The organization?	6a		X
a	Any related organization?	6b		^
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		У
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JAMES FINCK	(i)	271,899.	0.	0.	30,000.	9,484.	311,383.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							<u> </u>
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE BENEFIT IS ANNUAL MEMBERSHIP DUES AT THE UNIVERSITY OF TEXAS CLUB, PAID
ON BEHALF OF THE CEO, AS THE MEMBERSHIP IS USED EXCLUSIVELY FOR THE BENEFIT
OF THE YMCA OF AUSTIN.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

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

Employer identification number 74-1193464

FOR ALL.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OUR YMCA PROGRAMS INCLUDE AFTERSCHOOL CHILD CARE AS WELL AS SUMMER AND
HOLIDAY DAY CAMPS FOR SCHOOL-AGE CHILDREN, PARENT/CHILD PROGRAMS SUCH
AS ADVENTURE GUIDES, YOUTH SPORTS PROGRAMS, AQUATICS PROGRAMS AND TEEN
LEADERSHIP PROGRAMS.
LICENSED CHILD CARE IS OFFERED THROUGH OUR Y AFTERSCHOOL PROGRAM AT 15
SCHOOLS IN THREE DISTRICTS AND AT FOUR YMCA LEARNING CENTERS AT
AFFORDABLE HOUSING DEVELOPMENTS. SUMMER AND HOLIDAY DAY CAMPS SERVE
YOUTH AT 22 SITES ACROSS METROPOLITAN AUSTIN. Y YOUTH SPORTS EMPHASIZE
DEVELOPMENT OF SKILLS, HEALTH AND FITNESS, SAFETY, COOPERATION,
SELF-ESTEEM AND RESPECT FOR OTHERS. THE FOCUS IS ON FULL AND EQUAL
PARTICIPATION OF ALL - EVERY CHILD PLAYS IN EVERY GAME. OUR AQUATICS
PROGRAMS PROMOTE WATER SAFETY, SKILL DEVELOPMENT, SELF-ESTEEM AND
HEALTHY HABITS. SWIM LESSONS, AQUATIC EXERCISE AND RECREATIONAL SWIM
TIME ARE OFFERED AT ALL INDOOR AND OUTDOOR POOLS LOCATED AT EACH OF OUR
SEVEN AREA BRANCHES. TEENS INVOLVED IN LEADERSHIP DEVELOPMENT PROGRAMS
SUCH AS YOUTH & GOVERNMENT BUILD SKILLS THROUGH HANDS-ON PARTICIPATION
IN A MOCK LEGISLATIVE, JUDICIAL AND MEDIA ACTIVITIES AT LOCAL, REGIONAL
AND STATE-WIDE EVENTS.
IN 2017, MORE THAN 2,500 CHILDREN RECEIVED FREE OR LOW-COST SWIM
LESSONS THROUGH OUR SWIM SAFE AND PROJECT SAFE PROGRAMS. IN ALL,
·
NEARLY 16,000 CHILDREN RECEIVED SWIM LESSONS THROUGH THE YMCA OF
AUSTIN, AND NEARLY \$34,000 IN FINANCIAL ASSISTANCE WAS AWARDED TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF **Employer identification number** 74-1193464 AUSTIN NEARLY 2,000 CHILDREN AND FAMILIES FOR AQUATICS. ADDITIONALLY, THE YMCA OF AUSTIN IS ONE OF THE LEADING PROVIDERS IN METRO AUSTIN OF LIFEGUARDING CERTIFICATION, ENSURING QUALITY AND SAFETY AT ALL YMCA AND OTHER AREA POOLS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH. THIS IS PARTICULARLY IMPORTANT AS OUR NATION, AND THE METROPOLITAN AUSTIN AREA IN PARTICULAR, STRUGGLES WITH OBESITY AND CHRONIC DISEASES, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. YMCA HEALTH & WELLNESS PROGRAMS STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE HABITS AND HEALTH. THESE PROGRAMS OFFER FACILITIES AND EQUIPMENT IN THE FIELD OF HEALTH ENHANCEMENT, PERSONAL FITNESS EVALUATIONS AND CLASSES THAT PROMOTE HEALTHY LIFESTYLES THROUGH REGULAR EXERCISE. YMCA HEALTH & WELLNESS PROGRAMS INCLUDE GROUP EXERCISE CLASSES, STRENGTH TRAINING PROGRAMS, PERSONAL TRAINING, GYMNASTICS, MARTIAL ARTS, ADULT SPORTS AND PROGRAMS TAILORED FOR ACTIVE OLDER ADULTS. THE YMCA OF AUSTIN OFFERS HEALTH-SEEKERS RESOURCES FOR ACTIVE, WELL-BALANCED LIFESTYLES AND PROVIDES COMMUNITY LEADERSHIP TO HELP REDUCE BARRIERS TO DEVELOPING AND MAINTAINING HEALTHY LIFESTYLES. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO PEOPLE OF ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. SCHOLARSHIPS AND SUBSIDIES ARE OFFERED TO ALL INDIVIDUALS AND FAMILIES IN NEED OF FINANCIAL ASSISTANCE. IN 2017, THE YMCA OF AUSTIN PROVIDED MORE THAN 40,000 INDIVIDUALS WITH MORE THAN \$2.6 MILLION IN FINANCIAL ASSISTANCE TO OVERCOME ECONOMIC BARRIERS TO THEIR PARTICIPATION IN Y MEMBERSHIPS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: NEIGHBORHOOD CENTERS AND FAMILY GETAWAYS. OUR ANNUAL SPECIAL EVENTS SERVE AS COMMUNITY FOCAL POINTS AND CELEBRATIONS. TO ENSURE ACCESS FOR ALL, WE PROVIDED MORE THAN \$2.4 MILLION IN MEMBERSHIP AND PROGRAM ASSISTANCE TO BENEFIT MORE THAN 40,000 MEN, WOMEN AND CHILDREN IN 2017. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 60 YEARS. Y PROGRAMS SUCH AS PROJECT SAFE (FREE AQUATICS & WATER SAFETY INSTRUCTION FOR FIRST-GRADERS), LIVESTRONG AT THE YMCA (HEALTH & WELLNESS TRAINING FOR CANCER SURVIVORS), MEND (FAMILY-BASED CHILDHOOD OBESITY INTERVENTION), AND SENIOR RETREAT (RECREATIONAL THERAPY FOR EARLY-MID STAGE ALZHEIMER'S AND DEMENTIA PATIENTS) ARE PRIME EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. WE ACT AS A COMMUNITY LEADER AND FOCAL POINT THROUGH FREE ANNUAL EVENTS SUCH AS HEALTHY KIDS DAY, SPLASH DAY, FALL HARVEST FESTIVAL, MULTIPLE EASTER EGG HUNTS, AND OUR 25-YEAR-OLD CHILDREN'S CHRISTMAS PARTY. WE EXTEND OUR SERVICES TO THE COMMUNITY THROUGH MULTIPLE COLLABORATIONS WITH OTHER COMMUNITY-BASED NONPROFITS SUCH AS THE AMERICAN HEART ASSOCIATION, SPECIAL OLYMPICS OF TEXAS, AGE OF AUSTIN, SAFE PLACE, SALVATION ARMY AND MANY MORE. WE ALSO MOTIVATE MEMBERS OF OUR COMMUNITY TO GIVE BACK THROUGH VOLUNTEERISM AND PHILANTHROPIC GIVING. IN 2015, WE ENGAGED MORE THAN 1,800 VOLUNTEERS IN OUR PROGRAMS AND NEARLY 3,500 DONORS TO OUR ANNUAL CAMPAIGN TO PROVIDE FINANCIAL ASSISTANCE FOR THOSE WHO OTHERWISE WOULD NOT BE ABLE TO PARTICIPATE IN OUR PROGRAMS DUE TO ECONOMIC CONSTRAINTS.

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERSHIP: THE MEMBERSHIP OF THE CORPORATION SHALL CONSIST OF

TWO (2) CLASSES OF MEMBERS: SUSTAINING MEMBERS AND FACILITY MEMBERS.

SUSTAINING MEMBERS AND FACILITY MEMBERS SHALL BE VOTING MEMBERS.

1. SUSTAINING MEMBERS ARE PERSONS WHO CONTRIBUTE ON AN ANNUAL BASIS A

- 1. SUSTAINING MEMBERS ARE PERSONS WHO CONTRIBUTE ON AN ANNUAL BASIS A

 MINIMUM AMOUNT SET BY THE BOARD OF DIRECTORS. SUSTAINING MEMBERS SHALL BE

 VOTING MEMBERS.
- 2. FACILITY MEMBERS ARE MEMBERS WHO PAY PARTICIPATING MEMBERSHIP DUES TO

 THE CORPORATION, AS THOSE DUES ARE SET BY THE CORPORATION. FACILITY

 MEMBERS SHALL BE VOTING MEMBERS.

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

THE DRAFT IS REVIEWED BY THE YMCA'S AUDIT COMMITTEE. THE CHAIRMAN OF THIS

COMMITTEE PRESENTS IT TO THE BUDGET AND FINANCE COMMITTEE FOR THEIR

INFORMATION. IT THEN GOES TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL.

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

THE ORGANIZATION EVALUATES WHO MAY HAVE A CONFLICT OF INTEREST ON A CASE BY

CASE BASIS. THE METROPOLITAN BOARD OF DIRECTORS ARE ALL REQUIRED TO REVIEW

AND SIGN A COMPLIANCE ATTESTATION ANNUALLY.

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

THE ORGANIZATION FOLLOWS AN ESTABLISHED SALARY ADMINISTRATION PLAN THAT

GOVERNS THE APPROPRIATE RANGE OF COMPENSATION FOR ALL FULL-TIME AND

PART-TIME EMPLOYEES OTHER THAN THE CEO. A DIFFERENT PROCESS HAS BEEN

ESTABLISHED FOR THE CEO. THE CHAIR, WITH THE ASSISTANCE OF THE EXECUTIVE

COMMITTEE MEMBERS, USING A PERFORMANCE EVALUATION AND USING EXTERNAL SALARY

DATA PROVIDED BY THE YMCA OF THE USA, DETERMINES THE ANNUAL COMPENSATION

	er identification number - 1193464
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORMS 1023 AND 990 AVAILABLE TO THE	
	PUBLIC UPON
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STA	ATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C:	
THE PROCESS OF SELECTING AN INDEPENDENT ACCOUNTANT AND OVERSIGHT	r of the
AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR	R YEAR.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

(c)

(d)

(e)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(a)

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN

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

Employer identification number 74-1193464

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year		controlling entity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
YMCA ENDOWMENT FUND - 74-2561981	4						
3208 RED RIVER ST. AUSTIN, TX 78705	TO SUPPORT THE ACTIVITIES OF YMCA OF AUSTIN	TEXAS	501(C)(3)	LINE 12A, I			х

Page 2

		On the late of the comment of the co	IIV II F 000 Pt IV II 04 I it I I
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, because it had one or more related
	organizations treated as a partnership during the tax year.		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping owners er?	tage ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

1a

X

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X			
С					1c	Х				
d					1d		Х			
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
	Sale of assets to related organization(s)				1 g		X			
	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
ı	Performance of services or membership or fundraising solicitations for related organic	ization(s)			11		X			
	Performance of services or membership or fundraising solicitations by related organi				1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X				
0	Sharing of paid employees with related organization(s)				10	X				
р	Reimbursement paid to related organization(s) for expenses				1 p		X			
q	Reimbursement paid by related organization(s) for expenses				1 q		X			
							l			
	Other transfer of cash or property to related organization(s)				1r		X			
	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete th	is line, including covered rela	ationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved					
	· · · · · · · · · · · · · · · · · · ·	type (a-s)	, unount involved	Mothed of dotonium g amount in	, o, , o a					
1)										
2)										
3)										
4)										
5)										
6)										
3216	3 10-02-18			Schedule	R (For	n 990) 2018			

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		General manage partner	(k) Percentage ing ownership
								Oakaatala		

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule R	(Form 990) 2018	AUSTIN				74-1193464	Page 5
Part VII	(Form 990) 2018 Supplemental Infor	mation.					<u> </u>
	Provide additional information	ation for responses	to questions on	Schedule R. See	e instructions.		

Schedule R (Form 990) 2018