** 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.

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

A F	or th	e 2021 calendar year, or tax year beginning and end	ling						
B c	heck if pplicab	C Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF		D Employer identifie	cation number				
	Addre	SS ODEAMED MIGHTANA INC							
	Name chang	Doing business as	38-13582	36					
	Initial returr Final returr	Number and street (or P.U. box if mail is not delivered to street address) Number and street (or P.U. box if mail is not delivered to street address) Rooi	om/suite	E Telephone number 269-683-3					
	termi		9,662,592.						
	Amer returr	ded NILES, MI 49120-1677	eturn						
	Appliation	F Name and address of principal officer: MAKK WEDEK		for subordinates? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions				
		te: ► WWW.YMCAGM.ORG		H(c) Group exemption					
			L Year o	of formation: 1950 N	N State of legal domicile: MI				
Pa	ırt I	Summary							
e	1	Briefly describe the organization's mission or most significant activities: SEE SCE	HEDUI	LE O.					
Governance	2	Check this box if the organization discontinued its operations or disposed of	of more t	than 25% of its not ass	eate				
Veri	3	Number of voting members of the governing body (Part VI, line 1a)			17				
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			17				
∞ ∞	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			605				
ţ <u>i</u>	6	Total number of volunteers (estimate if necessary)			554				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
•		, , , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		2,457,687.	2,575,521.				
Revenue	9	Program service revenue (Part VIII, line 2g)		3,062,935.	5,418,979.				
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,980.	124,659.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		486,324.	1,407,314.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,026,926.	9,526,473.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,605,497.	4,837,394.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
e d	b	Total fundraising expenses (Part IX, column (D), line 25) 197,319.							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,662,477.	3,185,455.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,267,974.	8,022,849.				
	19	Revenue less expenses. Subtract line 18 from line 12		-241,048.	1,503,624.				
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		20,642,205.	21,843,719.				
t As	21	Total liabilities (Part X, line 26)		5,910,567.	5,571,250.				
	22	Net assets or fund balances. Subtract line 21 from line 20		14,731,638.	16,272,469.				
	ırt II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer i	las any knowledge.					
C:	_	Signature of officer		I Date					
Sign		MARK WEBER, CEO		Duto					
Her	е	Type or print name and title							
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN				
Paid		MICHAEL LAYHER MICHAEL LAYHER	0.	4/19/22 of self-employs					
Prep		Firm's name KRUGGEL, LAWTON & COMPANY, LLC	<u> </u>		35-1307701				
Use		Firm's address 526 UPTON DRIVE		THIII 3 LIN					
ST. JOSEPH, MI 49085 Phone no. 269-983-0									
May	the I	RS discuss this return with the preparer shown above? See instructions		1	X Yes No				

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$6 , 313 , 205 . including grants of \$) (Revenue \$6 , 492 , 229 .)
	THE YMCA OF GREATER MICHIANA HAS BEEN RESPONDING TO OUR COMMUNITY'S
	MOST CRITICAL SOCIAL NEEDS FOR OVER 70 YEARS. WE USE SOCIAL
	RESPONSIBILITY AS OUR INSTITUTIONAL COMPASS BY UNDERSTANDING AND
	EVALUATING OUR PROGRAMS AND ENSURING THAT THE YMCA OFFERS THE RIGHT
	COMBINATION OF PROGRAMS AND SERVICES THAT REFLECT OUR CORE VALUES, SOCIAL JUSTICE AND SOCIAL RESPONSIBILITY. BESIDES OFFERING CRITICAL
	SOCIAL JUSTICE AND SOCIAL RESPONSIBILITY. BESIDES OFFERING CRITICAL AND IMPACTFUL PROGRAMS AND THE FINANCIAL ASSISTANCE AND SUBSIDIES TO
	ALLOW ACCESS TO CHILDREN AND FAMILIES IN THE COMMUNITY, COLLABORATION
	WITH OTHER AGENCIES AND COMMUNITY ORGANIZATIONS IS KEY TO ACHIEVING OUR
	GOALS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	
4!	Other are given and item (Describe an Cahedula O.)
4d	Other program services (Describe on Schedule O.) (Expanses \$ Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6 , 313 , 205 .
	Form 990 (2021)

Form 990 (2021) GREATER MICHIANA, INC.

Part IV Checklist of Required Schedules

or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization is port an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization is separate, independent audited financial statements for the tax year include a footnote that addresses the organization is sparate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b				Yes	No
2 Is 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 Is 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 Is the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as obtenied in Part X, In e16? If "Yes," complete Schedule C, Part II Is the organization as obtenied in Part X, In e16? If "Yes," complete Schedule C, Part II Is the organization as obtenied in Part X, In e16? If "Yes," complete Schedule C, Part III Is the organization as obtenied in Part X, In e16? If "Yes," complete Schedule D, Part II Is the organization enhanced in Part X, In e16? If "Yes," complete Schedule D, Part II Is the organization enhanced in Part X, In e16? If "Yes," complete Schedule D, Part II Is the organization report an amount in Part X, In e16? If "Yes," complete Schedule D, Part II Is the organization senser to any of the following questions is "Yes," then complete Schedule D, Part II Is the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV Is the organization is part X in provide credit counseling, debt management, credit repart, of eight respection services? If "Yes," complete Schedule D, Part IV Is the organization services or in quasi endowments? If "Yes," complete Schedule D, Part IV Is the organization services or in quasi endowments? If "Yes," complete Schedule D, Part IV Is the organization service in Part X, Inin 16? If "Yes," complete Schedule D, Part IV Is the organization service in Part X, Inin 16? If "Yes," complete Schedule D, Part IV Is Did the organization report an amount for investments - other securities in Part X, Inin 16? If "Yes," complete Schedule D, Part IV Is Did the organization report a	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II 4 Section 50 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 (fiv) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Le the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 (If "Yes," complete Schedule C, Part III 6 Did the organization maintain any door advised time for any similar funds or accounts for which dinnors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation ceasement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation and afficial seasements or the similar assets? If Yes, Complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrov or custodial account liability, seve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or set inequalities services? 10 Did the organization report an amount for investments—organization, hold assets in donor-restricted andownents? 11 The organization report an amount for investments—other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments—other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments—other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 14 Did the organization report an amount for other isabilities in Part X, line 107 I					
section 50((s)) arganization. Did the organization engage in lobbying activities, or have a section 50((s)) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II I I the organization as action 50 ((s)), 50 ((s)), 60 (50) (s) organization that receives membership dues, assessments, or similar amounts as defined in Rev Price, 'Barl' 9" res,' complete Schedule C, Part II I I I I I I I I I I I I I I I I I	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
Section SO1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section SO1(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section SO1(h)(s), 501(e)(s), 5	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, "complete Schedule C, Part II S is the organization a section 501(4), 501(6)(5), or 501(6)(6) or 501(6) or 501(6)(6) or 501(6) or			3		<u>X</u>
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 if "Yes," complete Schedule C, Part III. 5 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 II. 7 Did the organization maintain arry donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical funds geaments to preserve gene pasce, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 9 Did the organization amount of part X, line 21, for escrow or custodial account liability serve as a custodian for amounts not listed in Part X, complete Schedule D, Part V. 10 Did the organization sancher or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. 10 Did the organization sancher or any of the following questions is "Yes," then complete Schedule D, Part VI. 11 If the organization sancher or any of the following questions is "Yes," then complete Schedule D, Part VI. 12 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 VIII. 12 Did the organization seport an amount for other assets in Part X, line 25, If "Yes," complete Schedule D, Part X. 13 Did the organization shall highly for uncertain tax positions under 61N 48 (RSC 7407) If "Yes," complete Schedule D, Part X. 14 Did the organization shall highly for uncertain tax positions under 61N 48 (RSC 7407) If "Yes," complete Schedule D, Part X. 15 Did the organization shall highly for uncertain tax positions under 61N	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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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 II Did the organization review or hold a conservation easement, including easements for the review of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sans as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negliation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sans as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negliation services? If "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for lines, there is a section of the segmentation report an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part VID Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X, line 15? If "Yes," complete Schedule D, Part X line 15? If "Yes," complete Schedule D, Part X line 15 If "Yes," complete Schedule D, Part X line 15 If "Yes," complete Schedule	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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To Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I I I I I I I I I I I I I I I I I	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
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#*Yes,* complete Schedule 0, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes,* complete Schedule D, Part V 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. 3 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 3 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 4 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 5 Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 5 Did the organization is apparate or consolidated financial statements for the tax year include a footnote that addresses the organization is ability for uncertain tax positions upone IPM 48 (Sc Tody)? If "Yes," complete Schedule D, Part X III 5 Did the organization asserted "No" to line 12a, lihen completing Schedule D, Parts X and XIII is by the organization asserted "No" to line 12a, lihen completing Schedule D, Parts X and XIII is by the organization in included in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X III IX 5 Did the organization have aggregate revenues or expenses of more than \$5,000 of grants or other	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	12a			7.7	
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·			
			21		Х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	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			X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	LI		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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?			v
07	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	N - AU - 000 C	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O	30	23	
	Check if Schoolule O contains a reasonage or note to any line in this Bart V			
	Check if Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28		. 03	.,,,
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21		990	(2021)

GREATER MICHIANA, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ا ۔			
	, , , , , , , , , , , , , , , , , , , ,	605		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		•		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	·····	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	If "Yes," enter the name of the foreign country		 a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- 1			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	L	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the page.	ayor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	}	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	Г	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		0		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		
а	Did the engaging organization make any toyable distributions under continu 10662		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	Г	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	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				
b	organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand 13c	\neg			
14a			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	[16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	[17		
	If "Yes," complete Form 6069.				

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	<u>X</u>	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b		12a	Х	
12a	1 1 11 11 11 11 11 11 11 11 11 11 11 11	12b	X	
b		120		
С		12c	Х	
13	on Schedule O how this was done 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 by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b	Х	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARK WEBER - 269-683-1552			
	905 NORTH FRONT STREET NILES MT 49120			

Page 7

Form 990 (2021) 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	organization compensate (C)					isati			(F)				
(A) Name and title	(B) Average			Posi	itior	1		(D) Reportable	(E) Reportable	Estimated			
Name and title	hours per		not c	heck i	more	than dis both		compensation	compensation	amount of			
	week	offic	cer an	d a di	irecto	or/trus	tee)	from	from related	other			
	(list any	tor						the	organizations	compensation			
	hours for	direc				l e		organization	(W-2/1099-MISC/	from the			
	related	tee oi	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related			
	below	vidua	it utio	Officer	emp	hest (Former			organizations			
	line)	pul	lust	Offi	Ke	E E	For						
(1) MOWITT S. DREW III	5.00					П			0	0			
PRESIDENT	F 00	Х		Х		Н		0.	0.	0.			
(2) REGAN JONES	5.00	٠,		37		`			0	0			
VICE PRESIDENT	F 00	Х		X		┝		0.	0.	0.			
(3) JIM REITS	5.00	v		v					0	0			
TREASURER (4) TOM DORAN	5.00	Х		X	4			0.	0.	0.			
SECRETARY	3.00	х		x				0.	0.	0.			
(5) BOB KENAGY	5.00	A						0.	0.	<u></u>			
DIRECTOR	3.00	х		Х	9			0.	0.	0.			
(6) JANE BRANDSTATTER	2.00												
DIRECTOR		x						0.	0.	0.			
(7) MATT CONKLIN	2.00												
DIRECTOR		Х						0.	0.	0.			
(8) BRIAN FRENCH	2.00												
DIRECTOR		X						0.	0.	0.			
(9) MERYLE MERRITT	2.00												
DIRECTOR		Х						0.	0.	0.			
(10) RICK SEIB	2.00								_				
DIRECTOR		Х						0.	0.	0.			
(11) SARA SENICA	2.00								_				
DIRECTOR		Х				_		0.	0.	0.			
(12) KENDALL TROYER	2.00								•	•			
DIRECTOR	2 00	Х						0.	0.	0.			
(13) BILL CERNEY	2.00	٠,							0	0			
DIRECTOR (14A) ANDRE GARGE	2.00	Х			_	┝		0.	0.	0.			
(14) ANDRE GAMMAGE DIRECTOR	2.00	Х						0.	0.	0.			
(15) PHIL IAPALUCCI	2.00	Λ				\vdash		0.	0.	<u> </u>			
DIRECTOR	4.00	Х						0.	0.	0.			
(16) BRIAN KUBICKI	2.00	-25						•	0.	•			
DIRECTOR		х						0.	0.	0.			
(17) DR. KAREN WHITE-GOYZUETA	2.00												
DIRECTOR		Х						0.	0.	0.			

Form 990 (2021)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) (B)				(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do	Position (do not check more than on				one	Reportable	Reportable		Estir	nate	d
		hours per week	box	box, unless person i officer and a director			is both	n an	compensation compensation				unt c	of
				- C			T	,	from the	from related organizations		compe	her	rion
		(list any hours for	direct				, ,		organization	(W-2/1099-MISC	;/	•	n the	
		related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		orgar	izati	on
		organizations	al trus	onal tr		loyee	comp		1099-NEC)			and r		
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	izatio	ıns
(18)	MARK WEBER	50.00	드	드	5	λ	王吉	요			\dashv			
CEO	THE WEST	30.00	1		x				171,877.	(١. ٥	17	. 18	38.
	DENISE PETERS	50.00					\vdash		2/2/0//0				,	
COO					X				112,973.).l	10	, 89	0.
											_			
			-											
					-		┞				\dashv			
			-											
							┢				\dashv			
			1											
											\dashv			
			1				П							
							П							
					L.									
	Subtotal								284,850.).	28	<u>, 07</u>	78.
	Total from continuation sheets to Part VI								0.).			0.
	Total (add lines 1b and 1c)				$\overline{}$				284,850.).	28	, 07	78.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				2
	compensation from the organization	_	9				_						'es	2 N o
3	Did the organization list any former officer,	director trust	00 6	(0)/ (mnl	OVA	Δ Or	hia	heet compensated empl	ovee on	Г	•	03	140
3	line 1a? If "Yes," complete Schedule J for s								nest compensated empi		- 1	3		Х
4	For any individual listed on line 1a, is the su				_						"			
	and related organizations greater than \$150										- [4	x	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										nsati	on from	1	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.		(0)		
	(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	Co	(C) ompens	ation	1
			11/	7141				\dashv						
								\dashv						
	Total number of independent contractors "	aaludina hut =	o+ II	nita	4 + ~ -	tha	20 110	+0~	aboug) who reasing in	are then				
2	Total number of independent contractors (ii	· ·	טנ ווו	ııı.e(י נט	tnos (_	ieu	above, who received mo	ne ulali				

GREATER MICHIANA, INC. 38-1358236 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 884,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,691,521. similar amounts not included above 1f **q** Noncash contributions included in lines 1a-1f **▶** 2,575,521. h Total. Add lines 1a-1f **Business Code** 3,378,301.3,378,301. 2 a PROGRAM FEES 713940 Program Service **b** MEMBERSHIP DUES 713990 2,040,678.2,040,678. Revenue С f All other program service revenue 5,418,979. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 124,659 124,659. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 8a 347,930. Part IV, line 18 **b** Less: direct expenses 288,620. 288,620. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a 122,253. and allowances 10b 76,809. **b** Less: cost of goods sold 45,444. 45,444. c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 812900 893,578. 893,578. 532000 179,672. 179,672. b RENT

 \triangleright 1,073,250.

▶ 9,526,473.6,537,673.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respor			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			A	
	trustees, and key employees	189,065.		189,065.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 251 252	2 455 550	405 500	
7	Other salaries and wages	3,971,958.	3,457,558.	437,593.	76,807.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	274 475	200 500	74 501	274
9	Other employee benefits	374,475.	299,580.	74,521.	374. 5,573.
10	Payroll taxes	301,896.	250,857.	45,466.	5,5/3.
11	Fees for services (nonemployees):	F4 077		F4 077	
a	Management	54,877. 21,195.		54,877. 21,195.	
b	Legal	46,856.		46,856.	
	Accounting	40,030.		40,030.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	100,392.	16,738.	83,431.	223
12	Advertising and promotion	107,349.	10,730.	03,431.	223. 107,349.
13	Office expenses	791,390.	688,510.	102,089.	791.
14	Information technology	129,846.	112,966.	15,582.	1,298.
15	Royalties	112/0131	111/3001	23,3021	
16	Occupancy	358,101.	311,547.	44,763.	1,791.
17	Travel	58,773.	51,133.	4,701.	2,939.
18	Payments of travel or entertainment expenses		,	,	,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,473.	1,282.	191.	
20	Interest	167,493.		167,493.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	838,802.	729,758.	109,044.	
23	Insurance	174,579.	151,884.	22,521.	174.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DUES	140,889.	140,889.		
b	REPAIRS & MAINTENANCE	97,170.	84,538.	12,632.	
c	MISCELLANEOUS	91,607.	11,908.	79,699.	
d	POSTAGE	4,663.	4,057.	606.	
	All other expenses	•	•		
25	Total functional expenses. Add lines 1 through 24e	8,022,849.	6,313,205.	1,512,325.	197,319.
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)				
					000

Form 990 (2021)
Part X Balance Sheet

Pai	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,052,260.	2	567,057.
	3	Pledges and grants receivable, net			529,148.	3	323,250.
	4	Accounts receivable, net			273,200.	4	996,363.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	17,297.	8	24,467.		
As	9	B ::			43,226.	9	20,438.
	10a	Land, buildings, and equipment: cost or other				,	
		basis. Complete Part VI of Schedule D	10a	36,834,197.			
	b	Less: accumulated depreciation	10b	18,284,146.	17,395,092.	10c	18,550,051.
	11	Investments - publicly traded securities		5,185.	11	5,531.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,326,797.	15	1,356,562.		
	16	Total assets. Add lines 1 through 15 (must equa			20,642,205.	16	21,843,719.
	17	Accounts payable and accrued expenses			503,124.	17	44,073.
	18	Grants payable		18			
	19	Deferred revenue			115,397.	19	281,446.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or former	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
iabi		controlled entity or family member of any of these	e perso	ons	- 111 111	22	
_	23	Secured mortgages and notes payable to unrelate	ed thir	rd parties	5,116,668.	23	4,975,953.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	185 280		0.60 880
		of Schedule D		i i	175,378.		269,778.
	26	Total liabilities. Add lines 17 through 25			5,910,567.	26	5,571,250.
G		Organizations that follow FASB ASC 958, chec	k her	e ▶ 🔼			
č		and complete lines 27, 28, 32, and 33.			11 762 602		12 000 220
alar.	27	Net assets without donor restrictions			11,763,623.	27	13,088,330.
Ä	28	Net assets with donor restrictions			2,968,015.	28	3,184,139.
Ĕ		Organizations that do not follow FASB ASC 95	8, che	eck here 🕨 📖			
Ĕ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			11 721 620	31	16 272 460
Ž	32	Total net assets or fund balances			14,731,638.	32	16,272,469.
	33	Total liabilities and net assets/fund balances			20,642,205.	33	21,843,719.

Form 990 (2021)

GREATER MICHIANA, INC.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	,52	6,4	73 .
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,02	2,8	49.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,50	3,6	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,73	1,6	38.
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 on Schedule O)	9		3	7,2	07.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	,27	2,4	69.
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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 on Sche	edule O				
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 Auc	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

38-1358236 Page **12**

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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 MENS CHRISTIAN ASSOCIATION OF

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

GREATER MICHIANA, INC. 38-1358236 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).) 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 on 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

YOUNG MENS CHRISTIAN ASSOCIATION OF Schedule A (Form 990) 2021 GREATER MICHIANA, INC. 38-1358236 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I or	r if the organizatio			•
Sec	ction A. Public Support		<u> </u>	·			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			. ,			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support	T		(1)		T	T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
^	and income from similar sources						+
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	one)			12	
	First 5 years. If the Form 990 is for the	_		fourth or fifth tax	wear as a section 5		
13	organization, check this box and sto					. , . ,	▶□
Sec	etion C. Computation of Publi		centage				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020			***		15	%
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						.
b	33 1/3% support test - 2020. If the		-				
-	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
_	and if the organization meets the fact	•					•
	meets the facts-and-circumstances te		•	-	•	- · g-·· ··	
b	10% -facts-and-circumstances test	-	•	*	-	17a, and line 15 is	10% or
	more and if the organization meets 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) 2021

Schedule A (Form 990) 2021

GREATER MICHIANA, INC.

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, picade comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	
	include any "unusual grants.")	1584039.	588,285.	1153810.	2554511.	1980141.	7860786.
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	3192377.	4521028.	4765306.	3444937.	6492229.	22415877.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4776416.	5109313.	5919116.	5999448.	8472370.	30276663.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	26,000.	13,008.	4,460.			43,468.
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	26,000.	13,008.	4,460.			43,468.
8	Public support. (Subtract line 7c from line 6.)						30233195.
Se	ction B. Total Support			7			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	4776416.	5109313.	5919116.	5999448.	8472370.	30276663.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				19,980.		19,980.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b				19,980.		19,980.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				13,300		13,300.
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.)	4776416.	5109313.	5919116.	6019428.	8472370.	30296643.
14	First 5 years. If the Form 990 is for the	•		•		. , . ,	
80	check this box and stop here	o Cumport Dor					>
	ction C. Computation of Publi			-1 (6)		45	99.79 %
	Public support percentage for 2021 (li			.,,		15 16	00 4 5
	Public support percentage from 2020 ction D. Computation of Inves					16	99.17 %
	Investment income percentage for 20			ne 13 column (f))		17	.07 %
	Investment income percentage from 2		18	.09 %			
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2020. If the	=	-	•	•		
	line 18 is not more than 33 1/3%, check	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
	163	140
1		
2		
3a		
3b		
_		
3c		
4-		
4a		
4b		
10		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
Tod		
10b		
lule A (Forn	n 990)	2021

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Schedule A (Form 990) 2021

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Schedule A (Form 990) 2021 GREATER MICHIANA, INC.

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must c			•				
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	<u> </u>					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3	/					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Secti	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting organ	nization (see				
	instructions).			·				

Schedule A (Form 990) 2021

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Par	t v Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations _{(continued}	<u>d)</u>				
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	i	3				
4	Amounts paid to acquire exempt-use assets	mounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.	•						
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which th							
	(provide details in Part VI). See instructions.	(provide details in Part VI). See instructions.						
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount		<u> </u>	10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
<u>i</u>	Carryover from 2016 not applied (see instructions)							
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.			_				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020			1				
	Excess from 2021			1				

Schedule A (Form 990) 2021

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

38-1358236 Page 8

Schedule A	(Form 990) 2021	<u>GR</u> EATER	MICHIANA,	INC.	38-1358236 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanations c, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	required by Part II, line 10 11a, 11b, and 11c; Part I' es 1c, 2a, 2b, 3a, and 3b;	D; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
	(See instructions.)				
					<u> </u>
			<u>V</u>		

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
DISQUALIFIED PERSONS	26,000.	13,008.	4,460.	0.	0.
				A	
Fotal to Schedule A, Part III, Line 7a	26,000.	13,008.	4,460.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Employer identification number

38-1358236

Organiza	ation type (check or	ne):					
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 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					
Check if	your organization is	covered by the General Rule or a Special Rule.					
Note: Or	nly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	F	filling Fours 000, 000 F7, as 000 PF that specified shading the same contributions tataling ©F, 000 as some (in specific to					
Δ		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						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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,					
	•	nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION OF

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

38-1358236

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 133,007.	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		\$ 120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 55,279.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 137,000.	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

38-1358236

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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 MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC. 38-1358236 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

OMB No. 1545-0047 Inspection

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Employer identification number 38-1358236

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	3						
2	Aggregate value of contributions to (during year)	37,207.						
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year	1,328,047.						
5	Did the organization inform all donors and donor advisors in		ed funds					
	are the organization's property, subject to the organization's	*						
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of							
	impermissible private benefit?		X Yes No					
Pai	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area					
	Protection of natural habitat	Preservation of	a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel							
	year ▶							
4	Number of states where property subject to conservation eas	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year					
	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year					
	▶ \$							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the					
D :	organization's accounting for conservation easements.	CARL HELL COLL TO COLL COLL	la de Circila de Assacla					
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95							
	of art, historical treasures, or other similar assets held for put							
	service, provide in Part XIII the text of the footnote to its finar							
b	If the organization elected, as permitted under FASB ASC 95							
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	nerance of public 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 tre		I gain, provide					
	the following amounts required to be reported under FASB A	· ·	.					
a	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X							

YOUNG MENS CHRISTIAN ASSOCIATION OF

Schedule D (Form 990) 2021 GREATER MICHIANA, INC.

88-1358236 Pa	ae 4	2
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Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make si	gnificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	nange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how they further th	e organizatio	n's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "	Yes" on	Form 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi							_	_	_
	on Form 990, Part X?						L	Yes		No
b If "Yes," explain the arrangement in Part XIII and complete the following table:										
								Amount		
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					. 1f		7	—	
	Did the organization include an amount on Fo					ity?	L	Yes	느	∐ No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been p	orovided on F	Part XIII					
Par	T V Endowment Funds. Complete i						ara baak	(-) Four	.,,,,,,,	haalı
		(a) Current year	(b) Prior year	(c) Two year		(d) Three ye		(e) Four	years	раск
	Beginning of year balance	1,290,840.	538,720.	460	,864.	48	4,905.			
b	Contributions	27 207	752 120	0.0	007		0 000			
С.	Net investment earnings, gains, and losses	37,207.	752,120.	92	2,027.	_	9,988.			
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs			1 /	171	1	4,053.			
	Administrative expenses	1,328,047.	1,290,840.		3,720.		0,864.			
g	End of year balance				, /20.	40	0,004.			
2	Provide the estimated percentage of the curr	ent year end balance) neid as:						
a	Board designated or quasi-endowment Permanent endowment	%	_%							
b		⁷⁰								
С	The percentages on lines 2a, 2b, and 2c short									
22	Are there endowment funds not in the posses		tion that are hold an	d administar	ad for th	o organizat	ion			
Sa	la de la companya de	ssion of the organiza	ilion that are neid an	u auriiriister	eu ioi iii	e organizat	1011	Г	Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R2					3b		
4	Describe in Part XIII the intended uses of the							_ 3 0		
	rt VI Land, Buildings, and Equipm		WITHORIE TORTOG.							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990.	Part X,	line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumulated	4 T	(d) Book	c valu	
	Booking to Property	basis (investn		I	٠,	preciation		(4, 200)	· vaiu	-
1a	Land	- 		7,018.				1,617	7,0	18.
	Buildings			1,960.	15,9	942,57		5,129		
	Leasehold improvements			7,992.	•	72,19			5,79	
	Equipment			0,994.	2,2	269,38		1,571		
				6,233.	•	•			5,2	
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		•				▶ 1	8,550		

Part VII Investments - Ot	har Sacuritic	26			
Schedule D (Form 990) 2021	GREATER	MICHIANA,	INC.		
	100140 111	TIAD CITICIDIA	THIN MODI	CIMITON	0

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990. Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(b) Metrica of Valuation. Cost of Grid	or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN ASS	ETS HELD B		1,328,047.
(2) DEFERRED FINANCING COSTS			14,599. 13,916.
(3) SECURITY DEPOSIT			13,916.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	1,356,562.
Part X Other Liabilities.		· ·	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL AND PAYROL	L TAXES		269,778.
(3)	<u></u>		
(4)			
(5)			
(6)			
(7)		+	
. ,		+	
		+	
			269,778.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		
2. Liability for uncertain tax positions. In Part XIII, provide		_	·
organization's liability for uncertain tax positions under	<u> </u>	<u>iere ii trie text oi trie footnote nas been prov</u>	/iueu iii Part XIII [A]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	9,563,680.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d 37, 207	•	25 225
e Add lines 2a through 2d	2e	37,207.
3 Subtract line 2e from line 1	3	9,526,473.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.)		0
c Add lines 4a and 4b	4c	9,526,473.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	. 5 Retur	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Hotan	••
A 7-1	1	8,022,850.
1 otal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	0,022,030.
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	8,022,850.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		, . ,
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		8,022,850.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	e 4; Part)	ζ, line 2; Part ΧΙ,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PART X, LINE 2:		
THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER IN	TERN	AL REVENUE
CODE CECTON FOLICA (C) (C) AND TO NOT CONCERNED A DESCRIPTION		
CODE SECTION 501(C)(3), AND IS NOT CONSIDERED A PRIVATE FOUN	DATT	ON. THE
ACCOCIANTON DILLIC MAY DEMUNIC IN MUE II C. DEDUNAL TUDICDICANT		N.C. O.D. 101111
ASSOCIATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTI	ON.	AS OF THE
CUIDDENIM VEAD AND MUE VEAD MUEN ENDED MUEDE ADE NO MAMEDIA.		
CURRENT YEAR, AND THE YEAR THEN ENDED, THERE ARE NO MATERIAL	1	
INDECOCNIZED DEDECOCNIZED MAY DENGETHE OF MAY DENAITHEE OF T	ימישות	zem mur
UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR I	MIEK	EST. THE
ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX	EAVW.	T N A T O N C
ASSOCIATION IS NO BONGER SUBJECT TO 0.5. FEDERAL INCOME TAX	LAAM.	INATIONS
BY TAX AUTHORITIES FOR THREE YEARS FROM THE CURRENT CALENDAR	VEAL	2
DI TAN AUTHORITIES FOR THREE TEARS FROM THE CORRENT CABENDAR	LLIA	X •
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN BENEFICIAL INTEREST IN ASSETS AT COMMUNITY		
FOUNDATION		37,207.

YOUNG MENS CHRISTIAN ASSOCIATION OF Schedule D (Form 990) 2021 GREATER MI Part XIII Supplemental Information (continued) GREATER MICHIANA, INC. 38-1358236 Page 5

SCHEDULE G (Form 990)

Department of the Treasury

Part I

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

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF

GREATER MICHIANA, INC. 38-1358236 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	t.						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a Mail solicitations	• • —	-		overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g Special	lunura	asing	events			
d In-person solicitations					4		
2 a Did the organization have a written of					tees, or		
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?	Yes	No	
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fundraiser is to be)	
compensated at least \$5,000 by the	organization.						
		П					
(i) Name and address of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid	
or entity (fundraiser)	(ii) Activity	have con	ustody	from activity	to (or retained by) fundraiser	to (or retained by)	
or criticy (idilariaisor)		contrib	utions?	ITOTT ACTIVITY	listed in col. (i)	organization	
		Yes	No				
		103	110				
		7					
		17					
		-					
	*						
			•				
Total							
3 List all states in which the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	nistration	
or licensing.	This registered of licensed to solicit e	OHILID	ations	or has been notified	it is exempt from re	gistiation	

YOUNG MENS CHRISTIAN ASSOCIATION OF

Schedule G (Form 990) 2021

GREATER MICHIANA, INC.

38-1358236 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups.	•	-		· · · · · · · · · · · · · · · · · · ·
		or randalong event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			THANKSGIVING			(d) Total events
				YMCA	2	(add col. (a) through
4)			(event type)	(event type)	(total number)	col. (c))
anne						
Revenue	1	Gross receipts	112,393.	55,435.	180,102.	347,930.
ч						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	112,393.	55,435.	180,102.	347,930.
	3	Gross income (line 1 minus line 2)	112,333.	33,433.	100,102.	347,330.
	4	Cash prizes				
	5	Noncash prizes				
ses						
pen	6	Rent/facility costs				
Direct Expenses	_	Food and business				
irec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		13,634.	6,091.	59,310.
	10	Direct expense summary. Add lines 4 through			>	59,310.
لے		Net income summary. Subtract line 10 from li				288,620.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				7		.,,
Ä	1	Gross revenue				
Se	2	Cash prizes				
ense	_	Managalandara				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
٦	•					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_	D	5		_	
	7	Direct expense summary. Add lines 2 through	o in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "I	No," explain:				
10a		ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tax v	/ear?	Yes No
		Yes," explain:			,	
	_					

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA INC.

GREATER MICHIANA, INC. 38-1358236 Schedule G (Form 990) 2021 Does the organization conduct gaming activities with nonmembers? 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 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes **b** If "Yes," enter the amount of gaming revenue received by the organization **>** \$ of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

132083 10-21-21 Schedule G (Form 990) 2021

YOUNG MENS CHRISTIAN ASSOCIATION OF Schedule G (Form 990) GREATER MI Part IV Supplemental Information (continued) GREATER MICHIANA, INC. 38-1358236 Page 4

SCHEDULE J (Form 990)

Department of the Treasury

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

► Go to www.irs.gov/Form990 for instructions and the latest information.
YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER MICHIANA, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 38-1358236 \end{array}$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments 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		
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	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
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:			
а	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
	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:			
а	The organization?	6a		_X_
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK WEBER	(i)	171,877.	0.	0.	0.	17,188.	189,065.	0.
CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) DENISE PETERS	(i)	112,973.	0.	0.	0.	10,890.		0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
EXECUTIVE COMMITTEE PERFORMS ANNUAL REVIEW AND DETERMINES THE CEO AND COO'S
COMPENSATION.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Employer identification number 38-1358236

FORM 990, PART 3, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE YMCA OF GREATER MICHIANA IS AN OPEN CHARITABLE, MEMBERSHIP
ASSOCIATION THAT PROMOTES GROWTH IN SPIRIT, MIND AND BODY THROUGH
PROGRAMS AND SERVICES FOR ALL IN OUR DIVERSE COMMUNITY. THE YMCA IS A
CAUSE-DRIVEN, CHARITABLE ORGANIZATION COMMITTED TO BUILDING THE
FOUNDATIONS OF COMMUNITY, WE SEEK TO UNDERSTAND AND ADDRESS COMMUNITY
NEEDS IN ORDER TO EFFECT LASTING PERSONAL AND SOCIAL CHANGE IN OUR
THREE AREAS OF FOCUS: YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL
RESPONSIBILITY.
FORM 990, PART 3, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE YMCA OF GREATER MICHIANA IS AN OPEN CHARITABLE, MEMBERSHIP
ASSOCIATION THAT PROMOTES GROWTH IN SPIRIT, MIND AND BODY THROUGH
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NEEDS IN ORDER TO EFFECT LASTING PERSONAL AND SOCIAL CHANGE IN OUR
THREE AREAS OF FOCUS: YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL
RESPONSIBILITY.
AUDI ONDIBILITY
FORM 990, PART VI, SECTION B, LINE 11B:
EXECUTIVE DIRECTOR ALONG WITH FINANCE COMMITTEE REVIEW DRAFT 990 BEFORE

COMPLETION AND FILING.

<u>Schedule O (Form 990) 2021</u> Page **2**

· ···-	GREATER MICHIANA, INC. 38-1358236 RM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL BASIS OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO VIEW POLICY AND SIGN FORM INDICATING COMPLIANCE. RM 990, PART VI, SECTION B, LINE 15: ECUTIVE COMMITTEE OF BOARD OF DIRECTORS REVIEWS EXECUTIVE DIRECTOR AND TERMINES COMPENSATION. EXECUTIVE DIRECTOR REVIEWS ALL OTHER KEY EMPLOYEES D DETERMINES THEIR COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: E ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY D FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ALL CUMENTS ARE KEPT AT THEIR MAIN CORPORATE LOCATION. THE ASSOCIATION'S RM 990 IS ALSO AVAILABLE THROUGH A THIRD-PARTY WEBSITE. RM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ANGE IN BENEFICIAL INTEREST IN ASSETS AT COMMUNITY		
FORM 990, PART V	I, SECTION B, LIN	NE 12C:	
ON AN ANNUAL BAS	IS OFFICERS, DIRE	ECTORS AND KEY EMPLOYEES A	ARE REQUIRED TO
REVIEW POLICY AN	D SIGN FORM INDIC	CATING COMPLIANCE.	
FORM 990, PART V	I, SECTION B, LIN	NE 15:	
EXECUTIVE COMMIT	TEE OF BOARD OF I	DIRECTORS REVIEWS EXECUTIVE	/E DIRECTOR AND
DETERMINES COMPE	NSATION. EXECUTIV	VE DIRECTOR REVIEWS ALL O	HER KEY EMPLOYEES
AND DETERMINES T	HEIR COMPENSATION	ν.	
FORM 990, PART V	I, SECTION C, LIN	NE 19:	
THE ASSOCIATION	MAKES ITS GOVERNI	ING DOCUMENTS, CONFLICT OF	INTEREST POLICY
AND FINANCIAL ST	ATEMENTS AVAILABI	LE TO THE PUBLIC UPON REQU	JEST. ALL
DOCUMENTS ARE KE	PT AT THEIR MAIN	CORPORATE LOCATION. THE	ASSOCIATION'S
FORM 990 IS ALSO	AVAILABLE THROUG	SH A THIRD-PARTY WEBSITE.	
FORM 990, PART X	I, LINE 9, CHANGE	S IN NET ASSETS:	
CHANGE IN BENEFI	CIAL INTEREST IN	ASSETS AT COMMUNITY	
FOUNDATION			37,207.
FORM 990, PART 7	, LINE 2C		
NO CHANGE IN PRO	CESS FROM PREVIOU	JS YEARS.	

Asset No.	Description	Date Acquired	Method	Life	Conv		Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LOCKER ROOM BENCHES	04/10/98	SL	5.00	1	.6	3,820.				3,820.	3,820.		0.	3,820.
2	MULTIPURPOSE ROOM HVAC CONTROLS	09/15/98	SL	5.00	1	.6	1,430.				1,430.	1,430.		0.	1,430.
3	15HP POOL PUMP	09/30/98	SL	5.00	1	.6	1,986.				1,986.	1,986.		0.	1,986.
4	STEAM ROOM PUMP & SOLENOID	09/30/98	SL	5.00	1	.6	1,319.				1,319.	1,319.		0.	1,319.
5	PARAFLYTE CLUB CHAIR	12/08/98	SL	5.00	1	.6	1,323.				1,323.	1,323.		0.	1,323.
6	AIR CONDITIONER	09/15/99	SL	10.00	1	.6	14,100.				14,100.	14,100.		0.	14,100.
7	WIRE AIR CONDITIONER	06/07/00	SL	7.00	1	.6	2,122.				2,122.	2,122.		0.	2,122.
8	SOUND SYSTEM UPDATE	09/27/00	SL	7.00	1	.6	1,988.				1,988.	1,988.		0.	1,988.
9	FURNITURE	09/30/02	SL	5.00	1	.6	1,112.				1,112.	1,112.		0.	1,112.
10	SOFT WALLS	11/05/02	SL	5.00	1	.6	5,347.				5,347.	5,347.		0.	5,347.
11	REWIRE MEMBER SERVICE DESK	11/22/02	SL	5.00	1	.6	2,046.				2,046.	2,046.		0.	2,046.
12	SPORT FLOORS	06/17/03	SL	5.00	1	.6	1,628.				1,628.	1,628.		0.	1,628.
13	VIDEO SURVEILANCE SYSTEM	01/17/14	SL	5.00	1	.6	1,034.				1,034.	1,034.		0.	1,034.
14	A/C FOR BALCONY	07/08/03	SL	7.00	1	.6	6,597.				6,597.	6,597.		0.	6,597.
15	FM TRANSMITTER	09/30/03	SL	5.00	1	.6	313.				313.	313.		0.	313.
16	TELEPHONE SYSTEM	10/09/03	SL	7.00	1	.6	11,548.				11,548.	11,548.		0.	11,548.
17	SAVIN PRINTER	10/21/03	SL	5.00	1	.6	2,000.				2,000.	2,000.		0.	2,000.
18	TELEVISIONS	10/28/03	SL	5.00	1	.6	4,800.				4,800.	4,800.		0.	4,800.

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	WATCON PO SYSTEM / STEAM ROOM	07/16/04	SL	7.00	1	.6	3,627.				3,627.	3,627.		0.	3,627.
20	SUPERIOR BLDG LOBBY HVAC	07/21/04	SL	7.00	1	.6	7,750.				7,750.	7,750.		0.	7,750.
21	COMPUTER MSD, LICENSE FEE, HARDWARE & LAB	10/31/05	SL	5.00	1	.6	6,982.				6,982.	6,982.		0.	6,982.
22	SERVER FOR NEW SOFTWARE	11/15/05	SL	5.00	1	.6	7,219.				7,219.	7,219.		0.	7,219.
23	17 MONITOR- NEW SOFTWARE UPGRADE	12/15/05	SL	5.00	1	.6	773.				773.	773.		0.	773.
24	WISELOGIC ADD'L COSTS- TRAINING	05/11/06	SL	5.00	1	.6	1,755.				1,755.	1,755.		0.	1,755.
25	BER COMPRESSOR	09/13/06	SL	5.00	1	.6	5,853.				5,853.	5,853.		0.	5,853.
26	ELAN: BEST BUY LOBBY TV	03/30/07	SL	5.00	1	.6	1,050.				1,050.	1,050.		0.	1,050.
27	SUITMATE SWIMSUIT WATER EXTRACTOR	04/18/07	SL	5.00	1	.6	5,340.				5,340.	5,340.		0.	5,340.
28	SAVIN B&W & COLOR COPIER	04/30/07	SL	5.00	1	.6	11,475.				11,475.	11,475.		0.	11,475.
29	HALOGEN TIGER SHARK POOL VAC	06/06/07	SL	5.00	1	.6	2,027.				2,027.	2,027.		0.	2,027.
30	SAFETY SYSTEMS	06/30/07	SL	.000	1	6	25,833.				25,833.	14,987.		0.	14,987.
31	ELAN: FURNITURE	07/25/07	SL	5.00	1	.6	4,165.				4,165.	4,165.		0.	4,165.
32	1996 GMC BUS	03/05/04	SL	5.00	1	.6	11,500.				11,500.	11,500.		0.	11,500.
33	2000 FORD EXPEDITION	03/15/05	SL	5.00	1	.6	17,190.				17,190.	17,190.		0.	17,190.
34	NEW TILE- STEAM ROOM	07/01/85	SL	36.00	1	.6	3,964.				3,964.	3,907.		57.	3,964.
35	RENOVATE BALCONY	07/01/86	SL	50.00	1	6	4,083.				4,083.	4,083.		0.	4,083.
36	NEW OFFICE	07/01/87	SL	10.00	1	.6	2,385.				2,385.	2,385.		0.	2,385.

Asset No.	Description	Date Acquired	Method	Life	C o o n V	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	PUMP	07/01/89	SL	10.00	16	1,011.				1,011.	1,011.		0.	1,011.
38	BOILER	07/01/90	SL	50.00	16	11,900.				11,900.	11,900.		0.	11,900.
39	MISC BUILDING IMPROVEMENTS	07/01/90	SL	20.00	16	40,681.				40,681.	40,681.		0.	40,681.
40	SIDEWALK	07/01/90	SL	20.00	16	12,648.				12,648.	12,648.		0.	12,648.
41	CURTAIN DIVIDERS IN GYM	07/01/91	SL	10.00	16	3,500.				3,500.	3,500.		0.	3,500.
42	POOL RENOVATIONS	09/01/92	SL	20.00	16	33,850.				33,850.	33,850.		0.	33,850.
43	POOL RENOVATIONS	01/01/93	SL	20.00	16	5,500.				5,500.	5,500.		0.	5,500.
44	LOCKERROOM IMPROVEMENTS	10/01/93	SL	20.00	16	7,065.				7,065.	7,065.		0.	7,065.
45	POOL LIGHT FIXTURES	10/01/94	SL	20.00	16	3,335.				3,335.	3,335.		0.	3,335.
46	POOL RENOVATIONS- FILTER REPLACEMENT	08/01/95	SL	20.00	16	34,900.				34,900.	34,900.		0.	34,900.
47	BOILER	02/01/96	SL	10.00	16	6,309.				6,309.	6,309.		0.	6,309.
48	HEAT EXCHANGER	10/01/96	SL	10.00	16	3,611.				3,611.	3,611.		0.	3,611.
49	CAPACITOR SYSTEM & INSTALLATION	02/15/99	SL	10.00	16	2,766.				2,766.	2,766.		0.	2,766.
50	BACK STOP	04/14/99	SL	10.00	16	1,650.				1,650.	1,650.		0.	1,650.
51	LIGHTING INSTALLATION	10/13/99	SL	7.00	16	2,114.				2,114.	2,114.		0.	2,114.
52	TILE IN MEN'S LOCKERROOM	10/13/99	SL	20.00	16	14,815.				14,815.	14,815.		0.	14,815.
53	ELECTRICAL EQUIPMENT REPLACEMENT	04/15/00	SL	10.00	16	4,473.				4,473.	4,473.		0.	4,473.
54	RE-INSTALL AIR CONDITIONER	06/07/00	SL	7.00	16					5,568.	5,568.		0.	5,568.

Asset No.	Description	Date Acquired	Method	Life			Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	NEW ROOF- POOL STORAGE ROOM	06/07/00	SL	39.00	MM1	16	2,975.				2,975.	1,638.		76.	1,714.
56	REFINISH WOOD FLOORS	09/13/00	SL	7.00	1	16	5,348.				5,348.	5,348.		0.	5,348.
57	DIVIDERS & COUNTERTOPS	09/20/00	SL	7.00	1	16	4,640.				4,640.	4,640.		0.	4,640.
58	STEAM ROOM DOOR	10/25/00	SL	39.00	MM1	16	2,775.				2,775.	1,487.		71.	1,558.
59	WEIGHT ROOM FLOOR	12/06/00	SL	7.00	1	16	1,425.				1,425.	1,425.		0.	1,425.
60	REFINISH GYM FLOORS	09/19/01	SL	7.00	1	16	5,362.				5,362.	5,362.		0.	5,362.
61	NEW LOCKERS	03/26/02	SL	7.00	1	16	5,250.				5,250.	5,250.		0.	5,250.
62	NEW BOILER	07/29/02	SL	15.00	1	16	29,804.				29,804.	29,804.		0.	29,804.
63	CARPETING	08/20/02	SL	10.00	1	16	3,780.				3,780.	3,780.		0.	3,780.
64	POOL REPAIRS	08/28/02	SL	20.00	1	16	1,182.				1,182.	1,062.		59.	1,121.
65	INTERIOR PAINTING	08/31/02	SL	7.00	1	16	1,720.				1,720.	1,720.		0.	1,720.
66	REFINISH WOOD FLOORS	09/18/02	SL	7.00	1	16	5,362.				5,362.	5,362.		0.	5,362.
67	NEW CARPETING	08/29/03	SL	7.00	1	16	7,997.				7,997.	7,997.		0.	7,997.
68	FITNESS CENTER CONSTRUCTION	10/15/03	SL	39.00	MM1	16	58,228.				58,228.	25,754.		1,493.	27,247.
69	RECOAT GYM FLOOR	10/30/03	SL	7.00	1	16	3,135.				3,135.	3,135.		0.	3,135.
70	CARPET INSTALLATION	10/30/03	SL	7.00	1	16	3,831.				3,831.	3,831.		0.	3,831.
71	CAPITOL HANDICAP DORR OPENER	07/30/04	SL	15.00	1	16	4,706.				4,706.	4,706.		0.	4,706.
72	GARAGE CHANGES ON HOUSE	04/15/05	SL	10.00	1	16	1,963.				1,963.	1,963.		0.	1,963.

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	STEAM ROOM BENCHES	08/15/05	SL	7.00	1	16	2,847.				2,847.	2,847.		0.	2,847.
	SAND & REFINISH														
74	GYM/RACQUETBALL FLOORS	09/15/05	SL	7.00	1	16	11,255.				11,255.	11,255.		0.	11,255.
	NEW LOCKERS- MEN'S LOCKER														
75	ROOM	09/15/05	SL	7.00]	16	5,181.				5,181.	5,181.		0.	5,181.
7.6	BUILDING IMPROVEMENT- EXTERIOR	06/22/06	GT.	10 00		16	4 670				4,670.	4 670		0	4 670
76	EXIERIOR	06/23/06	ъп	10.00	ľ	16	4,670.				4,070.	4,670.		0.	4,670.
77	KIDS SPORTSWALL	07/31/06	SL	10.00	1	16	17,310.				17,310.	17,310.		0.	17,310.
78	SPORT FLOORS	08/09/06	SL	5.00	1	16	5,674.				5,674.	5,674.		0.	5,674.
	MEN'S LOCKER ROOM														
79	IMPROVEMENTS	08/15/06	SL	39.00	MM1	16	34,415.				34,415.	12,716.		882.	13,598.
80	HILL ELEC SIDEWALKS	10/31/06	SL	5.00	1	16	3,570.				3,570.	3,570.		0.	3,570.
81	BMC BATHROOM WORK- LADIES'	12/14/07	SL	39.00	MM 1	16	3,557.				3,557.	1,191.		91.	1,282.
82	LIFE CYCLE	05/01/93	SL	5.00	1	16	2,095.				2,095.	2,095.		0.	2,095.
	3-PACK OF EXERCISE SLIDE										, .	, .			,
83	BOARDS	06/01/94	SL	5.00	1	16	525.				525.	525.		0.	525.
84	(4) PLATE TREES	03/01/95	SL	5.00		16	280.				280.	280.		0.	280.
85	(2) DUMBBELL RACKS	03/01/95	SL	5.00	1	16	892.				892.	892.		0.	892.
86	ABDOMINAL MACHINE	03/01/95	SL	5.00	1	16	2,195.				2,195.	2,195.		0.	2,195.
87	LOW ROW COMPETITIVE STACK	03/01/95	SL	5.00	1	16	1,695.				1,695.	1,695.		0.	1,695.
88	CHIN DIP ASSIST	03/01/95	SL	5.00	1	16	1,951.				1,951.	1,951.		0.	1,951.
89	(2) FLAT/INCLINE BENCH	03/01/95	SL	5.00	1	16	850.				850.	850.		0.	850.
90	PEG SQUAT RACK	03/01/95	SL	5.00	1	16	638.				638.	638.		0.	638.

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	T-BAR ROW	03/01/95	SL	5.00	1	.6	591.				591.	591.		0.	591.
92	45 DEGREE BACK HYPEREXTENSION	03/01/95	SL	5.00	1	.6	488.				488.	488.		0.	488.
93	7' 10 COUNTERBALANCED SMITH	03/01/95	SL	5.00	1	.6	2,121.				2,121.	2,121.		0.	2,121.
94	45 DEGREE CALF	03/01/95	SL	5.00	1	.6	850.				850.	850.		0.	850.
95	ABDOMINAL CRUCH BENCH	03/01/95	SL	5.00	1	.6	591.				591.	591.		0.	591.
96	VERTICLE KNEE RAISE	03/01/95	SL	5.00	1	.6	446.				446.	446.		0.	446.
97	TRICEP EXTENSION	03/01/95	SL	5.00	1	.6	1,950.				1,950.	1,950.		0.	1,950.
98	SEATED PREACHER CURL	03/01/95	SL	5.00	1	.6	488.				488.	488.		0.	488.
99	(2) FLAT BENCH	03/01/95	SL	5.00	1	.6	425.				425.	425.		0.	425.
100	MULTI HIP	03/01/95	SL	5.00	1	.6	2,206.				2,206.	2,206.		0.	2,206.
101	SHOULDER PRESS	03/01/95	SL	5.00	1	.6	2,376.				2,376.	2,376.		0.	2,376.
102	FLY COMPETITIVE STACK	03/01/95	SL	5.00	1	.6	2,631.				2,631.	2,631.		0.	2,631.
103	CHEST PRESS	03/01/95	SL	5.00	1	.6	2,291.				2,291.	2,291.		0.	2,291.
104	LAT PULLDOWN COMPETITIVE STACK	03/01/95	SL	5.00	1	.6	1,781.				1,781.	1,781.		0.	1,781.
105	LEG PRESS COMPETITIVE STACK	03/01/95	SL	5.00	1	.6	4,076.				4,076.	4,076.		0.	4,076.
106	LEG CURL	03/01/95	SL	5.00	1	.6	2,036.				2,036.	2,036.		0.	2,036.
107	LEG EXTENSION	03/01/95	SL	5.00	1	.6	2,036.				2,036.	2,036.		0.	2,036.
108	UPRIGHT ROW COMPETITIVE STACK	03/01/95	SL	5.00	1	.6	2,121.				2,121.	2,121.		0.	2,121.

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	(2) OLYMPIC BENCH	03/01/95	SL	5.00	1	.6	842.				842.	842.		0.	842.
110	OLYMPIC DECLINE	03/01/95	SL	5.00	1	.6	701.				701.	701.		0.	701.
111	OLYMPIC INCLINE	03/01/95	SL	5.00	1	.6	574.				574.	574.		0.	574.
112	TWO SPINNER BIKES (DEPOSIT)	12/01/96	SL	5.00	1	.6	379.				379.	379.		0.	379.
113	BIKES	02/07/97	SL	5.00	1	.6	1,138.				1,138.	1,079.		0.	1,079.
114	SPINNER BIKES	03/17/97	SL	5.00	1	.6	1,518.				1,518.	1,518.		0.	1,518.
115	GYM EQUIPMENT	03/23/97	SL	5.00	1	.6	17,383.				17,383.	17,383.		0.	17,383.
116	CYBEX BIKE	03/23/97	SL	5.00	1	.6	2,561.				2,561.	2,561.		0.	2,561.
117	WEIGHTS	04/11/97	SL	5.00		.6	35,344.				35,344.	35,344.		0.	35,344.
118	WEIGHTS	04/23/97		5.00		.6	507.				507.	507.		0.	507.
119	GYM EQUIPMENT	05/12/97		5.00		.6	3,705.				3,705.	3,705.		0.	3,705.
120	WEIGHTS	05/21/97		5.00		.6	2,767.				2,767.	2,767.		0.	2,767.
121	INCLINE PRESS	06/17/97		5.00	K	.6	3,158.				3,158.	3,158.		0.	3,158.
122	GYM EQUIPMENT	09/25/97		5.00		.6	1,591.				1,591.	1,591.		0.	1,591.
															497.
123	BALLET BARS	10/17/97		5.00		.6	497.				497.	497.		0.	
	PARALLEL BARS	06/10/98		5.00		.6	2,224.				2,224.	2,224.		0.	2,224.
125	FITNESS EQUIPMENT EXERCISE EQUIPMENT	07/21/99 06/14/00		7.00		.6	3,380.				3,380. 3,191.	3,380. 3,191.		0.	3,380. 3,191.

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	CROSSTRAINER- FITNESS EQUIPMENT	06/21/00	SL	7.00	1	.6	3,695.				3,695.	3,695.		0.	3,695.
128	ALL PRO FITNESS EQUIPMENT	10/11/00	SL	7.00	1	.6	5,685.				5,685.	5,685.		0.	5,685.
129	FITNESS EQUIPMENT- FITNESS THINGS	10/16/00	SL	7.00	1	.6	131.				131.	131.		0.	131.
130	NUSTEP FITNESS EQUIPMENT	12/20/00	SL	7.00	1	.6	3,385.				3,385.	3,385.		0.	3,385.
131	RECUMBENT BIKE	01/24/01	SL	7.00	1	.6	2,155.				2,155.	2,155.		0.	2,155.
132	FITNESS ANALYST	02/07/01	SL	7.00	1	.6	699.				699.	699.		0.	699.
133	EXERCISE EQUIPMENT	02/21/01	SL	7.00	1	.6	3,321.				3,321.	3,321.		0.	3,321.
134	DIVING BOARD	11/28/01	SL	7.00	1	.6	1,215.				1,215.	1,215.		0.	1,215.
135	CHEMICAL CONTROLLER FOR POOL	12/05/01	SL	7.00	1	.6	2,698.				2,698.	2,698.		0.	2,698.
136	REPAIR WATER SYSTEM	05/29/02	SL	7.00	1	.6	5,746.				5,746.	5,746.		0.	5,746.
137	GYMNASTICS EQUIPMENT	06/26/02	SL	5.00	1	.6	5,035.				5,035.	5,035.		0.	5,035.
138	FORERUNNER LANE LINE	08/20/02	SL	7.00	1	.6	2,064.				2,064.	2,064.		0.	2,064.
139	TILE STRIPE IN POOL	08/22/02	SL	7.00	1	.6	1,565.				1,565.	1,565.		0.	1,565.
140	TRAINING EQUIPMENT	11/22/02	SL	5.00	1	.6	2,896.				2,896.	2,896.		0.	2,896.
141	FITNESS EQUIPMENT	01/27/03	SL	5.00	1	.6	1,245.				1,245.	1,245.		0.	1,245.
142	ARC TRAINER	03/04/03	SL	5.00	1	.6	4,316.				4,316.	4,316.		0.	4,316.
143	FITNESS EQUIPMENT	03/25/03	SL	5.00	1	.6	2,889.				2,889.	2,889.		0.	2,889.
144	FITNESS EQUIPMENT	04/14/03	SL	5.00	1	.6	3,985.				3,985.	3,985.		0.	3,985.

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145	TREADMILL	04/14/03	SL	5.00	1	16	4,497.				4,497.	4,497.		0.	4,497.
146	PROCOR TRAINER	09/22/03	SL	5.00	1	16	4,045.				4,045.	4,045.		0.	4,045.
147	NEW FITNESS EQUIPMENT	09/29/03	SL	5.00	1	16	3,789.				3,789.	3,789.		0.	3,789.
148	FITNESS EQUIPMENT	10/08/03	SL	5.00	1	16	7,004.				7,004.	7,004.		0.	7,004.
149	CARDIO THEATER EXPANSION	10/30/03	SL	7.00	1	16	3,735.				3,735.	3,735.		0.	3,735.
150	FITNESS EQUIPMENT	11/10/03	SL	5.00	1	16	8,035.				8,035.	8,035.		0.	8,035.
151	PRECOR CLIMBER	12/10/03	SL	5.00	1	16	2,445.				2,445.	2,445.		0.	2,445.
152	POOL PUMP & HOTWATER	12/17/03	SL	5.00	1	16	4,630.				4,630.	4,630.		0.	4,630.
153	NITRO LEG EXT SUPER WT ST	07/21/04	SL	7.00	1	16	2,287.				2,287.	2,287.		0.	2,287.
154	GROUP CYCLE	07/31/04	SL	7.00	1	16	571.				571.	571.		0.	571.
155	NAUTILUS NITRO REAR DELT	08/31/04	SL	7.00	1	16	2,497.				2,497.	2,497.		0.	2,497.
156	SPORTS FLOORS GYM/COURT/MPR	09/22/04	SL	7.00	1	16	4,112.				4,112.	4,112.		0.	4,112.
157	WOOD/BRASS GROUP CYCLES	11/11/04	SL	7.00	1	16	989.				989.	989.		0.	989.
158	BOSU - FITNESS PROGRAM EQUIPMENT	06/15/05	SL	5.00	1	16	6,009.				6,009.	6,009.		0.	6,009.
159	EXERCISE EQUIPMENT	04/01/92	SL	5.00	1	16	2,375.				2,375.	2,375.		0.	2,375.
160	CYBEX BIKE	11/01/96	SL	5.00	1	16	2,630.				2,630.	2,630.		0.	2,630.
161	CLUBTRAC	03/21/97	SL	5.00	1	16	21,400.				21,400.	21,400.		0.	21,400.
162	FREQUENCY DRIVE - POOL PUMP	02/25/02	SL	7.00	1	16	3,394.				3,394.	3,394.		0.	3,394.

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163	5 TREADMILLS	11/14/03	SL	7.00	1	6 21,5	87.				21,587.	21,587.		0.	21,587.
164	CYCLE & FIF SPIN BIKES	07/30/04	SL	7.00	1	6 4,4	.00.				4,400.	4,400.		0.	4,400.
165	SPINNING	11/19/04	SL	7.00	1	6 1,9	79.				1,979.	1,979.		0.	1,979.
166	STORAGE FACILITY	03/01/92	SL	5.00	1	6 1,7	50.				1,750.	1,750.		0.	1,750.
167	POOL GAME	07/01/92	SL	5.00	1	6 5	43.				543.	543.		0.	543.
168	POOL ACCESS CHAIR	09/01/92	SL	5.00	1	6 6,4	.88.				6,488.	6,488.		0.	6,488.
169	TRANSMITTERS	02/21/97	SL	5.00	1	6 1,8	25.				1,825.	1,825.		0.	1,825.
170	GYM CURTAIN	04/11/97	SL	5.00	1	6 3,7	90.				3,790.	3,790.		0.	3,790.
171	IBM WHEELWRITER	07/01/87	SL	5.00	1	6 8	10.				810.	810.		0.	810.
172	COMPUTER EQUIPMENT	12/31/01	SL	5.00	1	6 1,0	30.				1,030.	1,030.		0.	1,030.
173	ELIPTICAL TRAINER	12/08/98	SL	5.00	1	6 3,8	30.				3,830.	3,830.		0.	3,830.
174	STEPMILL	03/12/97	SL	5.00	1	6 6,3	11.				6,311.	6,311.		0.	6,311.
175	GYMNASTIC SET	07/01/86	SL	5.00	1	6 2	03.				203.	203.		0.	203.
176	LANDING MAT	07/01/86	SL	5.00	1	6 5	02.				502.	502.		0.	502.
177	ROMAN CHAIR	07/01/86	SL	5.00	1	6 1	.50.				150.	150.		0.	150.
178	AQUA VAC	01/17/01	SL	5.00	1	6 2,0	00.				2,000.	2,000.		0.	2,000.
179	COMPUTER	10/23/01	SL	5.00	1	6 1,5	77.				1,577.	1,577.		0.	1,577.
180	SERVER & ACCESSORIES	12/05/01	SL	5.00	1	6 4,7	73.				4,773.	4,773.		0.	4,773.

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181	REUPHOLSTERING	08/15/02	SL	5.00	1	.6	1,500.				1,500.	1,500.		0.	1,500.
182	RELAMINATE FRONT COUNTER	10/01/02	SL	5.00	1	.6	2,840.				2,840.	2,840.		0.	2,840.
183	LOBBY DISPLAY	02/21/03	SL	5.00	1	.6	2,000.				2,000.	2,000.		0.	2,000.
184	2 BELTS / DECK REPLACEMENTS	11/30/03	SL	5.00	1	.6	800.				800.	800.		0.	800.
185	CYCLE & FITNESS	07/15/08	SL	5.00	1	.6	3,300.				3,300.	3,300.		0.	3,300.
186	NBS SOUND SYSTEM & SCREEN	08/15/08	SL	5.00	1	.6	3,562.				3,562.	3,562.		0.	3,562.
187	NAUTILUS MACHINE	07/30/08	SL	5.00	1	.6	78,847.				78,847.	78,847.		0.	78,847.
188	CYBEX	07/31/08	SL	5.00	1	.6	40,578.				40,578.	40,578.		0.	40,578.
189	MIDWEST GYM SUPPLY UNEVEN BARS	09/30/08	SL	5.00	1	.6	2,430.				2,430.	2,430.		0.	2,430.
190	SWEKLJ - MATS MACHINES	10/27/08	SL	5.00	1	.6	981.				981.	981.		0.	981.
191	TRINEXUM	06/18/08	SL	5.00	1	.6	8,032.				8,032.	8,032.		0.	8,032.
192	BUILDING REMODEL- CONSTRUCTION & DESIGN	09/30/08	SL	20.00	1	.6	86,324.				86,324.	52,871.		4,316.	57,187.
193	BUILDING REMODEL- PAINTING	09/30/08	SL	7.00	1	.6	17,604.				17,604.	17,604.		0.	17,604.
194	BUILDING REMODEL- CARPETING	09/30/08	SL	7.00	1	.6	6,346.				6,346.	6,346.		0.	6,346.
195	BUILDING REMODEL- FURNITURE	09/30/08	SL	.000	1	.6	46,228.				46,228.			0.	
196	MARKETING COMPUTER	06/16/08	SL	5.00	1	.6	1,099.				1,099.	1,099.		0.	1,099.
197	MAIL SERVER	10/30/08	SL	5.00	1	.6	2,857.				2,857.	2,857.		0.	2,857.
198	EXECUTIVE DIRECTOR COMPUTER	12/29/08	SL	5.00	1	.6	1,369.				1,369.	1,369.		0.	1,369.

	70 FAGE 10							220							
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199	LAND	01/01/04	L				29,491.				29,491.			0.	
200	PARKING LOT RESURFACE	06/19/09	SL	15.00	1	16	7,695.				7,695.	5,900.		513.	6,413.
201	NEW CARPETING - FRONT OFFICE	08/26/09	SL	7.00	1	16	6,507.				6,507.	6,507.		0.	6,507.
202	SPORT FLOORS	08/28/09	SL	7.00	1	16	5,503.				5,503.	5,503.		0.	5,503.
203	HVAC UNIT FOR MPR	09/10/09	SL	10.00	1	16	52,294.				52,294.	52,290.		0.	52,290.
204	WEIGHT SETS - US SPORTS	09/10/09	SL	5.00	1	16	9,288.				9,288.	9,288.		0.	9,288.
205	NEW ROOF - LOBBY	09/23/09	SL	39.00	MM 1	16	33,796.				33,796.	9,754.		867.	10,621.
206	LEG PRESS - NAUTILUS NITRO PLUS	09/23/09	SL	5.00	1	16	8,050.				8,050.	8,050.		0.	8,050.
207	BOILER	09/23/09	SL	10.00	1	16	5,064.				5,064.	5,061.		0.	5,061.
208	REPAINTING & DESIGN OF KID'S & MAIN GYM	09/23/09	SL	5.00	1	16	7,970.				7,970.	7,970.		0.	7,970.
209	NEW COUNTERTOP - MFS	09/29/09	SL	7.00	1	16	1,241.				1,241.	1,241.		0.	1,241.
210	COMPRESSOR - CARDIO STRENGTH ROOM	06/23/09	SL	5.00	1	16	2,044.				2,044.	2,044.		0.	2,044.
211	ROOFTOP COOLING UNIT - CONFERENCE ROOM	12/30/09	SL	10.00		16	4,950.				4,950.	4,950.		0.	4,950.
212	(2) HEAT EXCHANGERS	12/30/09	SL	10.00	1	16	7,085.				7,085.	7,085.		0.	7,085.
213	PARKING LOT ASPHALT	06/18/10	SL	10.00	1	16	9,025.				9,025.	9,025.		0.	9,025.
214	LG30-S STEAM GENERATOR	04/14/10	SL	7.00	1	16	7,150.				7,150.	7,150.		0.	7,150.
215	YOUTH GYM- ENERGY EFFICIENT LIGHTING	08/27/10	SL	5.00		16	7,037.				7,037.	7,037.		0.	7,037.
216	POOL TRENCH HANGERS	09/22/10	SL	10.00	1	16	12,010.				12,010.	12,010.		0.	12,010.

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217	RACQUETBALL COURTS- ROOF FEPLACEMENT	07/29/10	SL	39.00	MM1	21,206.				21,206.	5,667.		544.	6,211.
218	YOUTH SOCCER GOAL BSN	06/10/10	SL	7.00	1	1,193.				1,193.	1,193.		0.	1,193.
219	FITNESS EQUIPMENT	06/25/10	SL	5.00	1	6,614.				6,614.	6,614.		0.	6,614.
220	FITNESS EQUIPMENT	06/25/10	SL	5.00	1	3,097.				3,097.	3,097.		0.	3,097.
221	FITNESS WEIGHTS AND RACK	09/29/10	SL	5.00	1	3,962.				3,962.	3,962.		0.	3,962.
222	NAUTILUS CHEST PRESS MACHINE	12/22/10	SL	5.00	1	2,645.				2,645.	2,645.		0.	2,645.
223	RACQUETBALL COURT- HVAC UNIT	12/10/10	SL	7.00	1	3,700.				3,700.	3,700.		0.	3,700.
224	GENIE AUTOSCRUBBER	12/01/10	SL	7.00	1	1,943.				1,943.	1,943.		0.	1,943.
225	DRINKING FOUNTAIN- YOUTH GYM	03/17/10	SL	10.00	1	1,541.				1,541.	1,541.		0.	1,541.
226	RACQUETBALL COURT- HVAC UNIT	08/17/11	SL	7.00	1	15,500.				15,500.	15,500.		0.	15,500.
227	BASEBALL FIELD FENCING	04/20/11	SL	7.00	1	5,667.				5,667.	5,667.		0.	5,667.
228	ALARM SYSTEM	08/17/11	SL	5.00	1	3,225.				3,225.	3,225.		0.	3,225.
229	T4 RECUMBANT CROSS TRAINER	08/29/11	SL	5.00	1	3,572.				3,572.	3,572.		0.	3,572.
230	PRECOR ELIPTICAL FITNESS CROSSTRAINER	09/29/11	SL	5.00	1	5,648.				5,648.	5,648.		0.	5,648.
231	P/L SEATED CALF NEW FRAME	10/27/11	SL	5.00	1	1,463.				1,463.	1,463.		0.	1,463.
232	POOL LANE LINES	07/22/11	SL	5.00	1	2,988.				2,988.	2,988.		0.	2,988.
233	2000 FREIGHTLINER BUS	09/21/11	SL	5.00	1	16,343.				16,343.	16,343.		0.	16,343.
234	GYM LIGHT FIXTURE UPGRADE	09/21/11	SL	5.00	1	10,511.				10,511.	10,511.		0.	10,511.

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235	Y LOGO SIGNAGE	12/14/11	SL	5.00	1	16	4,160.	EXO			4,160.	4,160.	Елропос	0.	4,160.
236	POOL BOILER UNIT	09/13/12	SL	7.00	1	16	14,085.				14,085.	14,085.		0.	14,085.
237	POOL FLOW METER	10/31/12	SL	7.00	1	16	6,241.				6,241.	6,241.		0.	6,241.
238	POOL REACH LIFT	04/12/12	SL	7.00	1	16	5,400.				5,400.	5,400.		0.	5,400.
239	AQUATIC MICROPHONE	05/31/12	SL	5.00	1	16	1,114.				1,114.	1,114.		0.	1,114.
240	ERGOMEDIC BIKE	11/23/12	SL	5.00	1	16	2,639.				2,639.	2,639.		0.	2,639.
241	PRO POWER JUMP UNIT	12/31/12	SL	5.00	1	16	1,349.				1,349.	1,349.		0.	1,349.
242	WATER PIPING	09/16/13	SL	39.00	MM 1	16	4,279.				4,279.	797.		110.	907.
243	LOCHINVAR WATER BOILER	11/20/13	SL	39.00	MM 1	16	13,277.				13,277.	2,408.		340.	2,748.
244	SPEAKER SYSTEM, MPR EQUIPMENT	06/27/13	SL	7.00	1	16	5,600.				5,600.	5,600.		0.	5,600.
245	2 ELLIPTICALS, 1 ROWING MACHINE	05/31/13	SL	5.00	1	16	10,881.				10,881.	10,881.		0.	10,881.
246	EXERCISE MACHINES, LIFE FITNESS	08/29/13	SL	5.00		16	43,843.				43,843.	43,843.		0.	43,843.
247	LAND PURCHASE	06/30/13					124,291.				124,291.	,		0.	·
248	FURNITURE & EQUIPMENT UNDER \$1,000	06/30/13		5.00	1	16	6,815.				6,815.	4,089.		0.	4,089.
249	STEEL DOOR W/VENT	09/17/14		7.00		16	2,612.				2,612.	2,331.		281.	2,612.
250	2 HOT WATER STORAGE TANKS	08/29/14		5.00		16	6,460.				6,460.	6,460.		0.	6,460.
251	SECURITY CAMERA SYSTEM	12/31/14		5.00		16	6,634.				6,634.	6,634.		0.	6,634.
	BOUNCE HOUSE	12/31/12		5.00		16	1,299.				1,299.	1,299.		0.	1,299.

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
253	BUILDINGS	07/01/82	SL	40.00	16	1,571,745.				1,571,745.1	,532,226.		39,294.	L,571,520.
254	RACQUETBALL COURTS	07/01/84	SL	37.00	16	294,536.				294,536.	290,548.		3,980.	294,528.
255	BUILDING ADDITION	07/01/89	SL	37.00	16	504,566.				504,566.	429,564.		13,637.	443,201.
256	BUILDING ADDITIONS & REPAIRS	08/01/97	SL	40.00	16	1,075,930.				1,075,930.	627,268.		26,898.	654,166.
257	POOL CEILING REPAIR	11/08/99	SL	20.00	16	18,489.				18,489.	18,484.		0.	18,484.
258	BUILDING	10/29/04	SL	39.00	MM16	132,758.				132,758.	55,031.		3,404.	58,435.
259	OUTDOOR SIGNS & LOGO	09/06/00	SL	7.00	16	3,424.				3,424.	3,424.		0.	3,424.
260	SIGN FOR BUS	04/30/04	SL	7.00	16	700.				700.	700.		0.	700.
261	SHRUBS & TREES	10/01/81	SL	10.00	16	2,195.				2,195.	2,195.		0.	2,195.
262	PARKING LOT	07/01/90	SL	10.00	16	56,216.				56,216.	56,216.		0.	56,216.
263	PARKING LOT	09/07/00	SL	15.00	16	10,039.				10,039.	10,039.		0.	10,039.
264	PARKING LOT	11/28/01	SL	15.00	16	1,000.				1,000.	1,000.		0.	1,000.
265	PARKING LOT REPAIR	08/06/02	SL	15.00	16	9,843.				9,843.	9,568.		0.	9,568.
266	BETTERWAY ASPHALT	08/06/04	SL	15.00	16	9,478.				9,478.	9,478.		0.	9,478.
267	REWORK BACK PARKING LOT	11/15/05	SL	15.00	16	4,400.				4,400.	4,396.		0.	4,396.
268	(8) DELL COMP- UPDATE FOR WISELOGIC	11/15/05	SL	5.00	16	5,668.				5,668.	5,668.		0.	5,668.
269	LOCKERS	07/01/86	SL	10.00	16	1,800.				1,800.	1,800.		0.	1,800.
270	STARTING BLOCKS- POOL	07/01/87	SL	10.00	16	5,095.				5,095.	5,095.		0.	5,095.

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. C	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
271	OFFICE FURNITURE	07/01/88	SL	5.00	1	. 6	1,740.				1,740.	1,740.		0.	1,740.
272	DOUBLEDAY BROS	07/01/89	SL	5.00	1	.6	4,601.				4,601.	4,601.		0.	4,601.
273	POOL EQUIP	07/01/89	SL	5.00	1	.6	3,292.				3,292.	3,292.		0.	3,292.
274	DOUBLEDAY WORKSTATION	04/01/93	SL	10.00	1	.6	7,287.				7,287.	7,287.		0.	7,287.
275	POOL BLEACHERS	07/01/94	SL	5.00	1	.6	1,350.				1,350.	1,350.		0.	1,350.
276	OFFICE EQUIPMENT	04/16/97	SL	5.00	1	.6	2,707.				2,707.	2,707.		0.	2,707.
277	CARDIO CABINETS	04/23/97	SL	5.00	1	.6	1,035.				1,035.	1,035.		0.	1,035.
278	SPEAKERS	05/21/97	SL	5.00	1	.6	1,807.				1,807.	1,807.		0.	1,807.
279	ALARM SYSTEM	08/01/97	SL	5.00	1	. 6	1,055.				1,055.	1,055.		0.	1,055.
280	STOOLS	09/11/97	SL	5.00	1	.6	1,127.				1,127.	1,127.		0.	1,127.
281	MIRRORS	09/25/97	SL	5.00	1	.6	2,900.				2,900.	2,900.		0.	2,900.
282	POOL HEATER	12/15/97	SL	5.00	1	.6	4,935.				4,935.	4,935.		0.	4,935.
283	BOILER PUMP	03/18/98	SL	5.00	1	. 6	1,800.				1,800.	1,800.		0.	1,800.
284	SCRUBBER/POLISHER	05/18/98	SL	5.00	1	.6	1,180.				1,180.	1,180.		0.	1,180.
285	EMERGENCY/EXIT LIGHTING	06/22/98	SL	5.00	1	.6	1,392.				1,392.	1,392.		0.	1,392.
286	HOT WATER SYSTEM & PLUMBING	12/04/03	SL	5.00	1	.6	3,283.				3,283.	3,283.		0.	3,283.
287	PAINT LOCKERROOM	09/15/99	SL	10.00	1	.6	3,040.				3,040.	3,040.		0.	3,040.
288	ROWING MACHINE	08/01/93	SL	5.00	1	.6	925.				925.	925.		0.	925.

	70 TAGE 10							J J U							
Asset No.	Description	Date Acquired	Method	Life	C o n v	ine Unad lo. Cost C	justed Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
289	ROWER	02/14/97	SL	5.00	1	6 1	,399.				1,399.	1,399.		0.	1,399.
290	TREADMILLS (9)	09/12/03	SL	5.00	1	6 36	,421.				36,421.	36,421.		0.	36,421.
291	BUFFER	07/01/87	SL	5.00	1	6	805.				805.	805.		0.	805.
292	3 NAUTILUS CYCLES	11/18/09	SL	5.00	1	6 2	,250.				2,250.	2,250.		0.	2,250.
293	POOL VACUUM	08/21/14	SL	5.00	1	6 2	,000.				2,000.	2,000.		0.	2,000.
294	ALARM SYSTEM	11/01/15	SL	5.00	1	6 13	,575.				13,575.	13,575.		0.	13,575.
295	TELEPHONE SYSTEM	11/01/15	SL	5.00	1	6 38	,392.				38,392.	38,392.		0.	38,392.
296	LED TV AND STAND	11/01/15	SL	5.00	1	6 7	,669.				7,669.	7,669.		0.	7,669.
297	BAR CODE SYSTEM	11/01/15	SL	5.00	1	6 1	,274.				1,274.	1,019.		0.	1,019.
298	OUTDOOR SIGN	11/01/15	SL	10.00	1	6 23	,793.				23,793.	9,913.		2,379.	12,292.
299	OFFICE FURNISHING FROM EXPANSION	11/01/15	SL	5.00	1	6 60	,155.				60,155.	48,124.		0.	48,124.
300	BUILDING EXPANSION AND RENOVATION	11/01/15	SL	40.00	1	63,718	,065.				3,718,065.	387,300.		92,952.	480,252.
301	WATER BOILER	06/11/15	SL	5.00	1	6 7	,459.				7,459.	5,968.		0.	5,968.
302	EXERCISE ROOM IMPROVEMENTS	08/29/16	SL	10.00	1	6 23	,572.				23,572.	7,857.		2,357.	10,214.
303	WATER COOLER	09/01/16	SL	5.00	1	6 1	,311.				1,311.	873.		175.	1,048.
304	CHAIN LINK FENCE	09/13/16	SL	10.00	1	6 6	,495.				6,495.	2,167.		650.	2,817.
	* TOTAL 990 PAGE 10 DEPR					9,536	,611.				9,536,611.5	,150,076.		195,426.	5,345,502.