Form	990

Department of the Treasury Internal Revenue Service

** 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.

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



AF	or th	e 2022 calendar year, or tax year beginning and	ending									
B c a	heck if pplicab	e: C Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF		D Employer identific	ation number							
	Addre											
	Name chang		38-135823	36								
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number									
	Final Feturn	905 NORTH FRONT STREET		269-683-2								
	termir ated	, , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	10,939,771.								
	Amen	H(a) is this a group return										
	Applie tion pendi	F Name and address of principal officer: MARK WEBER		for subordinates	? Yes X No							
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No							
<u> </u> T	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 527	• •	list. See instructions							
	Vebsi			H(c) Group exemption								
		organization: X Corporation Trust Association Other	L Year	of formation: 1950 N	State of legal domicile: MI							
Ра	rt I	Summary										
e	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O.								
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not ass	ete							
/eri	3				17							
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17							
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			642							
Activities &	6	Total number of volunteers (estimate if necessary)			1024							
₹i		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
Ă		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)		2,575,521.	1,613,196.							
nu	9	Program service revenue (Part VIII, line 2g)		5,418,979.	7,651,327.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		124,659.	-246,078.							
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,407,314.	907,926.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,526,473.	9,926,371.							
	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.							
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,837,394.	6,414,664.							
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 242,99										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,185,455.	3,869,380.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,022,849.	10,284,044.							
	19	Revenue less expenses. Subtract line 18 from line 12		1,503,624.	-357,673.							
s or nces			Be	ginning of Current Year	End of Year							
Assets Balanc		Total assets (Part X, line 16)		21,843,719.	22,114,569.							
et A: nd B	21	Total liabilities (Part X, line 26)		5,571,250.	6,444,959.							
Ĕ,Ĕ	22	Net assets or fund balances. Subtract line 21 from line 20		16,272,469.	15,669,610.							
Ра	irt II	Signature Block										

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

Sign	Signature of officer	Date
	MARK WEBER, CEO	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check DTIN
Paid	MICHAEL LAYHER MICHAEL LA	YHER 04/28/23 self-employed P00736155
Preparer	Firm's name KRUGGEL, LAWTON & COMPANY,	LLC Firm's EIN 35-1307701
Use Only	Firm's address 526 UPTON DRIVE	
	ST. JOSEPH, MI 49085	Phone no. 269 - 983 - 0131
May the II	RS discuss this return with the preparer shown above? See instructions	s X Yes No
232001 12-1	3-22 I HA For Paperwork Reduction Act Notice, see the separate	e instructions. Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.	38-1358236	Page 2
	rt III Statement of Program Service Accomplishments		Tage -
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: <u>SEE</u> 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?		XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es? Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a revenue, if any, for each program service reported. (Code:) (Expenses \$ 8,156,038. including grants of \$) (Revenue \$ 8,018,	
та	THE YMCA OF GREATER MICHIANA HAS BEEN RESPONDING TO OU MOST CRITICAL SOCIAL NEEDS FOR OVER 70 YEARS. WE USE	JR COMMUNITY'S	<u>, , , , , , , , , , , , , , , , , , , </u>
	RESPONSIBILITY AS OUR INSTITUTIONAL COMPASS BY UNDERST		
	EVALUATING OUR PROGRAMS AND ENSURING THAT THE YMCA OFF		
	COMBINATION OF PROGRAMS AND SERVICES THAT REFLECT OUR		
		ERING CRITICAL	
	AND IMPACTFUL PROGRAMS AND THE FINANCIAL ASSISTANCE AN		
	ALLOW ACCESS TO CHILDREN AND FAMILIES IN THE COMMUNITY		J.
	WITH OTHER AGENCIES AND COMMUNITY ORGANIZATIONS IS KEY	-	
		TO ACHIEVING C	JUR
	GOALS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	١	
40			
4e	Total program service expenses 8,156,038.		~~

GREATER MICHIANA, INC.

Form 990 (2022) GREATER MICH
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	⊢' −		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- ⁰		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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	<u> </u>		<u> </u>
10		10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		y
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>_</u>		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

GREATER MICHIANA, INC.

Ра	Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	Х			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
c	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		└──		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
28	5 1 , , ,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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)?	<u>35a</u>		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v			
Pa	Note: All Form 990 filers are required to complete Schedule O Int V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>		
1.0						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	Yes	No		
		2				
C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4				

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

Form 990 (2022)

1c

Form	<u>990 (2022)</u> GREATER MICHIANA, INC. 38–1358	236	P	_{age} 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 642						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	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 7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8							
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand						
		14a		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16		16		x			
10	Is the organization an educational institution subject to the section 4968 excise tax on het investment income?						
17							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	17					

GREATER MICHIANA, INC. 38-1358236 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 17			
	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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	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	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Other officers or key employees of the organization	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		X
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			
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)	availal	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	l 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, MI 49120			

Form 990 (2022)

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	YOUNG MENS CHRISTIAN	ASSOCIATION	OF
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Form 990 (2022) GREATER MICHIANA, INC. 38-3 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ו than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1039-1120)	and related
	below	dual t	nstitutional trustee	L_	m ploy	st col	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) MOWITT S. DREW III	5.00									
PRESIDENT		х		Х				0.	Ο.	0.
(2) REGAN JONES	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) JIM REITS	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) TOM DORAN	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) BOB KENAGY	5.00									
DIRECTOR		Х		Х				0.	0.	0.
(6) JANE BRANDSTATTER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MATT CONKLIN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) BRIAN FRENCH	2.00									
DIRECTOR		Х						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		Х						0.	0.	0.
(13) BILL CERNEY	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ANDRE GAMMAGE	2.00									
DIRECTOR		Х						0.	0.	0.
(15) PHIL IAPALUCCI	2.00									
DIRECTOR		Х						0.	0.	0.
(16) BRIAN KUBICKI	2.00									
DIRECTOR		Х						0.	0.	0.
(17) DR. KAREN WHITE-GOYZUETA	2.00								•	<u>^</u>
DIRECTOR		Х						0.	0.	0 .

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	Hig	hest C	ompensated Employe	es (continued)	
	(A)	(B)		(C) Position				(D)	(E)	(F)
	Name and title	Average		not cł	heck r	nore th	nan one	Reportable	Reportable	Estimated
		hours per week					both an (trustee)	compensation	compensation	amount of
		(list any	tor					_ from the	from related organizations	other compensation
		hours for	direct			-	0	organization	(W-2/1099-MISC/	from the
		related	tee or	istee			ensate	(W-2/1099-MISC/	1099-NEC)	organization
		organizations	l trus	nal tri		oyee	d mos	1099-NEC)		and related
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest com pensated employee Former			organizations
		line)	Ind	lns	Offi	Key	em For			
	MARK WEBER	50.00			v				0	22 650
$\frac{CEO}{(10)}$	DENISE PETERS	50.00			Χ			226,590.	0.	22,659.
(19) COO	DENISE PEIERS	50.00			х			150,504.	0.	15,050.
	JILL HABOUSH	50.00			~			150,504.	0.	13,030.
CDO		50.00			х			124,659.	0.	12,066.
					Λ			124,059.	0.	12,000.
	Subtotal							501,753.	0.	49,775.
	Total from continuation sheets to Part VI							0.	0.	0.
	Total (add lines 1b and 1c)							501,753.	0.	49,775.
2	Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove)	who r	eceived more than \$100	,000 of reportable	2
	compensation from the organization									Yes No
2	Did the organization list any former officer,	director tructo			mal		or bi	sheet componented one		
3	o ,	,					· ·		,	3 X
4	line 1a? If "Yes," complete Schedule J for s 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					-		-		5 X
Sec	tion B. Independent Contractors		0 //	00		10100	<u></u>			·
1	Complete this table for your five highest co	mpensated ind	eper	nder	nt co	ontrac	ctors t	hat received more than	\$100,000 of compensa	tion from
	the organization. Report compensation for	the calendar ye	ar e	ndin	ıg wi	ith or	withir	the organization's tax	/ear.	
	(A)							(B)		(C)
	Name and business	address	NC	ONE	2			Description of	services (Compensation
2	Total number of independent contractors (ii	ncluding but po	nt lin	nited	t o t	hose	listed	L above) who received m	ore than	
-	\$100,000 of compensation from the organiz	•	1			0				

		(2022) GREATER MICHIA	ANA, INC.	C. 38-1358236				
Pa	rt VII	Statement of Revenue						
		Check if Schedule O contains a response of	or note to any line	e in this Part VIII				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
ς, ω	1 a	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b						
ي ق	с	Fundraising events 1c						
ar A	d	Related organizations 1d						
s, Dila	е	Government grants (contributions) 1e						
rsio	f	All other contributions, gifts, grants, and						
but		similar amounts not included above 1f	1,613,196.					
d DT.	g	Noncash contributions included in lines 1a-1f						
ы С	h	Total. Add lines 1a-1f		1,613,196.				
			Business Code					
<u>ce</u>	2 a	PROGRAM FEES	713940	4,896,398.	4,896,398.			
le vi	b	MEMBERSHIP DUES	713990	2,754,929.	2,754,929.			
n S.	С							
grar Rev	d							
Program Service Revenue	e							
		All other program service revenue		7,651,327.				
	<u> </u>	Total. Add lines 2a-2f		7,001,027.				
	5			10,638.			10,638.	
	4	other similar amounts) Income from investment of tax-exempt bond pr						
	5	Royalties	r i i i i i i i i i i i i i i i i i i i					
		(i) Real	(ii) Personal					
	6 a	Gross rents						
		Less: rental expenses 6b 0.						
	с	Rental income or (loss) 6c 200, 478.						
	d	Net rental income or (loss)		200,478.	200,478.			
	7 a	Gross amount from sales of (i) Securities	(ii) Other					
		assets other than inventory 7a	575,000.					
	b	Less: cost or other basis						
venue		and sales expenses	831,716.					
a		Gain or (loss) 7c	-256,716.	256 816	256 716			
ě		Net gain or (loss)		-256,716.	-256,716.			
Other R	8 a	Gross income from fundraising events (not						
0		including \$ of contributions reported on line 1c). See						
		Part IV, line 18	350,496.					
	h	Less: direct expenses 8b	66,709.					
		Net income or (loss) from fundraising events	,	283,787.			283,787.	
		Gross income from gaming activities. See						
		Part IV, line 19 9a						
	b	Less: direct expenses 9b						
	с	Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns						
		and allowances 10a	257,027.					
	b	Less: cost of goods sold10b	114,975.					
	с	Net income or (loss) from sales of inventory		142,052.	142,052.			
s			Business Code					
eou	11 a	MISCELLANEOUS	812900	281,609.	281,609.			
llan	b							
Miscellaneous Revenue	C L							
Ϊ	d	All other revenue		281,609.				
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		9,926,371.		0.	294,425.	

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

	rt IX Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	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,				
	trustees, and key employees	501,753.		501,753.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,025,309.	4,563,553.	372,864.	88,892
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	489,039.	391,231.	97,319.	489
10	Payroll taxes	398,563.	329,083.	63,070.	6,410
11	Fees for services (nonemployees):				
а	Management	985.	110. 4,559.	875.	
b	Legal	40,885.	4,559.	36,285.	41 35
С	Accounting	34,791.	3,880.	30,876.	35
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	• • • • • • • • • • • • • • • • • • • •				
g			10 - 11		
	column (A), amount, list line 11g expenses on Sch 0.)	121,160.	13,511.	107,527.	122
12	Advertising and promotion	138,386.	004 000	101 104	138,386
13	Office expenses	1,017,011.	884,800.	131,194.	1,017
14	Information technology	141,358.	122,981.	16,963.	1,414
15	Royalties	400 000	200 200		0 140
16	Occupancy	428,020.	372,377.	53,503.	2,140
17	Travel	76,964.	66,959.	6,157.	3,848
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 000	7 01 F	1 1 C O	
19	Conferences, conventions, and meetings	8,983.	7,815.	1,168.	
20	Interest	158,366.		158,366.	
21	Payments to affiliates	1 047 250	011 001	126 157	
22	Depreciation, depletion, and amortization	1,047,358.	911,201.	<u>136,157.</u> 25,632.	199
23		198,695.	172,864.	23,032.	195
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		168,882.	146,927.	21,955.	
b	DUDA	142,324.	142,324.	,,,,,,,	
c		141,470.	18,607.	122,863.	
d		3,742.	3,256.	486.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,284,044.	8,156,038.	1,885,013.	242,993
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)				

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	YOUNG MENS	CHRISTIAN	ASSOCIATION	OF
Form 990 (2022)	GREATER MIC	CHIANA, INC		
Part X Balance Sheet				

		Check if Schedule O contains a response or no	te to an	v 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		567,057.	2	1,412,697.	
	3	Pledges and grants receivable, net		323,250.	3	257,836.	
	4				996,363.	4	165,877.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		ſ		7	
Assets	8	Inventories for sale or use		l l l l l l l l l l l l l l l l l l l	24,467.	8	24,467.
As	9				20,438.	9	28,993.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,740,219.			
	b	Less: accumulated depreciation		19,110,310.	18,550,051.	10c	17,629,909.
	11	Investments - publicly traded securities	5,531.	11	1,504,771.		
	12	Investments - other securities. See Part IV, line	•	12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,356,562.	15	1,090,019.	
	16	Total assets. Add lines 1 through 15 (must equ			21,843,719.	16	22,114,569.
	17	Accounts payable and accrued expenses	44,073.	17	34,929.		
	18	Grants payable	•	18			
	19	Deferred revenue	281,446.	19	1,253,837.		
	20				•	20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel			4,975,953.	23	4,831,397.
	24	Unsecured notes and loans payable to unrelate		ſ		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D	,		269,778.	25	324,796.
	26	Total liabilities. Add lines 17 through 25			5,571,250.	26	6,444,959.
		Organizations that follow FASB ASC 958, ch	eck her	e X			, ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	13,088,330.	27	12,287,314.		
Bala	28		3,184,139.	28	3,382,296.		
ЪС		Organizations that do not follow FASB ASC 958, check here					
Fur		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in		ſ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	16,272,469.	32	15,669,610.
Ż	33	Total liabilities and net assets/fund balances			21,843,719.	33	22,114,569.
	00	I OTAL HADINITES AND HEL ASSELS/10110 DAIDINES				50	

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	1990 (2022) GREATER MICHIANA, INC.	<u> 38</u> -	1328	236	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	,926	5,3	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,284	1,0	44.
3	Revenue less expenses. Subtract line 2 from line 1	3		-357		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	,272	2,4	69.
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		-245	5,1	86.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	15	,669	9,6	10.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		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	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A (Form 990)		90)	Co	OMB No. 1545-0047						
		t the Treasury nue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Nan	ne of t	the organization	on YOUN GREA	EATER MICHIANA, INC. 38						identification number $8-1358236$
Pa	rt I	Reason	or Public (Charity Status.	(All organizations must c	omplete tr	nis part.) S	ee instruction	IS.	
The	organ	ization is not a	private found	lation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school dese	ribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state								
5					llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
_		-		Complete Part II.)		_				
6			-	-	nental unit described in					
7		-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
~		-		omplete Part II.)						
8		-			(1)(A)(vi). (Complete Parl					
9		-			in section 170(b)(1)(A)(i		-		-	
		-	or a non-ianu-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10	X	university:	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne membereb	in fees and	d aross receipts from
10					t to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)	(1000 00011011 011 102.9 110		eee aequi		,aa	
11	\square				vely to test for public sat	etv. See	section 50)9(a)(4).		
12		-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
		-	-	-	d in section 509(a)(1) o				•	
				-	f supporting organizatior					
а		Type I. A su	ipporting orga	anization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		_ Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		- ··	•	.,.,). You must complete F					
d		••	-	• • •	oorting organization oper				•	.,
				•	ation generally must sat	•		•	l an attentiv	/eness
	_	7			nplete Part IV, Sections					
е			•		written determination from			Type I, Type	II, Type III	
	Ento				nally integrated supportir					
		er the number of the following		n about the supporte	d organization(a)					
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
						<u> </u>				
T - *										
Tota	41									1

YOUNG MENS CHRISTIAN ASSOCIATION OF Schedule A (Form 990) 2022 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) Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		-		-	_	_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			-	<u>.</u>	-	-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported c	organization		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl		-		•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instruction	s

Schedule A (Form 990) 2022

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Schedule A (Form 990) 2022

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

38-1358236 Page 3

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 588,285 1153810. 2554511. 1980141. 1613193. 7889940. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4765306. 3444937. 6492229. 7651327.26874827. organization's tax-exempt purpose 4521028. 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 5919116. 5999448. 8472370. 9264520.34764767. 5109313. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 4,460. 17,468. 13,008. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 13,008. 4,460. 17 468 34747299 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (e) 2022 (b) 2019 (c) 2020 (d) 2021 (f) Total 9 Amounts from line 6 5109313. 5919116. 5999448. 8472370 9264520.34764767. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 19,980. 10,638. 30,618. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 19,980. 10,638. 30,618. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 5109313. 5919116. 6019428. 8472370. 9275158.34795385. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.86 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 99.79 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .09 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % .07 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

1

Yes

No

Schedule A (Form 990) 2022 GREA

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

GREATER MICHIANA, INC. Schedule A (Form 990) 2022 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 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations plaved in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а 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 Yes No 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 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA. INC.

	dule A (Form 990) 2022 GREATER MICHIANA, INC.			38-1358236 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

YOUNG MENS CHRISTIAN ASSOCIATION OF CREATER MICHIANA INC

_	dule A (Form 990) 2022 GREATER MICHI			3	8-1358236 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ied)	I
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	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	YOUNG M GREATER			AN ASSOCIATION C)F 38-1358236 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	de the expla c, 5a, 6, 9a, art IV, Sectio	anations re , 9b, 9c, 1 on E, lines	equired by Part II, line 10; Part I 1a, 11b, and 11c; Part IV, Secti	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Schedule A

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

38-1358236

2022

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
DISQUALIFIED PERSONS	13,008.	4,460.	0.	0.	0
otal to Schedule A,					

223172 04-01-22

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

OMB No. 1545-0047

Employer identification number

38-1358236

GREATER MICHIANA, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

YOUNG MENS CHRISTIAN ASSOCIATION OF

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

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

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

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

General Rule

Form 990-PF

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

Schedule B	Form 990) (2	2022)
------------	----------	------	-------

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

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

Employer identification number

38-1358236

(b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 89,448. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 414,364. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 411,008. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 179,535. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

(a)

Part I

(Complete Part II for noncash contributions.)

Person Payroll Noncash

\$

<u>7</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · ·		

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

(b)

Name, address, and ZIP + 4

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

Employer identification number

(d)

Type of contribution

38-1358236

(c)

Total contributions

Schedule B (Form 990) (2022)

Part I

(a)

No.

223452 11-15-22

Page 2

		Employer identification number			
	MENS CHRISTIAN ASSOCIATION OF ER MICHIANA, INC.		38-1358236		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.			
		\$			
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Schedule B (Form 990) (2022)

Page 3

Schedule I	B (Form 990) (2022)			Page 4						
	rganization			Employer identification number						
	MENS CHRISTIAN ASSOCIAT	TION OF								
GREAT	ER MICHIANA, INC.			38-1358236						
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	rv. For organizations							
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info.	once.) \$						
(a) Na	Use duplicate copies of Part III if additional s	pace is needed.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Part I			,							
		(e) Transfer of gif	+ I							
		(0) Handler er gil	•							
	Transferee's name, address, ar	nd ZI P + 4	Relationship of tra	ansferor to transferee						
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(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doo	cription of how gift is held						
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 violations, and enforcement of the conservation easements it holds? Ves No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: i) Revenue included on Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 Part Part III assets for							
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 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part XIII, line 1 (iiii) Assets included on Form 990, Part XIII, line	6	,					
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	U		nouis devoted to monitoring, inspecting,		on case	mento	during the year
and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included	7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	asemen	ts duri	ng the year
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$		(ii) Assets include	d in Form 990, Part X				
a Revenue included on Form 990, Part VIII, line 1 \$	2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain,	provide	e	
b Assets included in Form 990, Part X \$		-		-			
						\$	
						⊅ Schor	dule D (Form 000) 2022

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		ENS CHRIST		ATION C	F				
		MICHIANA,			<u></u>				Page 2
Pai	t III Organizations Maintaining C							continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sig	gnificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d		hange progra					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explair	n how they further th	ne organizatio	n's exem	npt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o			-			_	-	
De	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•					7.4	
	on Form 990, Part X?						∟	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A	
								Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fe					ty?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i						<u> </u>		<u> </u>
			., ,	(c) Two year					years back
	Beginning of year balance	1,328,047.	1,290,840.	538	3,720.	4	60,864.		484,905.
b	Contributions								
С	Net investment earnings, gains, and losses	-245,186.	37,207.	752	2,120.		92,027.		-9,988.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses					:	14,171.		14,053.
g	End of year balance	1,082,861.	1,328,047.	1,290	0,840.	5	38,720.		460,864.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administer	ed for the	е		_	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	t or other	(c) Ad	ccumulate	d	(d) Book	value
		basis (investn	nent) basis	(other)	dep	preciation			
1a	Land		1,38	2,473.				1,382	,473.
	Buildings			8,389.	16,9	967,33			,050.
	Leasehold improvements			7,747.		102,85			,890.
	Equipment			2,188.		40,11			,074.
	Other			9,422.	•				,422.
	. Add lines 1a through 1e. <i>(Column (d) must e</i>						1		,909.

Schedule D (Form 990) 2022

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes ACCRUED PAYROLL AND PAYROLL TAXES 324,796 (2)(3) (4) (5) (6) (7) (8) (9) 324,796. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

	YOUNG MENS CHRISTIAN AS	SOCIATION	-		
	dule D (Form 990) 2022 GREATER MICHIANA, INC.				1358236 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,681,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-245,186.		
е	Add lines 2a through 2d			2e	-245,186.
3	Subtract line 2e from line 1			3	9,926,371.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2.)		5	9,926,371.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	10,284,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	10,284,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	18.)		5	10,284,044.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE
CODE SECTION 501(C)(3), AND IS NOT CONSIDERED A PRIVATE FOUNDATION. THE
ASSOCIATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. AS OF THE
CURRENT YEAR, AND THE YEAR THEN ENDED, THERE ARE NO MATERIAL
UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST. THE
ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS
BY TAX AUTHORITIES FOR THREE YEARS FROM THE CURRENT CALENDAR YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS AT COMMUNITY

FOUNDATION

		YOUNG MENS CHRIST	FIAN ASSOCIATION OF	
Schedule D ((Form 990) 2022 Supplemental Inform	GREATER MICHIANA	, INC.	38-1358236 Page 5
i ur c / lii				

SCHEDULE G	Suppleme	ntal Information Regar	ding Fu	ndr	aisi	ng or Gaming A	ctivities	C	DMB No. 1545-0047
(Form 990)	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.								2022
Department of the Treasury		Attach to Form	n 990 or F	orm	990-	·EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for i							Inspection
Name of the organization		ENS CHRISTIAN A	SSOCI	АТ	IOI	I OF	-	-	entification number
		MICHIANA, INC.						1358	
	complete this part	Complete if the organization t.	answered	l "Ye	s" or	n Form 990, Part IV, I	ine 17. Forr	n 990-EZ	filers are not
1 Indicate whether th	e organization rais	ed funds through any of the fo	ollowing a	ctivit	ies. (Check all that apply.			
a 🔄 Mail solicita	tions	e 🔄 S	Solicitation	of n	ion-g	overnment grants			
	email solicitations					nment grants			
c Phone solici		g [] S	special fur	Idrais	sing e	events			
d in-person so						.			
•		r oral agreement with any indi	•		Ŭ		tees, or		
	-	art VII) or entity in connection v viduals or entities (fundraisers)	•			e e	a fundraiad	Yes	
compensated at le	•	· · · · · ·	pursuam	io aį	greer				3
				() -			(v) Amou	nt naid	
(i) Name and addres	s of individual	(ii) Activity	f	(iii) C undrai	Jid iser	(iv) Gross receipts	tò (or retai	ned by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)			have custody or control of contributions?		from activity	fundraiser listed in col. (i)		organization
							iisted iir		
			Ŷ	es	No				
				_					
				_					
Total									
	ich the organizatio	n is registered or licensed to s	solicit con	tribut	tione	or has been notified	it is evenn	t from re	aistration
or licensing.	ion the organizatio			andu	0013	or has been noulled	it is evenip		gioration

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

Schedule G (Form 990) 2022

			MENS CHRISTIA			1 2 5 0 2 2 6
_			R MICHIANA, I			1358236 Page 2
Pa	art I					
	<u> </u>	of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			THANKSGIVING		ე	(add col. (a) through
				YMCA	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue			118,127.	58,591.	173,778.	350,496.
Re	1	Gross receipts	110,12/.	J0, J91.	I/J,//0.	550,490.
		Lass Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	118,127.	58,591.	173,778.	350,496.
	3		110,127.	50,551.	115,110.	550,490.
	4	Cash prizes				
	-					
	5	Noncash prizes				
ŝ						
snse	6	Rent/facility costs				
Direct Expenses						
ш t	7	Food and beverages				
Dire		····				
		Entertainment				
	9	Other direct expenses		17,627.	5,778.	66,709.
	10	Direct expense summary. Add lines 4 throug	-	· · · ·		66,709.
	11	Net income summary. Subtract line 10 from				283,787.
Pa	art I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
d)			(a) Dingo	(b) Pull tabs/instant		(d) Total gaming (add
ň					(c) Other damind	
ត			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revel			(a) Bingo	bingo/progressive bingo	(c) Other gaming	
Revenue	1	Gross revenue		bingo/progressive bingo	(c) Other gaming	
Reve	1			bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue		bingo/progressive bingo	(c) Other gaming	
	2	Cash prizes		bingo/progressive bingo	(c) Other gaming	
xpenses	1 2 3			bingo/progressive bingo	(c) Other gaming	
xbenses	1 2 3	Cash prizes		bingo/progressive bingo	(c) Other gaming	
xpenses	1 2 3	Cash prizes		bingo/progressive bingo	(c) Other gaming	
	1 2 3 4	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	(c) Other gaming	
xbenses	1 2 3 4	Cash prizes				
xbenses	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	Yes%	%	
xpenses	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs				
xbenses	1 2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	□ Yes% □ No	☐ Yes%	
xbenses	1 2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes%	☐ Yes%	
xpenses	1 2 3 4 5 6 7	Cash prizes		% % No	☐ Yes %	
xpenses	1 2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		% % No	☐ Yes %	
Direct Expenses	1 2 3 4 5 6 7 8	Cash prizes	Yes% No No 7 from line 1, column (d)	Yes%	☐ Yes%	
6 Direct Expenses	1 2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No 1 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	Yes%	%	col. (a) through col. (c))
b 6 Direct Expenses	1 2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these s	Yes% No states?	%	col. (a) through col. (c))
b 6 Direct Expenses	1 2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these s	Yes% No states?	%	col. (a) through col. (c))
b 6 Direct Expenses	1 2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these s	Yes% No states?	%	col. (a) through col. (c))
g a 6 Direct Expenses	1 2 3 4 5 6 7 8 Ent 1 st 0 lf "	Cash prizes	h 5 in column (d) 7 from line 1, column (d)	Yes % No	Yes%	Col. (a) through col. (c))
e 01 Direct Expenses	1 2 3 4 5 6 7 8 Ent 1 Is t 9 If "	Cash prizes	Yes% No 1 S in column (d) 7 from line 1, column (d) ucts gaming activities: ucts in each of these s uctivities in each of these s uctivities in each of these s	Yes% No	Yes%	Col. (a) through col. (c))
e 01 Direct Expenses	1 2 3 4 5 6 7 8 Ent 1 Is t 9 If "	Cash prizes	Yes% No 1 S in column (d) 7 from line 1, column (d) ucts gaming activities: ucts in each of these s uctivities in each of these s uctivities in each of these s	Yes% No	Yes%	Col. (a) through col. (c))
e 01 Direct Expenses	1 2 3 4 5 6 7 8 Ent 1 Is t 9 If "	Cash prizes	Yes% No 1 S in column (d) 7 from line 1, column (d) ucts gaming activities: ucts in each of these s uctivities in each of these s uctivities in each of these s	Yes% No	Yes%	Col. (a) through col. (c))

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	YOUNG MENS CHRISTIAN ASSOCIATION OF		_
		<u>135823</u>	6 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
I	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. L Yes	No No
I	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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

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

SCHEDULE J	Compensation Information	OMB No. 15	45-0047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	201))
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	202	
Department of the Treasury	Attach to Form 990.	Open to	
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspec	
Name of the organizatio			
		358236	
Part I Question	s Regarding Compensation		
		,,	Yes No
1a Check the appropr	iate 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 o	charter travel Housing allowance or residence for personal use		
Travel for com			
Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fees		
Discretionary	spending account Personal services (such as maid, chauffeur, chef)		
•	on line 1a are checked, did the organization follow a written policy regarding payment or		
	provision of all of the expenses described above? If "No," complete Part III to explain	1 b	
•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
-			
	ny, of the following the organization used to establish the compensation of the organization's		
	ector. Check all that apply. Do not check any boxes for methods used by a related organization to		
· · ·	ation of the CEO/Executive Director, but explain in Part III.		
X Compensation			
	compensation consultant Compensation survey or study		
Form 990 of c	ther organizations X Approval by the board or compensation committee		
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
organization or a re			37
	ce payment or change-of-control payment?		
	ceive payment from a supplemental nonqualified retirement plan?		X
	ceive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only costion E01/	(2) = 0.1(a)(4) and = 0.1(a)(20) argumentations must complete lines = 0.		
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the r		5-	x
a The organization?	ration?		
	ration?	. 5 b	
	or 5b, describe in Part III.		
For persons listed contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
•		60	x
Any related arganiz-	ration?	. <u>6a</u> 6b	
	ration? or 6b, describe in Part III.	. 00	
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
	nes 5 and 6? If "Yes," describe in Part III	7	x
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
•		•	x
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
	lid the organization also follow the rebuttable presumption procedure described in		
Regulations section	n 53.4958-6(c)?	. 9	

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER MICHIANA, INC.

Schedule J (Form 990) 2022

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.

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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			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	226,590.	0.	0.	22,659.	0.	249,249.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DENISE PETERS	(i)	150,504.	0.	0.	15,050.	0.	165,554.	0.
coo	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JILL HABOUSH	(i)	124,659.	0.	0.	12,066.	0.	136,725.	0.
СДО	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)							

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Schedule J (Form 990) 2022

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:

THE EXECUTIVE COMMITTEE REVIEWS AND DETERMINE THE CEO SALARY, AND AFTER

REVIEW THEY TAKE IT TO THE FULL BOARD FOR APPROVAL.

Schedule J (Form 990) 2022