

PKF O'CONNOR DAVIES, LLP
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LIVINGSTON, NJ 07039

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY
600 BROAD STREET
NEWARK, NJ 07102

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CLIENT'S COPY



August 31, 2020

Young Men & Womens Christian Association
OF NEWARK & VICINITY
600 BROAD STREET
NEWARK, NJ 07102

Young Men & Womens Christian Association:

Enclosed is the organization's 2019 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

NEW JERSEY FORM CRI-300R:

Form CRI-300R has a balance due of \$100.

The New Jersey Form CRI-300R should be filed via the web on or before December 31, 2020 at:
<https://njconsumeraffairs.state.nj.us/sign-in/>

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very Truly Yours,

Garrett M. Higgins



August 31, 2020

Young Men & Womens Christian Association
OF NEWARK & VICINITY
600 BROAD STREET
NEWARK, NJ 07102

Young Men & Womens Christian Association:

Enclosed are the original and one copy of the 2019 Exempt Organization returns, as follows...

2019 Form 990

2019 New Jersey Form CRI-300R

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very Truly Yours,

Garrett M. Higgins

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Young Men & Womens Christian Association
OF NEWARK & VICINITY
600 BROAD STREET
NEWARK, NJ 07102

Prepared By:

PKF O'Connor Davies, LLP
293 Eisenhower Pkwy, Suite 170
Livingston, NJ 07039

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Name of exempt organization

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Employer identification number

22-1552820

Name and title of officer

**SIMONE GAGNERON
VICE PRESIDENT OF FINANCE**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ ☒	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,801,581.</u>
2a Form 990-EZ check here ▶ ☐	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ ☐	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **PKF O'CONNOR DAVIES, LLP** to enter my PIN **52820**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26242303218

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **GARRETT M. HIGGINS** Date ▶ **08/31/20**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

11440831 756359 1293168.000

2019.04020 YOUNG MEN & WOMENS CHRIST 12931681

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ 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.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY		D Employer identification number 22-1552820
	Doing business as		E Telephone number 973-624-8900
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 BROAD STREET		
	City or town, state or province, country, and ZIP or foreign postal code NEWARK, NJ 07102		
	F Name and address of principal officer: MICHAEL BRIGHT SAME AS C ABOVE		
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527			H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)
J Website: NEWARKYMCA.ORG			H(c) Group exemption number ▶
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation: 1881 M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	28
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	316
	6	Total number of volunteers (estimate if necessary)	765
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 6,660,833. Current Year: 6,140,623.
	9	Program service revenue (Part VIII, line 2g)	1,466,576. 1,534,429.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,696. 171,420.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,992. -44,891.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,277,097. 7,801,581.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,895,818. 4,837,205.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 69,636.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,381,766. 3,344,542.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,281,595. 8,186,032.
19	Revenue less expenses. Subtract line 18 from line 12	-4,498. -384,451.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 6,728,786. End of Year: 6,377,020.
	21	Total liabilities (Part X, line 26)	2,481,834. 2,386,534.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,246,952. 3,990,486.

Part 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.

Sign Here	Signature of officer		Date		
	SIMONE GAGNERON, VICE PRESIDENT OF FINANCE				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	08/31/20		P00543209
Firm's name	PKF O'CONNOR DAVIES, LLP			Firm's EIN ▶ 27-1728945	
	Firm's address ▶ 293 EISENHOWER PKWY, SUITE 170 LIVINGSTON, NJ 07039			Phone no. 973-535-2880	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY

Form 990 (2019)

22-1552820 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO BE A RESOURCE FOR INDIVIDUALS, FAMILIES, AND THE
COMMUNITIES WE SERVE TO IMPROVE THE QUALITY OF LIFE THROUGH PROGRAMS
THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,633,661. including grants of \$) (Revenue \$ 638,018.)

SOCIAL RESPONSIBILITY: LAST YEAR OVER 2,500 PEOPLE FOUND SAFE,
SUPPORTIVE SHELTER AT THE Y; OF THIS NUMBER, MORE THAN HALF WERE
CHILDREN. THE YMCA PROVIDES SHELTER, FOOD PANTRY, COUNSELING AND
REFERRALS. OUR YOUTH SHELTER OFFERS COUNSELING, LIFE SKILLS TRAINING,
EDUCATION AND OTHER CRITICAL SUPPORT TO TEENS IN CRISIS. YES HAS
PROVIDED LIFE-CHANGING SERVICES TO MORE THAN 120 YOUTH OVER THE PAST
YEAR. NURTURING CASEWORKERS HELP YOUTH GET BACK TO SCHOOL, RE-ESTABLISH
FAMILY BONDS, AND MEET THEIR GOALS. RECENT EVALUATIONS SHOW THAT WE
WERE ABLE TO CONNECT 90% OF YOUTH WITH AN EDUCATIONAL PROGRAM OR
TUTORING SERVICES. OUR YMCA ASSISTED 43 RESIDENTS IN OUR SUPPORTIVE
HOUSING PROGRAM. THIS PROGRAM WILL PROVIDES PERMANENT HOUSING TO
CHRONICALLY HOMELESS FAMILIES AND INDIVIDUALS. THIS PROGRAM PROVIDES

4b (Code:) (Expenses \$ 1,149,424. including grants of \$ 4,285.) (Revenue \$ 351,888.)

YOUTH DEVELOPMENT: THE YMCA OPERATES AFTERSCHOOL AND CAMP PROGRAMS IN
HUDSON AND ESSEX COUNTIES. OUR AFTERSCHOOL PROGRAM RUNS AT SEVERAL
SITES IN NEWARK AND JERSEY CITY, SERVING MORE THAN 590 STUDENTS. DURING
THE PAST TWO YEARS, OUR SCIENCE EXPLORER'S CLUB INTRODUCES CHILDREN TO
THE EXCITEMENT OF STEM LEARNING. THE NEWARK YMCA HAS RUN SUMMER CAMPS
FOR OVER 100 YEARS AND PARTNERED WITH NEWARK PUBLIC SCHOOLS DISTRICT
LAST SUMMER TO LAUNCH A SUMMER LEARNING INITIATIVE FOR 1,200 CHILDREN.
THE NEWARK YMCA IS A QUALIFIED PROVIDER SERVING CHILDREN AND FAMILIES
WITH DISABILITIES THROUGH THE NEW JERSEY DEPARTMENT OF CHILDREN AND
FAMILIES. OUR CAMP LINWOOD MACDONALD PROVIDES SUPERB ENVIRONMENTAL
EDUCATION AND RECREATIONAL PROGRAMS IN A RESIDENTIAL CAMP. THIS PAST
YEAR WE PROVIDED RESIDENTIAL CAMP FOR APPROXIMATELY 162 CHILDREN.

4c (Code:) (Expenses \$ 852,125. including grants of \$) (Revenue \$ 544,523.)

HEALTHY LIVING: LAST YEAR, MORE THAN 800 CHILDREN TOOK PART IN SWIMMING
LESSONS, OUR YMCA COED SWIM LEAGUE, AND FAMILY SWIM CLASSES AT OUR
NEWARK AND KEARNY SITES. OUR YMCA ASSISTED 1,013 MEMBERS TO ENSURE
THEY MET THEIR HEALTH AND FITNESS GOALS IN 2019.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,635,210.

Form 990 (2019)

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Form 990 (2019)

22-1552820 Page **3**

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

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Form 990 (2019)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Form 990 (2019)

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Part 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 316		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	28	
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	28	
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **▶NJ**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
SIMONE GAGNERON - 973-624-8900
600 BROAD STREET, NEWARK, NJ 07102

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BRIGHT PRESIDENT	40.00			X				173,893.	0.	17,389.
(2) SIMONE GAGNERON VP FINANCE	40.00			X				104,665.	0.	10,467.
(3) ADRIENNE SNEED-BYERS CHAIRPERSON	5.00	X		X				0.	0.	0.
(4) MICHAEL JAMES VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(5) KEVIN MCCARTHY, ESQ SECRETARY	5.00	X		X				0.	0.	0.
(6) ROSE M. CHERNICK TREASURER	5.00	X		X				0.	0.	0.
(7) DAVID WEINER TRUSTEE	5.00	X						0.	0.	0.
(8) DIANE JOHNSON TRUSTEE	5.00	X						0.	0.	0.
(9) DONALD PAYNE JR TRUSTEE	5.00	X						0.	0.	0.
(10) EARL BROWN TRUSTEE	5.00	X						0.	0.	0.
(11) EDWARD WRIGHT TRUSTEE	5.00	X						0.	0.	0.
(12) HENRY MAURMEYER TRUSTEE	5.00	X						0.	0.	0.
(13) JAMES H. COLEMAN TRUSTEE	5.00	X						0.	0.	0.
(14) JOSEPH BUCKLEY, ESQ. TRUSTEE	5.00	X						0.	0.	0.
(15) KENNETH P. DAVIE TRUSTEE	5.00	X						0.	0.	0.
(16) KEVIN REED TRUSTEE	5.00	X						0.	0.	0.
(17) MARIO PALACIO TRUSTEE	5.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL GRAY TRUSTEE	5.00	X						0.	0.	0.
(19) O. MICHELLE ABEL TRUSTEE	5.00	X						0.	0.	0.
(20) SIMONE WILSON-BRITO TRUSTEE	5.00	X						0.	0.	0.
(21) SUBIR SAHA TRUSTEE	5.00	X						0.	0.	0.
(22) SYBIL BOST TRUSTEE	5.00	X						0.	0.	0.
(23) TERRI SEENEY-MAJETTE TRUSTEE	5.00	X						0.	0.	0.
(24) THOMAS D. ROGERS TRUSTEE	5.00	X						0.	0.	0.
(25) DAVID JEFFERSON TRUSTEE	5.00	X						0.	0.	0.
(26) DR. DIANE HILL TRUSTEE	5.00	X						0.	0.	0.
1b Subtotal								278,558.	0.	27,856.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								278,558.	0.	27,856.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CARL KIRTON TRUSTEE	5.00	X						0.	0.	0.
(28) MAURICE KUYKENDOLL TRUSTEE	5.00	X						0.	0.	0.
(29) JEFF SCOTT TRUSTEE	5.00	X						0.	0.	0.
(30) HELLEN SKINNER TRUSTEE	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	194,798.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,712,784.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,233,041.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PROGRAM FEES		Business Code				
			624100	785,278.	785,278.		
	b RESIDENCE PROGRAM FEES		721310	749,151.	749,151.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,534,429.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			67,061.			67,061.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	195,228.				
	c Gain or (loss)	7c	104,359.				
	d Net gain or (loss)			104,359.			104,359.
8 a Gross income from fundraising events (not including \$ 194,798. of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b	77,098.					
c Net income or (loss) from fundraising events			-66,648.			-66,648.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INSURANCE RECOVERY		Business Code				
			900099	13,599.		13,599.	
	b OTHER INCOME		900099	8,158.		8,158.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			21,757.				
12 Total revenue. See instructions				7,801,581.	1,534,429.	0.	126,529.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	4,285.	4,285.		
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	306,414.	254,002.	50,128.	2,284.
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	3,666,420.	3,058,824.	581,929.	25,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	202,265.	156,886.	42,952.	2,427.
9 Other employee benefits	193,275.	156,513.	35,109.	1,653.
10 Payroll taxes	468,831.	411,671.	54,952.	2,208.
11 Fees for services (nonemployees):				
a Management				
b Legal	49,195.	609.	48,586.	
c Accounting	58,875.		58,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,896.		15,896.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	787,023.	567,866.	213,718.	5,439.
12 Advertising and promotion	2,904.	1,794.	1,110.	
13 Office expenses	67,460.	46,796.	20,111.	553.
14 Information technology				
15 Royalties				
16 Occupancy	720,667.	621,420.	99,247.	
17 Travel	59,469.	50,402.	9,067.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	25,229.	6,281.	18,899.	49.
20 Interest	30,155.		30,155.	
21 Payments to affiliates	101,903.	95,926.	2,661.	3,316.
22 Depreciation, depletion, and amortization	620,273.	584,646.	35,627.	
23 Insurance	191,200.	179,650.	11,550.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	421,300.	364,915.	34,036.	22,349.
b PROVISION FOR BAD DEBT	85,666.		85,666.	
c FURNISHINGS AND EQUIPMENT	85,550.	62,170.	20,017.	3,363.
d OTHER EXPENSES	21,777.	10,554.	10,895.	328.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,186,032.	6,635,210.	1,481,186.	69,636.
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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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	131,607.	1	210,285.
	2 Savings and temporary cash investments	496,483.	2	259,640.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,304,190.	4	1,291,889.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,923.	9	78,582.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,437,460.		
	b Less: accumulated depreciation	16,581,403.		
		3,058,789.	10c	2,856,057.
	11 Investments - publicly traded securities	766,317.	11	689,961.
	12 Investments - other securities. See Part IV, line 11	880,011.	12	989,632.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,466.	15	974.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,728,786.	16	6,377,020.	
Liabilities	17 Accounts payable and accrued expenses	731,238.	17	848,277.
	18 Grants payable		18	
	19 Deferred revenue	32,350.	19	14,552.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,718,246.	23	1,371,944.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	151,761.
	26 Total liabilities. Add lines 17 through 25	2,481,834.	26	2,386,534.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	426,732.	27	2,362,886.
	28 Net assets with donor restrictions	3,820,220.	28	1,627,600.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,246,952.	32	3,990,486.
	33 Total liabilities and net assets/fund balances	6,728,786.	33	6,377,020.

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Part 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	7,801,581.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,186,032.
3	Revenue less expenses. Subtract line 2 from line 1	3	-384,451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,246,952.
5	Net unrealized gains (losses) on investments	5	18,364.
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	109,621.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,990,486.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒ **X**

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Employer identification number
22-1552820

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2019 OF NEWARK & VICINITY

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
☐		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
☐		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
☐		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
☐		

Schedule A (Form 990 or 990-EZ) 2019

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2019 OF NEWARK & VICINITY

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1369765.	4303993.	6683184.	6660830.	6140623.	25158395.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6695960.	4080155.	1709430.	1466576.	1534429.	15486550.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	8065725.	8384148.	8392614.	8127406.	7675052.	40644945.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						40644945.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	8065725.	8384148.	8392614.	8127406.	7675052.	40644945.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,493.	65,407.	63,632.	65,698.	67,061.	333,291.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	71,493.	65,407.	63,632.	65,698.	67,061.	333,291.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		106,376.	49,887.	14.		156,277.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,106.	33,922.	60,930.	87,978.	21,757.	231,693.
13 Total support. (Add lines 9, 10c, 11, and 12.)	8164324.	8589853.	8567063.	8281096.	7763870.	41366206.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	98.26 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.35 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.81 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.62 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2018. 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 qualifies 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 ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ 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.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2019 **OF NEWARK & VICINITY**

22-1552820 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2019 OF NEWARK & VICINITY

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 **OF NEWARK & VICINITY**

Part VI

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY

Employer identification number

22-1552820

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY	Employer identification number 22-1552820
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRUDENTIAL FINANCIAL P.O. BOX 560489 CHARLOTTE, NC 28256	\$ 12,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	PSE&G COMPANY P.O. BOX 1868 NEWARK, NJ 07101	\$ 17,904.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	SILLS & CUMMIS GROSS LLP 1 RIVERFRONT PLAZA NEWARK, NJ 07102	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	BETH ISRAEL MEDICAL CENTER P.O. BOX 337 WEST LONG BRANCH, NJ 07764	\$ 9,180.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	JOHNSON & JOHNSON P.O. BOX 16500-6500 NEW BRUNSWICK, NJ 08906	\$ 5,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	LIME ENERGY 100 MULBERRY ST, 4TH GATEWAY CENTER NEWARK, NJ 07102	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY	Employer identification number 22-1552820
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	YOUTH BUILD NEWARK, INC. 571 CENTRAL AVENUE NEWARK, NJ 07107	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	TRUIST 11480 COMMERCE PARK DR., SUITE 300 RESTON, VA 20191	\$ 5,421.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	PNC BANK PITTSBURGH PITTSBURGH, PA 15222	\$ 5,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	PANASONIC CORPORATION TWO RIVERFRONT PLAZA, 11TH FLOOR NEWARK, NJ 07102	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	COUNTY OF ESSEX 18 RECTOR STREET NEWARK, NJ 07102	\$ 2,280,455.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	COUNTY OF UNION 342 WESTMINSTER ELIZABETH, NJ 07208	\$ 458,424.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY	Employer identification number 22-1552820
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PASSAIC COUNTY 401 GRAND STREET PATERSON, NJ 07505	\$ 265,001.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	STATE OF NEW JERSEY 283-299 MARKET STREET, 2 GATEWAY CENTER, 8TH FL. TRENTON, NJ 08625	\$ 493,100.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15	CITY OF NEWARK 110 WILLIAM STREET NEWARK, NJ 07102	\$ 103,808.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	HORIZON BLUE CROSS BLUE SHIELD 3 PENN PLAZA EAST NEWARK, NJ 07105	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17	COUNTY OF HUDSON 257 CORNEILISON AVENUE JERSEY CITY, NJ 07302	\$ 1,111,996.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY

Employer identification number

22-1552820

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY

Employer identification number

22-1552820

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection****Name of the organization** YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**Employer identification number**
22-1552820**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

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) 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:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) 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 VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2019

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Schedule D (Form 990) 2019

22-1552820 Page **3**

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) BENEFICIAL INTEREST -		
(B) PERPETUAL	934,502.	END-OF-YEAR MARKET VALUE
(C) BENEFICIAL INTEREST -		
(D) CHARITABLE REMAINDER		
(E) TRUST	55,130.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	989,632.	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	151,761.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	151,761.

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 ... ☒

Schedule D (Form 990) 2019

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Schedule D (Form 990) 2019

22-1552820 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,929,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	18,364.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	109,621.
e	Add lines 2a through 2d	2e	127,985.
3	Subtract line 2e from line 1	3	7,801,581.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,801,581.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,186,032.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,186,032.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,186,032.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE NEWARK Y RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE NEWARK Y HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE NEWARK Y IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN IN BENEFICIAL INTERESTS IN PERPETUAL AND CHARITABLE

REMAINDER TRUSTS

109,621.

Part XIII	Supplemental Information <i>(continued)</i>
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YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

Schedule G (Form 990 or 990-EZ) 2019 **OF NEWARK & VICINITY**

22-1552820 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 LEADERS & LEGENDS	(b) Event #2 GOLF OUTING	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	113,640.	51,738.	39,870.	205,248.
	2 Less: Contributions	103,190.	51,738.	39,870.	194,798.
	3 Gross income (line 1 minus line 2)	10,450.			10,450.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	41,536.	20,663.	14,899.	77,098.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				77,098.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-66,648.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

Schedule G (Form 990 or 990-EZ) 2019 **OF NEWARK & VICINITY**

22-1552820 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b 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** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY** Employer identification number **22-1552820**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 2

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.

Schedule J (Form 990) 2019

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY	Employer identification number 22-1552820
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SINCE 1881, THE NEWARK YMCA HAS SERVED THE COMMUNITY THROUGH AN ARRAY
OF SERVICES AND IS KNOWN FOR DELIVERING INNOVATIVE AND EFFECTIVE
PROGRAMS TO ADDRESS LOCAL NEEDS. THROUGHOUT OUR HISTORY, THE NEWARK
YMCA HAS WORKED CLOSELY WITH SCHOOLS, FAMILIES AND COMMUNITY LEADERS TO
IDENTIFY AND RESPOND TO COMMUNITY NEEDS, IN AN EFFORT TO SERVE ALL
FAMILIES IN A CULTURALLY RESPONSIVE WAY, WITH A PARTICULAR EMPHASIS ON
THOSE WHO HAVE NOT BEEN PREVIOUSLY CONNECTED WITH COMMUNITY PROGRAMS.
THE NEWARK YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF YOUTH,
PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EACH ADULT WITHIN THE FAMILY WITH NECESSARY ON SITE SERVICES THAT ARE
DETERMINED TO BE NECESSARY BASED ON INDIVIDUAL NEEDS ASSESSMENTS. THE
PROGRAM GOAL IS TO DECREASE THE CURRENT LEVEL OF RECIDIVISM OF
HOMELESSNESS.

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

A DRAFT OF THE 990 IS PRESENTED TO THE AUDIT AND FINANCE COMMITTEE FOR
THEIR REVIEW AND COMMENTS. ANY QUESTIONS ARE PRESENTED TO THE AUDITORS.
ONCE THE AUDIT AND FINANCE COMMITTEE IS SATISFIED, THE 990 IS SENT ON TO
THE ENTIRE BOARD. AT THE REGULARLY SCHEDULED BOARD MEETING, EACH BOARD
MEMBER IS PRESENTED WITH A PACKET WHICH CONTAINS A COPY OF THE AUDITED
FINANCIAL STATEMENTS AND A PAPER COPY OF THE 990 FOR THEIR REVIEW. UPON
APPROVAL OF THE 990 BY THE BOARD, THE 990 IS THEN FILED WITH THE IRS.

Name of the organization	YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY	Employer identification number 22-1552820
--------------------------	--	--

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

THE BOARD DEVELOPMENT COMMITTEE IS RESPONSIBLE FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AND THE REVIEW OF ANY TRANSACTION WHICH MAY GIVE RISE TO A CONFLICT OF INTEREST. THE BOARD DEVELOPMENT COMMITTEE, AFTER REVIEW, WILL RECOMMEND TO THE BOARD OF TRUSTEES THE CONFLICT OF INTEREST AND THE RESTRICTIONS IMPOSED ON THE PERSON(S) INVOLVED. THE INDIVIDUALS HAVING THE CONFLICT OF INTEREST WOULD BE PROHIBITED FROM COMMENTING, DISCUSSING OR VOTING ON ANY ITEM IN WHICH A CONFLICT OF INTEREST EXISTS".

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

THE PROCESS IS AS FOLLOWS: THE YMCA USES THE BLR (BUSINESS AND LEGAL REPORT) SYSTEM FOR SALARY ADMINISTRATION. THE BOARD OF TRUSTEES DETERMINES THE CEO'S COMPENSATION AND THE CEO'S COMPENSATION IS INFLUENCED THROUGH COMPARISONS OF LIKE-SIZED (BUDGET, EXPERIENCE, STAFF, ETC) YMCA'S IN THIS REGION. DOCUMENTATION OF THE PROCESS IS MAINTAINED IN THE CEO'S H/R FOLDER. THIS PROCESS WAS LAST UNDERTAKEN IN JULY, 2018.

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

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 1023, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST. INTERESTED PARTIES SHOULD CONTACT: THE OFFICE OF THE PRESIDENT, YMWCA OF NEWARK AND VICINITY, 600 BROAD STREET, NEWARK, NJ 07102 TO REQUEST A COPY OF ANY OF THE DOCUMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN IN BENEFICIAL INTERESTS IN PERPETUAL AND CHARITABLE

REMAINDER TRUSTS

109,621.

Name of the organization **YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**Employer identification number
22-1552820**FORM 990, PART XII, LINE 2C**

**THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT
OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY** Employer identification number **22-1552820**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Schedule R (Form 990) 2019

22-1552820 Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SYMPHONY YMCA GP, INC. - 81-1137613 600 BROAD STREET NEWARK, NJ 07102	ASSIST IN THE DEVELOPMENT OF LOCAL AFFORDABLE HOUSING	NJ	YMCA OF NEWARK & VICINITY	C CORP			100%		X

**YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
OF NEWARK & VICINITY**

Schedule R (Form 990) 2019

22-1552820 Page 3

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2019

Page 4

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

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

SYMPHONY YMCA GP, INC.

EIN: 81-1137613

600 BROAD STREET

NEWARK, NJ 07102

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY	Taxpayer identification number (TIN) 22-1552820
	Number, street, and room or suite no. If a P.O. box, see instructions. 600 BROAD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK, NJ 07102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SIMONE GAGNERON

- The books are in the care of ► **600 BROAD STREET - NEWARK, NJ 07102**
Telephone No. ► **973-624-8900** Fax No. ► **973-624-4251**
- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☒
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2019** or
 ► ☐ tax year beginning _____, and ending _____.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Young Men & Womens Christian Association
OF NEWARK & VICINITY
600 BROAD STREET
NEWARK, NJ 07102

Prepared By:

PKF O'Connor Davies, LLP
293 Eisenhower Pkwy, Suite 170
Livingston, NJ 07039

Amount of Tax:

Balance due of \$100

Make Check Payable To:

Not applicable

Mail Tax Return To:

The New Jersey Form Form CRI-300R should be filed via the web at:
<https://njconsumeraffairs.state.nj.us/sign-in/>

Return Must Be Mailed On Or Before:

December 31, 2020

Special Instructions:

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2019
month day year
2. Federal ID Number (EIN) 22-1552820 2a. N.J. Charities Registration Number: CH- 0120900
3. Full legal name of the registering organization: YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION
In care of: (if necessary, otherwise leave this line blank) _____
4. Mailing Address: 600 BROAD STREET, NEWARK, NJ 07102 ☐ Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization 600 BROAD STREET NEWARK, NJ 07102
Street Address City State ZIP Code
☐ Same as Mailing Address

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

- 6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

SIMONE GAGNERON 600 BROAD STREET, NEWARK, NJ 07102
Contact person Street address City State ZIP Code
973-624-8900 973-624-4251
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:

973-624-8900
Telephone number (include area code)

Fax number (include area code)

E-mail address

NEWARKYMCA.ORG

Web site

8. Type of organization (check one):

☒ Nonprofit corporation
☐ Partnership

☐ Foundation
☐ Trust

☐ Individual
☐ Other (Specify) _____

☐ Association

☐ Society

9. Where and when was the organization legally established?

Date: 01/01/1898 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?

☐ Yes ☒ No

If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public?

☒ Yes ☐ No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?

☐ Yes ☒ No

If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?

☐ Yes ☒ No

If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

OUR MISSION IS TO PROVIDE OPPORTUNITIES FOR INDIVIDUAL GROWTH, YOUTH
AND FAMILY DEVELOPMENT, AND OVERALL ENHANCEMENT OF THE QUALITY OF
LIFE IN OUR COMMUNITY THROUGH PROGRAMS THAT INCLUDE HEALTH, HOUSING,
RECREATION, EDUCATION, AND SOCIAL DIRECTION.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.

- SEE LINE ABOVE

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?

☐ Yes ☒ No

If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?

☐ Yes ☒ No

If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?

☐ Yes ☒ No

If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?

☒ Yes ☐ No

a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.

☐ Yes ☒ No

b. Has a tax exemption been granted under another I.R.S. code?

☐ Yes ☒ No

If "Yes," advise which one: _____

c. Has an I.R.S. tax exemption been refused, changed or revoked?

☐ Yes ☒ No

If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.
- _____
- _____

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 1				

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION OF NEWARK & VICINITY

Fiscal year-end being reported: 12/31/2019 Federal ID Number (EIN) 22-1552820
month day year

Mailing address:

600 BROAD STREET, NEWARK, NJ 07102

Mailing Address

P.O. Box Number or Suite

City

State

ZIP Code

Street address of the registering organization: 600 BROAD STREET NEWARK, NJ 07102

Street Address

City

State

ZIP Code

New Jersey Charities Registration number: CH 0120900 -00 Telephone number: 973-624-8900

(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

☐ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	<u>1,233,041.</u>
(2)	Telephone solicitation	<u>0.</u>
(3)	Commercial co-venture	<u>0.</u>
(4)	Gross receipts from fund-raising events	<u>10,450.</u>
(5)	Canisters, counter cards, door to door etc	<u>0.</u>
(6)	Corporations and other businesses	<u>0.</u>
(7)	Foundations and trusts	<u>0.</u>
(8)	Donated land, buildings, property, equipment and materials	<u>0.</u>
(9)	Legacies and bequests	<u>0.</u>
(10)	Membership dues solely resulting from solicitations	<u>0.</u>
(11)	Other support (specify)	<u>0.</u>

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 1,243,491.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	<u>0.</u>
(2)	From an affiliated organization	<u>0.</u>
(3)	From another fund-raising organization	<u>194,798.</u>

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) 194,798.

Line A1e. Total Gross Contributions (add lines A1b and A1d) 1,438,289.

Line A2.	Government grants including purchase of service contracts (specify agency)	
a.	GOVERNMENT GRANTS-CONTRIBUTIONS	4,712,784.
b.		0.
c.		0.
d.		0.
Line A2e.	Total Government Grants (add lines 2a thru 2d)	4,712,784.
Line A3.	Other Support	
a.	Bona fide membership	0.
b.	Program service revenue	SEE STATEMENT 4 1,534,429.
c.	Professional services rendered by volunteers	0.
d.	Miscellaneous income (specify)	SEE STATEMENT 3 116,079.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	1,650,508.
Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	7,801,581.

B. Expenses

Line B1.	Program expenses	6,539,284.
Line B2.	Management and general expenses	1,478,525.
Line B3.	Fund-raising expenses	66,320.
Line B4.	Payments to state/national affiliates (if applicable)	101,903.
Line B5.	Total Expenses (add the totals of line B1 thru B4)	8,186,032.

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)	-384,451.
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D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year	4,246,952.
Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 2	127,985.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	3,990,486.

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

N.J. Charities Registration Number: CH- 0120900 -00

Federal ID Number (EIN) 22-1552820

Fiscal Year-End being reported: 12/31/2019
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? ☐ Yes ☒ No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name SIMONE GAGNERON Title VICE PRESIDENT OF FINANCE Date _____

Signature _____ Name MICHAEL BRIGHT Title PRESIDENT Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL BRIGHT

PRESIDENT

973-624-8903

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SIMONE GAGNERON

VP FINANCE

973-624-8908

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ADRIENNE SNEED-BYERS

CHAIRPERSON

973-624-8900

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL JAMES

VICE CHAIRMAN

973-624-8904

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

22-1552820

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

KEVIN MCCARTHY, ESQ

SECRETARY

973-624-8906

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ROSE M. CHERNICK

TREASURER

973-624-8907

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DAVID WEINER

TRUSTEE

973-624-8900

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DIANE JOHNSON

TRUSTEE

973-624-8900

ADDRESS

600 BROAD STREET
NEWARK, NJ 07102

SALARY

0.

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

22-1552820

NAME OF INDIVIDUALTITLETELEPHONE NO.

DONALD PAYNE JR

TRUSTEE

973-624-8900

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

EARL BROWN

TRUSTEE

973-624-8912

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

EDWARD WRIGHT

TRUSTEE

973-624-8900

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

HENRY MAUERMEYER

TRUSTEE

973-624-8900

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

22-1552820

NAME OF INDIVIDUALTITLETELEPHONE NO.

JAMES H. COLEMAN

TRUSTEE

973-624-8900

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JOSEPH BUCKLEY, ESQ.

TRUSTEE

973-624-8900

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

KENNETH P. DAVIE

TRUSTEE

973-624-8900

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

KEVIN REED

TRUSTEE

973-624-8913

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

22-1552820

NAME OF INDIVIDUALTITLETELEPHONE NO.

MARIO PALACIO

TRUSTEE

973-624-8902

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MICHAEL GRAY

TRUSTEE

973-624-8914

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

O. MICHELLE ABEL

TRUSTEE

973-624-8905

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

SIMONE WILSON-BRITO

TRUSTEE

973-624-8915

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

22-1552820

NAME OF INDIVIDUALTITLETELEPHONE NO.

SUBIR SAHA

TRUSTEE

973-624-8916

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

SYBIL BOST

TRUSTEE

973-624-8909

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

TERRI SEENEY-MAJETTE

TRUSTEE

973-624-8910

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

THOMAS D. ROGERS

TRUSTEE

973-624-8911

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

YOUNG MEN & WOMENS CHRISTIAN ASSOCIATION

22-1552820

NAME OF INDIVIDUALTITLETELEPHONE NO.

DAVID JEFFERSON

TRUSTEE

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

DR. DIANE HILL

TRUSTEE

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

CARL KIRTON

TRUSTEE

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MAURICE KUYKENDOLL

TRUSTEE

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JEFF SCOTT

TRUSTEE

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

HELLEN SKINNER

TRUSTEE

ADDRESS600 BROAD STREET
NEWARK, NJ 07102SALARY

0.

FORM CRI-300 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTIONAMOUNT

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS

18,364.

GAIN IN BENEFICIAL INTERESTS IN PERPETUAL AND CHARITABLE
REMAINDER TRUSTS

109,621.

TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE D2

127,985.

FORM CRI-300

MISCELLANEOUS INCOME

STATEMENT 3

DESCRIPTIONAMOUNT

INVESTMENT INCOME	67,061.
GAIN/LOSS ON SALE OF ASSET(S) OTHER THAN INVENTORY	104,359.
DIRECT EXPENSES FOR FUNDRAISING EVENTS	-77,098.
INSURANCE RECOVERY	13,599.
OTHER INCOME	8,158.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3D	116,079.

FORM CRI-300

PROGRAM SERVICE REVENUE

STATEMENT 4

DESCRIPTIONAMOUNT

PROGRAM FEES	785,278.
RESIDENCE PROGRAM FEES	749,151.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3B	1,534,429.

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name SIMONE GAGNERON Title VICE PRESIDENT OF FINANCE Date _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name MICHAEL BRIGHT Title _____ Date _____
