

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
651 NICOLLET MALL SUITE 500
 City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 55402-3198

D Employer identification number
45-2563299

E Telephone number
(612) 465-0450

F Name and address of principal officer: **GLEN GUNDERSON**
SAME AS C ABOVE

G Gross receipts \$ **217,798,997**

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.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.YMCANORTH.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2011**

M State of legal domicile: **MN**

Part I Summary

| | | | | |
|------------------------------------|---|---|---|-----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE MISSION OF THE YMCA OF THE NORTH IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND (CONTINUED ON SCHEDULE O) | | |
| | 2 | Check this box <input type="checkbox"/> 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) | 3 | 56 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 56 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 6,249 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 4,299 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 80,424 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 50,307 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 45,291,629 | Current Year 43,432,131 |
| | 9 | Program service revenue (Part VIII, line 2g) | 90,586,189 | 106,577,218 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 190,626 | 1,107,958 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,613,433 | 1,798,575 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 137,681,877 | 152,915,882 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 11,180,199 | 11,448,645 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 77,078,922 | 90,393,661 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 150,000 | 128,000 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | 6,949,753 | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 56,920,265 | 60,983,429 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 145,329,386 | 162,953,735 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (7,647,509) | (10,037,853) | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 394,531,626 | End of Year 344,120,654 |
| | 21 | Total liabilities (Part X, line 26) | 103,453,455 | 86,675,359 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 291,078,171 | 257,445,295 |

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: *Karen Larson*
KAREN LARSON, EVP OPERATIONS AND FINANCE
 Date: **10.17.2023**

Paid Preparer Use Only
 Print/Type preparer's name: **SARAH HINTZ**
 Preparer's signature: *Sarah Hintz*
 Date: _____
 Check if self-employed PTIN: **P00492291**
 Firm's name: **CLIFTONLARSONALLEN, LLP**
 Firm's EIN: **41-0746749**
 Firm's address: **220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN 55402-1436**
 Phone no.: **(612) 376-4500**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE YMCA OF THE NORTH IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. THE Y IS A CAUSE-DRIVEN ORGANIZATION THAT STRENGTHENS COMMUNITIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 70,582,002 including grants of \$ 4,705,301) (Revenue \$ 56,808,802) YOUTH DEVELOPMENT: NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN: THE YMCA BELIEVES IN YOUTH DEVELOPMENT: NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. AT THE Y, CHILDREN AND TEENS LEARN VALUES AND POSITIVE BEHAVIORS, AND EXPLORE THEIR UNIQUE TALENTS AND INTERESTS TO HELP THEM REALIZE THEIR POTENTIAL. THAT MAKES FOR CONFIDENT KIDS TODAY AND CONTRIBUTING AND ENGAGED ADULTS TOMORROW. THE Y BELIEVES THE VALUES AND SKILLS LEARNED EARLY ON ARE VITAL BUILDING BLOCKS FOR LIFE. BECAUSE OF THE Y, MORE YOUNG PEOPLE IN NEIGHBORHOODS AROUND THE NATION ARE TAKING A GREATER INTEREST IN LEARNING AND MAKING SMARTER LIFE CHOICES. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 48,035,546 including grants of \$ 3,800,385) (Revenue \$ 48,587,913) HEALTHY LIVING: IMPROVING THE NATION'S HEALTH AND WELL-BEING: BEING HEALTHY MEANS MORE THAN SIMPLY BEING PHYSICALLY ACTIVE. IT IS ABOUT MAINTAINING A BALANCED SPIRIT, MIND AND BODY. THE Y IS A PLACE WHERE PEOPLE CAN WORK TOWARD THAT BALANCE BY CHALLENGING THEMSELVES TO LEARN A NEW SKILL OR HOBBY, FOSTERING CONNECTIONS WITH FRIENDS THROUGH LIFELONG LEARNING PROGRAMS, OR BRINGING LOVED ONES CLOSER TOGETHER THROUGH MANY FAMILY-CENTERED ACTIVITIES. AT THE Y, IT IS NOT ABOUT THE ACTIVITY PEOPLE CHOOSE AS MUCH AS IT IS ABOUT THE BENEFITS OF LIVING HEALTHIER ON THE INSIDE AS WELL AS THE OUTSIDE. THE Y DEMONSTRATES ITS COMMITMENT TO HEALTHY LIVING THROUGH A VARIETY OF FOCUS AREAS. HEALTH AND WELL-BEING PROVIDES RESOURCES AND GUIDANCE TO MAINTAIN OR IMPROVE PHYSICAL ACTIVITY, MENTAL HEALTH AND OVERALL WELLBEING. SPORTS & RECREATION PROVIDES HEALTHY LIFESTYLE ACTIVITIES THAT (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 8,483,417 including grants of \$ 2,942,959) (Revenue \$ 1,180,503) SOCIAL RESPONSIBILITY: GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS: THE YMCA BELIEVES IN SOCIAL RESPONSIBILITY, GIVING BACK AND PROVIDING SUPPORT TO NEIGHBORS. THE GENEROSITY OF OTHERS IS AT THE CORE OF THE Y'S MISSION. IT IS ONLY THROUGH THE SUPPORT OF HUNDREDS OF THOUSANDS OF VOLUNTEERS AND PUBLIC AND PRIVATE DONORS THAT THE Y IS ABLE TO SUPPORT AND GIVE BACK TO THE COMMUNITIES WE ENGAGE. CORE PROGRAM AREAS IN THIS FOCUS ARE: EQUITY INNOVATION CENTER: PROVIDES UNIQUE OPPORTUNITIES FOR BUILDING TRANSFORMATIONAL LEADERS AND ENGAGING DIVERSE STAKEHOLDERS FROM ALL SECTORS. BY EXPERIENCING IN-PERSON OR VIRTUAL TRAINING DESIGNED TO HELP FOSTER INNOVATIVE SOLUTIONS TO CHALLENGES REGARDING EQUITY, DIVERSITY AND INCLUSION, TEAMS CAN CREATE A SAFE ENVIRONMENT FOR AUTHENTIC CONVERSATION AND BUILD A (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 127,100,965

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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. See instructions</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | | 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 6,249 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | <input checked="" type="checkbox"/> | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | <input checked="" type="checkbox"/> | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | <input checked="" type="checkbox"/> | |
| 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)? | | | <input checked="" type="checkbox"/> |
| 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? | | | <input checked="" type="checkbox"/> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | <input checked="" type="checkbox"/> |
| 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? | | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | <input checked="" type="checkbox"/> | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | <input checked="" type="checkbox"/> |
| 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? | | | <input checked="" type="checkbox"/> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> | |
| 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? | | | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | | | <input checked="" type="checkbox"/> |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | <input checked="" type="checkbox"/> |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | | | |

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

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 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. | | |
| | 1a 56 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 56 | | |
| 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? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

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? | <input checked="" type="checkbox"/> | |
| 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? | <input checked="" type="checkbox"/> | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | <input checked="" type="checkbox"/> |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MN, WI
- 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.
KAREN LARSON, 651 NICOLLET MALL, SUITE 500, MINNEAPOLIS, MN 55402-3198, (612) 465-0585

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) GLEN GUNDERSON PRESIDENT AND CEO | 40.0 | | | ✓ | | | 777,916 | 0 | 35,917 | |
| (2) KAREN LARSON EVP OPERATIONS AND FINANCE | 40.0 | | | ✓ | | | 391,503 | 0 | 30,475 | |
| (3) HEDY WALLS EVP SOCIAL RESPONSIBILITY | 40.0 | | | ✓ | | | 329,185 | 0 | 33,810 | |
| (4) ANITA LANCELLO BYDLON EVP TRANSFORMATION | 40.0 | | | | | ✓ | 299,602 | 0 | 32,198 | |
| (5) GEORGE MCCRARY EVP PEOPLE AND CULTURE | 40.0 | | | ✓ | | | 303,155 | 0 | 6,303 | |
| (6) THOMAS CASE SENIOR VP TECHNOLOGY AND EXPERIENCE | 40.0 | | | | | ✓ | 232,582 | 0 | 24,698 | |
| (7) ALEXANDRA BARTELS SENIOR VP OF FINANCE | 40.0 | | | | | ✓ | 195,719 | 0 | 26,655 | |
| (8) MICHAEL LAVIN VP OF OPERATIONS | 40.0 | | | | | ✓ | 195,995 | 0 | 25,912 | |
| (9) AMANDA NOVAK SENIOR VP STRATEGIC INTEGRATION | 40.0 | | | | | ✓ | 196,117 | 0 | 20,352 | |
| (10) MICHELLE EDGERTON EVP ADVANCEMENT AND DEVELOPMENT | 40.0 | | | ✓ | | | 70,765 | 0 | 0 | |
| (11) ANDREA WALSH CHAIR | 1.0 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| (12) CAROLYN SAKSTRUP VICE CHAIR | 1.0 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| (13) JEANNE CRAIN TREASURER | 1.0 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| (14) RAJNI SHAH SECRETARY | 1.0 | ✓ | | ✓ | | | 0 | 0 | 0 | |

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 dotted 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (15) AMIT PATEL DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (16) ANDREA NORDAUNE DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (17) BILL GEORGE DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (18) BILL GUIDERA DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (19) BJORN GUNNERUD DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (20) BOB EHREN DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (21) BOB GARDNER DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (22) BRUCE MOOTY DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (23) BRUNO LAVANDER DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (24) CHANDA BAKER-SMITH DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (25) (SEE STATEMENT) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 2,992,539 | 0 | 236,320 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 2,992,539 | 0 | 236,320 |

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 68

| | 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 |
|---|--------------------------------|---------------------|
| MARSCHALL LINE/MN COACHES, 5119 W 212TH ST, PO BOX 131, FARMINGTON, MN 55024 | TRANSPORTATION/BUSSING | 1,734,237 |
| UNIVERSITY LANGUAGE CENTER, 4445 W 77TH ST, SUITE 110, MINNEAPOLIS, MN 55435-5134 | INTERPRETING SERVICES | 925,585 |
| MICROSOFT CORPORATION, ONE MICROSOFT WAY, REDMOND, WA 98052-6399 | SOFTWARE SUPPORT | 572,578 |
| WORKHORSE MARKETING, 434 HALE AVE S, SUITE 160, OAKDALE, MN 55128 | MARKETING SERVICES | 549,699 |
| PMI CONSTRUCTION SERVICES, 7695 NORTH SHORE CIRCLE NORTH, FOREST LAKE, MN 55025 | CONSTRUCTION | 491,211 |

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 46

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 | 1a | Federated campaigns | 1a 0 | | | | |
| | b | Membership dues | 1b 0 | | | | |
| | c | Fundraising events | 1c 342,954 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 26,801,684 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 16,287,493 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 507,828 | | | | |
| | h | Total. Add lines 1a-1f | | 43,432,131 | | | |
| | Program Service Revenue | | | Business Code | | | |
| 2a | | YOUTH DEVELOPMENT | 624410 | 56,808,802 | 56,808,802 | | |
| b | | HEALTHY LIVING | 713940 | 48,587,913 | 48,587,913 | | |
| c | | SOCIAL RESPONSIBILITY | 624110 | 1,180,503 | 1,180,503 | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | 0 | 0 | 0 | |
| g | Total. Add lines 2a-2f | | 106,577,218 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,285,422 | | 23,674 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real | 944,724 | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b 425,126 | | | | |
| | c | Rental income or (loss) | 6c 519,598 | 0 | | | |
| | d | Net rental income or (loss) | | 519,598 | | 6,750 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 62,272,840 | | | |
| | | | (ii) Other | | 0 | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b 59,585,153 | 3,865,151 | | | |
| | c | Gain or (loss) | 7c 2,687,687 | (3,865,151) | | | |
| | d | Net gain or (loss) | | (1,177,464) | | (1,177,464) | |
| 8a | Gross income from fundraising events (not including \$ 342,954 of contributions reported on line 1c). See Part IV, line 18 | 8a 467,013 | | | | | |
| b | Less: direct expenses | 8b 274,492 | | | | | |
| c | Net income or (loss) from fundraising events | | 192,521 | | 192,521 | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | 1,114,037 | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: cost of goods sold | 10b 733,193 | | | | | |
| c | Net income or (loss) from sales of inventory | | 380,844 | | 380,844 | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | DEBT FORGIVENESS | 900099 | 0 | | 0 | |
| | b | PARTNER BENEFIT REVENUE | 900099 | 331,265 | | 331,265 | |
| | c | MISC REVENUE | 900099 | 374,347 | | 50,000 | |
| | d | All other revenue | | 0 | 0 | 0 | |
| e | Total. Add lines 11a-11d | | 705,612 | | | | |
| 12 | Total revenue. See instructions | | 152,915,882 | 106,577,218 | 80,424 | 2,826,109 | |

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 | 2,687,424 | 2,687,424 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 8,736,221 | 8,736,221 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 25,000 | 25,000 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,979,031 | 518,954 | 926,439 | 533,638 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 73,672,339 | 55,105,281 | 15,138,993 | 3,428,065 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,194,580 | 2,062,277 | 921,697 | 210,606 |
| 9 Other employee benefits | 4,121,377 | 2,647,907 | 1,191,639 | 281,831 |
| 10 Payroll taxes | 7,426,334 | 5,109,044 | 1,995,097 | 322,193 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 158,165 | | 158,165 | |
| c Accounting | 88,631 | | 88,631 | |
| d Lobbying | 93,000 | | 93,000 | |
| e Professional fundraising services. See Part IV, line 17 | 128,000 | | | 128,000 |
| f Investment management fees | 70,399 | | 70,399 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 7,340,023 | 2,957,906 | 3,526,332 | 855,785 |
| 12 Advertising and promotion | 1,836,787 | 749,982 | 561,017 | 525,788 |
| 13 Office expenses | 1,405,805 | 210,132 | 1,167,149 | 28,524 |
| 14 Information technology | 2,647,428 | 882,757 | 1,456,003 | 308,668 |
| 15 Royalties | | | | |
| 16 Occupancy | 13,696,468 | 13,678,276 | 18,192 | 0 |
| 17 Travel | 1,255,664 | 778,455 | 396,141 | 81,068 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 105,576 | 7,997 | 11,697 | 85,882 |
| 20 Interest | 1,841,583 | 1,841,583 | | |
| 21 Payments to affiliates | 612,261 | 502,054 | 61,226 | 48,981 |
| 22 Depreciation, depletion, and amortization | 16,290,167 | 15,831,138 | 459,029 | 0 |
| 23 Insurance | 1,160,172 | 1,158,631 | 1,541 | 0 |
| 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 PROGRAM SUPPLIES | 10,270,371 | 9,996,150 | 224,578 | 49,643 |
| b EQUIPMENT | 1,536,138 | 1,500,400 | 30,274 | 5,464 |
| c MISCELLANEOUS | 265,726 | 113,396 | 96,713 | 55,617 |
| d NON-OPERATING EXPENSES | 309,065 | 0 | 309,065 | 0 |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 162,953,735 | 127,100,965 | 28,903,017 | 6,949,753 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

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 | 1,323,197 | 1 | 2,570,994 |
| | 2 Savings and temporary cash investments | 31,366,614 | 2 | 12,011,335 |
| | 3 Pledges and grants receivable, net | 3,511,948 | 3 | 5,843,060 |
| | 4 Accounts receivable, net | 6,659,722 | 4 | 5,610,013 |
| | 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 | 0 | 5 | 0 |
| | 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) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 599,928 | 8 | 102,858 |
| | 9 Prepaid expenses and deferred charges | 1,144,557 | 9 | 874,898 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 365,670,408 | | |
| | b Less: accumulated depreciation | 10b 189,987,152 | 197,474,678 | 10c 175,683,256 |
| | 11 Investments—publicly traded securities | 93,603,591 | 11 | 75,095,120 |
| | 12 Investments—other securities. See Part IV, line 11 | 24,622,065 | 12 | 25,070,892 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 34,225,326 | 15 | 41,258,228 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 394,531,626 | 16 | 344,120,654 | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,401,335 | 17 | 12,442,359 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 12,866,731 | 19 | 13,158,584 |
| | 20 Tax-exempt bond liabilities | 31,633,729 | 20 | 29,018,228 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 2,975,630 | 21 | 2,412,047 |
| | 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 | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 15,991,233 | 23 | 14,730,297 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 19,352,186 | 24 | 6,350,674 |
| | 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 | 9,232,611 | 25 | 8,563,170 |
| | 26 Total liabilities. Add lines 17 through 25 | 103,453,455 | 26 | 86,675,359 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 192,615,468 | 27 | 170,489,150 |
| | 28 Net assets with donor restrictions | 98,462,703 | 28 | 86,956,145 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | 0 | 29 | 0 |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | 0 | 30 | 0 |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 0 | 31 | 0 |
| | 32 Total net assets or fund balances | 291,078,171 | 32 | 257,445,295 |
| 33 Total liabilities and net assets/fund balances | 394,531,626 | 33 | 344,120,654 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 152,915,882 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 162,953,735 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (10,037,853) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 291,078,171 |
| 5 | Net unrealized gains (losses) on investments | 5 | (23,431,487) |
| 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 | (163,536) |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 257,445,295 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | ✓ | |
| 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. | ✓ | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | ✓ | |
| 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. | ✓ | |

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 dotted 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 | | | |
| (25) CHRIS KILLINGSTAD ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (26) CLARENCE JONES ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (27) CLIFTON ROSS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (28) COURTNEY BAECHLER ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (29) DAMIEN FAIR ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (30) DARREL GERMAN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (31) DAVID LAW ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (32) DAVID ROYAL ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (33) DAVID S. WICHMANN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (34) DAVID ST. PETER ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (35) DENIZ CULTU ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (36) DERRICK HOLLINGS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (37) DICK ZEHRING ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (38) DORIS BAYLOR ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (39) GEOFF MARTHA ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (40) GLORIA FREEMAN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (41) GREG MUNSON ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (42) JACQUELYN K. DAYLOR ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (43) JAMES BURROUGHS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (44) JAMES HEREFORD ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| (45) JASMINE JIRELE ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (46) JEFFREY P. GREINER ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (47) JIM LESLIE ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (48) JOHN NAYLOR ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (49) KATHRYN MITCHELL RAMSTAD ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (50) KELLY HYMAN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (51) KYLE ROLFING ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (52) LESLIE WRIGHT ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (53) LICA TOMIZUKA SANBORN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (54) LORI CARRELL ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (55) MARCUS FISCHER ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (56) MICHAEL J. KLINGENSMITH ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (57) MICHAEL JOHNSON ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (58) MIKE MCKEE ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (59) NORMAN WRIGHT ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (60) PATIENCE FERGUSON ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (61) PATTY MURPHY ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (62) PETER J. BACH ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (63) RACHAEL REILING ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (64) RACHEL PAULOSE ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (65) RAVI NORMAN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| (66) REID LARSON ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |
| (67) RICHARD K. DAVIS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |
| (68) SHELLEY KENDRICK ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |
| (69) SIYAD ABDULLAHI ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |
| (70) TIM WELSH ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |
| (71) TROY CARDINAL ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |
| (72) WALTER WHITE ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |
| (73) WENDY DAYTON ----- DIRECTOR | 1.0 ----- | ✓ | | | | | 0 | 0 | 0 |

**SCHEDULE A
(Form 990)**

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

2022

**Open to Public
Inspection**

| | |
|--|---|
| Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
|--|---|

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).)
- 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 33¹/₃% 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 33¹/₃% 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 on 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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test—2022. If the 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 | | <input type="checkbox"/> |
| b 33 1/3% support test—2021. 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 | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2022. 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 | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2021. 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 29,391,962 | 23,938,694 | 59,103,015 | 45,291,629 | 43,432,131 | 201,157,431 |
| 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 | 145,574,237 | 150,679,320 | 68,233,678 | 91,542,887 | 107,691,255 | 563,721,377 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Total. Add lines 1 through 5 | 174,966,199 | 174,618,014 | 127,336,693 | 136,834,516 | 151,123,386 | 764,878,808 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 1,378,694 | 915,394 | 1,468,926 | 449,762 | 486,913 | 4,699,689 |
| 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 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b | 1,378,694 | 915,394 | 1,468,926 | 449,762 | 486,913 | 4,699,689 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 760,179,119 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6 | 174,966,199 | 174,618,014 | 127,336,693 | 136,834,516 | 151,123,386 | 764,878,808 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,408,523 | 3,850,918 | 3,056,995 | 3,099,765 | 3,206,472 | 16,622,673 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 46,638 | 46,638 |
| c Add lines 10a and 10b | 3,408,523 | 3,850,918 | 3,056,995 | 3,099,765 | 3,253,110 | 16,669,311 |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 192,521 | 192,521 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 2,973,574 | 2,954,460 | 514,115 | 886,500 | 705,612 | 8,034,261 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 181,348,296 | 181,423,392 | 130,907,803 | 140,820,781 | 155,274,629 | 789,774,901 |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | 96.25 % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 95.42 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-------------------------------------|--------|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | 2.00 % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | 2.00 % |
| 19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | <input type="checkbox"/> | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| 2a | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | | |
| 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 | | |

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 (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2022

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 | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| Return Reference - Identifier | Explanation | | | | | | |
|--|--------------------------------|-----------|-----------|----------|----------|----------|-----------|
| SCHEDULE A, PART III, LINE 12 - OTHER INCOME | Other Income Type | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | (1) OTHER | 2,973,574 | 2,954,460 | 514,115 | 886,500 | 374,347 | 7,702,996 |
| | (2) PARTNER BENEFIT REVENUE | | | | | 331,265 | 331,265 |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer identification number 45-2563299

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 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 foundation

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

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

General Rule

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

Special Rules

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

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

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|--|---|
| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
|--|---|

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 | ----- ----- ----- | \$ 10,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ 5,380,904 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ 5,003,509 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ 2,846,514 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ 2,623,337 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ 1,324,716 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
|--|---|

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 | ----- ----- ----- | \$ ----- 1,285,678 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ----- ----- ----- | \$ ----- 850,403 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | ----- ----- ----- | \$ ----- 606,649 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | ----- ----- ----- | \$ ----- 505,802 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | ----- ----- ----- | \$ ----- 450,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | ----- ----- ----- | \$ ----- 425,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|--|---|
| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 | ----- ----- ----- | \$ ----- 379,714 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | ----- ----- ----- | \$ ----- 270,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | ----- ----- ----- | \$ ----- 250,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | ----- ----- ----- | \$ ----- 250,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | ----- ----- ----- | \$ ----- 248,620 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | ----- ----- ----- | \$ ----- 233,384 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 19 | ----- ----- ----- | \$ ----- 200,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | ----- ----- ----- | \$ ----- 199,710 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | ----- ----- ----- | \$ ----- 189,725 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | ----- ----- ----- | \$ ----- 173,496 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | ----- ----- ----- | \$ ----- 150,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | ----- ----- ----- | \$ ----- 125,130 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 25 | ----- ----- ----- | \$ 125,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | ----- ----- ----- | \$ 120,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | ----- ----- ----- | \$ 116,314 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | ----- ----- ----- | \$ 111,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | ----- ----- ----- | \$ 110,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | ----- ----- ----- | \$ 105,144 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
|--|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 31 | ----- ----- ----- | \$ 104,890 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | ----- ----- ----- | \$ 102,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | ----- ----- ----- | \$ 101,985 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | ----- ----- ----- | \$ 100,089 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | ----- ----- ----- | \$ 100,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | ----- ----- ----- | \$ 100,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
|--|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 37 | ----- ----- ----- | \$ 100,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | ----- ----- ----- | \$ 100,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | ----- ----- ----- | \$ 95,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | ----- ----- ----- | \$ 90,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | ----- ----- ----- | \$ 85,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | ----- ----- ----- | \$ 83,250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|--|---|
| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
|--|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 43 | ----- ----- ----- | \$ ----- 80,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | ----- ----- ----- | \$ ----- 77,735 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | ----- ----- ----- | \$ ----- 77,459 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | ----- ----- ----- | \$ ----- 77,370 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | ----- ----- ----- | \$ ----- 76,647 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | ----- ----- ----- | \$ ----- 72,679 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
|--|---|

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 |
|------------|-----------------------------------|----------------------------|--|
| 49 | ----- ----- ----- | \$ ----- 69,976 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | ----- ----- ----- | \$ ----- 68,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | ----- ----- ----- | \$ ----- 66,229 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | ----- ----- ----- | \$ ----- 65,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | ----- ----- ----- | \$ ----- 64,003 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | ----- ----- ----- | \$ ----- 61,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 55 | ----- ----- ----- | \$ ----- 55,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | ----- ----- ----- | \$ ----- 50,900 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | ----- ----- ----- | \$ ----- 50,807 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | ----- ----- ----- | \$ ----- 50,600 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | ----- ----- ----- | \$ ----- 50,358 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | ----- ----- ----- | \$ ----- 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 61 | ----- ----- ----- | \$ ----- 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | ----- ----- ----- | \$ ----- 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | ----- ----- ----- | \$ ----- 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | ----- ----- ----- | \$ ----- 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | ----- ----- ----- | \$ ----- 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | ----- ----- ----- | \$ ----- 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 67 | ----- ----- ----- | \$ ----- 48,668 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | ----- ----- ----- | \$ ----- 45,564 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | ----- ----- ----- | \$ ----- 41,998 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | ----- ----- ----- | \$ ----- 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | ----- ----- ----- | \$ ----- 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | ----- ----- ----- | \$ ----- 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 73 | ----- ----- ----- | \$ ----- 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | ----- ----- ----- | \$ ----- 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | ----- ----- ----- | \$ ----- 38,774 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | ----- ----- ----- | \$ ----- 37,676 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | ----- ----- ----- | \$ ----- 36,951 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | ----- ----- ----- | \$ ----- 36,792 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 79 | ----- ----- ----- | \$ ----- 35,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | ----- ----- ----- | \$ ----- 35,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | ----- ----- ----- | \$ ----- 35,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | ----- ----- ----- | \$ ----- 35,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | ----- ----- ----- | \$ ----- 32,589 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | ----- ----- ----- | \$ ----- 31,455 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 85 | ----- ----- ----- | \$ ----- 31,051 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | ----- ----- ----- | \$ ----- 30,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | ----- ----- ----- | \$ ----- 30,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | ----- ----- ----- | \$ ----- 28,549 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | ----- ----- ----- | \$ ----- 27,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | ----- ----- ----- | \$ ----- 27,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 91 | ----- ----- ----- | \$ ----- 27,400 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 92 | ----- ----- ----- | \$ ----- 26,991 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | ----- ----- ----- | \$ ----- 25,214 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 97 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 103 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | ----- ----- ----- | \$ ----- 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 107 | ----- ----- ----- | \$ ----- 24,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 108 | ----- ----- ----- | \$ ----- 24,305 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 109 | ----- ----- ----- | \$ ----- 24,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 110 | ----- ----- ----- | \$ ----- 22,842 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 111 | ----- ----- ----- | \$ ----- 22,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 112 | ----- ----- ----- | \$ ----- 22,170 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 113 | ----- ----- ----- | \$ ----- 21,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 114 | ----- ----- ----- | \$ ----- 21,334 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 115 | ----- ----- ----- | \$ ----- 20,092 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 116 | ----- ----- ----- | \$ ----- 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 117 | ----- ----- ----- | \$ ----- 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 118 | ----- ----- ----- | \$ ----- 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 119 | ----- ----- ----- | \$ ----- 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 120 | ----- ----- ----- | \$ ----- 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 121 | ----- ----- ----- | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 122 | ----- ----- ----- | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 123 | ----- ----- ----- | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 124 | ----- ----- ----- | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 125 | ----- ----- ----- | \$ 19,955 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 126 | ----- ----- ----- | \$ 18,982 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 127 | ----- ----- ----- | \$ 18,846 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 128 | ----- ----- ----- | \$ 18,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 129 | ----- ----- ----- | \$ 18,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 130 | ----- ----- ----- | \$ 17,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 131 | ----- ----- ----- | \$ 17,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 132 | ----- ----- ----- | \$ 17,077 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 133 | ----- ----- ----- | \$ ----- 17,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 134 | ----- ----- ----- | \$ ----- 17,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 135 | ----- ----- ----- | \$ ----- 15,265 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 136 | ----- ----- ----- | \$ ----- 15,250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 137 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 138 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 139 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 140 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 141 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 142 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 143 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 144 | ----- ----- ----- | \$ ----- 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 145 | ----- ----- ----- | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 146 | ----- ----- ----- | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 147 | ----- ----- ----- | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 148 | ----- ----- ----- | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 149 | ----- ----- ----- | \$ 14,302 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 150 | ----- ----- ----- | \$ 13,659 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 151 | ----- ----- ----- | \$ ----- 13,282 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 152 | ----- ----- ----- | \$ ----- 13,125 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 153 | ----- ----- ----- | \$ ----- 13,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 154 | ----- ----- ----- | \$ ----- 12,625 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 155 | ----- ----- ----- | \$ ----- 12,603 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 156 | ----- ----- ----- | \$ ----- 12,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 157 | ----- ----- ----- | \$ 12,371 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 158 | ----- ----- ----- | \$ 12,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 159 | ----- ----- ----- | \$ 12,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 160 | ----- ----- ----- | \$ 11,400 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 161 | ----- ----- ----- | \$ 11,338 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 162 | ----- ----- ----- | \$ 11,317 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 163 | ----- ----- ----- | \$ 11,029 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 164 | ----- ----- ----- | \$ 11,012 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 165 | ----- ----- ----- | \$ 11,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 166 | ----- ----- ----- | \$ 11,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 167 | ----- ----- ----- | \$ 11,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 168 | ----- ----- ----- | \$ 11,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 169 | ----- ----- ----- | \$ ----- 11,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 170 | ----- ----- ----- | \$ ----- 10,539 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 171 | ----- ----- ----- | \$ ----- 10,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 172 | ----- ----- ----- | \$ ----- 10,300 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 173 | ----- ----- ----- | \$ ----- 10,288 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 174 | ----- ----- ----- | \$ ----- 10,288 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 175 | ----- ----- ----- | \$ 10,103 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 176 | ----- ----- ----- | \$ 10,100 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 177 | ----- ----- ----- | \$ 10,052 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 178 | ----- ----- ----- | \$ 10,050 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 179 | ----- ----- ----- | \$ 10,039 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 180 | ----- ----- ----- | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 181 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 182 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 183 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 184 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 185 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 186 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 187 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 188 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 189 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 190 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 191 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 192 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 193 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 194 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 195 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 196 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 197 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 198 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 199 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 200 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 201 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 202 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 203 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 204 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 205 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 206 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 207 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 208 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 209 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 210 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 211 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 212 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 213 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 214 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 215 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 216 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 217 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 218 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 219 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 220 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 221 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 222 | ----- ----- ----- | \$ ----- 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 223 | ----- ----- ----- | \$ ----- 9,950 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 224 | ----- ----- ----- | \$ ----- 9,938 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 225 | ----- ----- ----- | \$ ----- 9,529 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 226 | ----- ----- ----- | \$ ----- 9,346 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 227 | ----- ----- ----- | \$ ----- 9,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 228 | ----- ----- ----- | \$ ----- 9,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 229 | ----- ----- ----- | \$ ----- 9,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 230 | ----- ----- ----- | \$ ----- 9,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 231 | ----- ----- ----- | \$ ----- 9,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 232 | ----- ----- ----- | \$ ----- 8,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 233 | ----- ----- ----- | \$ ----- 8,630 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 234 | ----- ----- ----- | \$ ----- 8,521 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 235 | ----- ----- ----- | \$ ----- 8,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 236 | ----- ----- ----- | \$ ----- 8,018 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 237 | ----- ----- ----- | \$ ----- 8,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 238 | ----- ----- ----- | \$ ----- 8,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 239 | ----- ----- ----- | \$ ----- 8,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 240 | ----- ----- ----- | \$ ----- 7,780 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 241 | ----- ----- ----- | \$ ----- 7,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 242 | ----- ----- ----- | \$ ----- 7,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 243 | ----- ----- ----- | \$ ----- 7,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 244 | ----- ----- ----- | \$ ----- 7,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 245 | ----- ----- ----- | \$ ----- 7,308 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 246 | ----- ----- ----- | \$ ----- 7,278 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 247 | ----- ----- ----- | \$ 7,250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 248 | ----- ----- ----- | \$ 7,202 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 249 | ----- ----- ----- | \$ 7,122 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 250 | ----- ----- ----- | \$ 7,103 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 251 | ----- ----- ----- | \$ 7,030 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 252 | ----- ----- ----- | \$ 7,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 253 | ----- ----- ----- | \$ ----- 7,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 254 | ----- ----- ----- | \$ ----- 6,856 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 255 | ----- ----- ----- | \$ ----- 6,849 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 256 | ----- ----- ----- | \$ ----- 6,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 257 | ----- ----- ----- | \$ ----- 6,750 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 258 | ----- ----- ----- | \$ ----- 6,750 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 259 | ----- ----- ----- | \$ ----- 6,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 260 | ----- ----- ----- | \$ ----- 6,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 261 | ----- ----- ----- | \$ ----- 6,350 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 262 | ----- ----- ----- | \$ ----- 6,257 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 263 | ----- ----- ----- | \$ ----- 6,242 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 264 | ----- ----- ----- | \$ ----- 6,143 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 265 | | \$ 6,130 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 266 | | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 267 | | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 268 | | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 269 | | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 270 | | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| <u>271</u> | ----- ----- ----- | \$ ----- 5,931 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>272</u> | ----- ----- ----- | \$ ----- 5,878 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>273</u> | ----- ----- ----- | \$ ----- 5,730 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>274</u> | ----- ----- ----- | \$ ----- 5,625 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>275</u> | ----- ----- ----- | \$ ----- 5,621 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>276</u> | ----- ----- ----- | \$ ----- 5,610 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 277 | ----- ----- ----- | \$ ----- 5,600 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 278 | ----- ----- ----- | \$ ----- 5,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 279 | ----- ----- ----- | \$ ----- 5,400 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 280 | ----- ----- ----- | \$ ----- 5,313 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 281 | ----- ----- ----- | \$ ----- 5,257 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 282 | ----- ----- ----- | \$ ----- 5,235 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 283 | ----- ----- ----- | \$ ----- 5,233 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 284 | ----- ----- ----- | \$ ----- 5,207 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 285 | ----- ----- ----- | \$ ----- 5,175 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 286 | ----- ----- ----- | \$ ----- 5,144 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 287 | ----- ----- ----- | \$ ----- 5,144 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 288 | ----- ----- ----- | \$ ----- 5,144 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 289 | ----- ----- ----- | \$ ----- 5,099 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 290 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 291 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 292 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 293 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 294 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 295 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 296 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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| 301 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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| 307 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 313 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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|------------|-----------------------------------|----------------------------|--|
| 319 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 325 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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| 355 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
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| 361 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
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| 365 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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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 |
|---------------------|---|---|-------------------|
| 17 | SHARES: 100 ABBV, 140 AAPL, 165 GLD, 50 UNH, 250 VLO, 585 GLD, 140 VUG | \$ 237,620 | 05/12/2022 |
| 33 | 730 SHARES OF GIS | \$ 50,699 | 04/07/2022 |
| 84 | SHARES: 472 ENB AND 180 OXY | \$ 31,455 | 12/01/2022 |
| 93 | 20 SHARES OF UNH | \$ 10,214 | 04/01/2022 |
| 112 | SHARES: 33 ACM, 1 AZO, 2 DG, 3 EOG, 5 HD, 11 LPLA, 2 NVO, 29 PGR TXN, 13 UNH, 1 V | \$ 22,170 | 12/08/2022 |
| 125 | 175 SHARES OF IJR | \$ 19,955 | 01/07/2022 |

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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) <small>(See instructions.)</small> | (d) Date received |
|---------------------------|---|--|----------------------|
| 132 | 350 SHARES OF DVN ----- ----- ----- | \$ 17,077 | 01/07/2022 ----- |
| 135 | 135 SHARES OF GIS ----- ----- ----- | \$ 10,265 | 07/08/2022 ----- |
| 151 | 258 SHARES OF WFC ----- ----- ----- | \$ 13,282 | 03/16/2022 ----- |
| 175 | 100 SHARES OF COP ----- ----- ----- | \$ 9,588 | 03/14/2022 ----- |
| 179 | 30 SHARES OF ADBE ----- ----- ----- | \$ 10,039 | 12/29/2022 ----- |
| 224 | 635 SHARES OF LBRT ----- ----- ----- | \$ 9,938 | 12/19/2022 ----- |

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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) <small>(See instructions.)</small> | (d) Date received |
|---------------------|---|---|---------------------|
| 255 | 100 SHARES OF GGG ----- ----- ----- | \$ 6,549 | 04/27/2022 ----- |
| 276 | 1000 SHARES OF OKE ----- ----- ----- | \$ 5,610 | 03/08/2022 ----- |
| 284 | 36 SHARES OF AAPL ----- ----- ----- | \$ 5,207 | 12/05/2022 ----- |
| 289 | 34 SHARES OF 3M ----- ----- ----- | \$ 5,048 | 02/18/2022 ----- |
| 365 | 1984 FORD F-250 PICKUP TRUCK ----- ----- ----- | \$ 5,000 | ----- ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- ----- |

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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 information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from 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 |
| ----- ----- ----- | ----- ----- ----- |

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
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| Name of organization YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH | Employer identification number 45-2563299 |
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | ✓ | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | ✓ | | |
| c Media advertisements? | | ✓ | |
| d Mailings to members, legislators, or the public? | | ✓ | |
| e Publications, or published or broadcast statements? | | ✓ | |
| f Grants to other organizations for lobbying purposes? | | ✓ | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | ✓ | | 93,000 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ✓ | |
| i Other activities? | | ✓ | |
| j Total. Add lines 1c through 1i | | | 93,000 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ✓ | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|--|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | THE LOBBYING ACTIVITIES OF THE YMCA OF THE NORTH INCLUDE THE FOLLOWING: DIRECTLY COMMUNICATING YMCA POSITIONS TO LEGISLATORS, MAKING PRESENTATIONS TO COMMUNICATE YMCA POSITIONS; MONITORING LEGISLATIVE ACTIVITIES IMPACTING THE YMCA; AND INTRODUCING AND LOBBYING FOR YMCA LEGISLATIVE INITIATIVES. |

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

2022

Open to Public Inspection

Name of the organization: YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH; Employer identification number: 45-2563299

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values. Rows 5-6 for donor and grantee notification questions.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution table (2a-2d). 3-8. Monitoring and enforcement details. 9. Reporting requirements.

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.

Form with sections 1a-1b and 2 for reporting on art and historical treasures, including revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 96,265,738 | 77,355,613 | 69,211,614 | 58,516,623 | 53,983,086 |
| b Contributions | 3,643,053 | 4,744,423 | 1,040,664 | 813,748 | 9,448,136 |
| c Net investment earnings, gains, and losses | (14,013,855) | 17,040,012 | 9,296,886 | 12,060,700 | (2,850,546) |
| d Grants or scholarships | 0 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 3,064,643 | 2,837,877 | 2,162,968 | 2,149,366 | 2,035,355 |
| f Administrative expenses | 38,825 | 36,433 | 30,583 | 30,091 | 28,698 |
| g End of year balance | 82,791,468 | 96,265,738 | 77,355,613 | 69,211,614 | 58,516,623 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 26.00 %
- b** Permanent endowment 50.00 %
- c** Term endowment 24.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 17,124,089 | | 17,124,089 |
| b Buildings | | 292,732,452 | 144,863,683 | 147,868,769 |
| c Leasehold improvements | | 8,459,630 | 3,373,190 | 5,086,440 |
| d Equipment | | 46,863,723 | 41,750,279 | 5,113,444 |
| e Other | | 490,514 | | 490,514 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 175,683,256 |

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) MULTI-STRATEGY HEDGE FUND OF FUNDS AND PRIVATE EQUITY | 25,070,892 | END OF YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 25,070,892 | |

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. (Column (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) LIFE INSURANCE | 265,397 |
| (2) INTEREST IN BENEFICIARY TRUST | 2,714,010 |
| (3) FUNDS HELD IN ESCROW | 1,241,418 |
| (4) FINANCING LEASE RIGHT TO USE ASSETS | 10,001,227 |
| (5) OPERATING LEASE RIGHT TO USE ASSETS | 7,405,568 |
| (6) DONATED RIGHT TO USE ASSETS | 7,630,608 |
| (7) PROPERTY HELD FOR SALE | 12,000,000 |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 41,258,228 |

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) ANNUITY OBLIGATIONS | 98,863 |
| (3) OPERATING LEASE PAYABLE | 8,464,307 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 8,563,170 |

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

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.

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE D, PART II, LINE 9 - CONSERVATION EASEMENTS FINANCIAL REPORTING | THE YMCA OF THE NORTH IDENTIFIES CONSERVATION EASEMENTS AS LAND ON ITS BALANCE SHEET. |
| SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT | THE YMCA OF THE NORTH IS THE CUSTODIAN OF AN ENDOWMENT CONTRIBUTION THAT BENEFITS OTHER YMCA'S. |
| SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS | TO PROVIDE GENERAL DISCRETIONARY SUPPORT TO THE ANNUAL BUDGET, WITH SPECIAL EMPHASIS ON PROVIDING FINANCIAL ASSISTANCE TO CHILDREN, INDIVIDUALS, FAMILIES AND OTHER PARTICIPANTS WHO WOULD NOT BE ABLE TO PARTICIPATE IN YMCA PROGRAMS DUE TO FINANCIAL REASONS. THE ENDOWMENT FUND ALSO HELPS TO SUPPORT STAFF TRAINING, MAINTAIN HIGH QUALITY EQUIPMENT, PRESERVE BUILDINGS AND GROUNDS AND ENSURE THAT YMCA PROGRAMS ARE AFFORDABLE. |
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE | YMCA OF THE NORTH IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR MINNESOTA STATUTES. THE ENTITY IS NOT CONSIDERED A PRIVATE FOUNDATION AND CONTRIBUTIONS ARE CONSIDERED TAX DEDUCTIBLE. TWIN CITIES YMCA PARTNERS, LLC, YMCA AT THE MARSH, LLC AND OPEN Y, LLC ARE WHOLLY OWNED LIMITED LIABILITY CORPORATIONS OF THE YMCA AND ALL ACTIVITIES ARE INCLUDED IN THE FILINGS OF THE YMCA. THE YMCA FOLLOWS A POLICY THAT CLARIFIED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS POLICY HAS NO IMPACT ON THE YMCA'S CONSOLIDATED FINANCIAL STATEMENTS. |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer identification number
45-2563299

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) SUB-SAHARAN AFRICA | 0 | 0 | GRANTMAKING | CARRY OUT YOUTH DEVELOPMENT PROGRAMS IN ETHIOPIA, LIBERIA AND SOUTH AFRICA YMCAS. | 25,000 |
| (2) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | N/A | 10,333,044 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 0 | 0 | | | 10,358,044 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 10,358,044 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|--------------------|--|---------------------------------|--|---|--|--|
| (1) | | | SUB-SAHARAN AFRICA | SUPPORT THE YOUTH DEVELOPMENT WORK OF THE YMCA IN LIBERIA | 15,000 | WIRE TRANSFER VIA YMCA OF THE USA WORLD SERVICE | 0 | N/A | N/A |
| (2) | | | SUB-SAHARAN AFRICA | SUPPORT THE YOUTH DEVELOPMENT WORK OF THE YMCA IN SOUTH AFRICA | 5,000 | WIRE TRANSFER VIA YMCA OF THE USA WORLD SERVICE. | 0 | N/A | N/A |
| (3) | | | SUB-SAHARAN AFRICA | SUPPORT THE YOUTH DEVELOPMENT WORK OF THE YMCA IN ETHIOPIA | 5,000 | WIRE TRANSFER VIA YMCA OF THE USA WORLD SERVICE | 0 | N/A | N/A |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **▶** 3

3 Enter total number of other organizations or entities . . . **▶** 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | ORGANIZATIONAL REPORTS AND FINANCIAL STATEMENTS FROM INTERNATIONAL ORGANIZATIONS ARE SUBMITTED TO THE YMCA OF THE NORTH. HISTORICALLY THE YMCA LEADERS MADE TRIPS TO VISIT THE LOCATIONS WHERE THE MONEY HAS BEEN SPENT. |
| SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL |
| SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | SUB-SAHARAN AFRICA -ACCRUAL, |

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 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|---|--|----------------------|---------------------------------|
| | | YMCA GREG COLEMAN CELEBRITY GOL (event type) | BLAISDELL YMCA FUNDRAISING EVENT (event type) | 16 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 339,500 | 79,056 | 391,411 | 809,967 |
| | 2 Less: Contributions | 226,740 | 20,000 | 96,214 | 342,954 |
| | 3 Gross income (line 1 minus line 2) | 112,760 | 59,056 | 295,197 | 467,013 |
| Direct Expenses | 4 Cash prizes | | | 500 | 500 |
| | 5 Noncash prizes | 27,457 | | | 27,457 |
| | 6 Rent/facility costs | 2,528 | 4,076 | 18,078 | 24,682 |
| | 7 Food and beverages | 33,087 | 92 | 35,367 | 68,546 |
| | 8 Entertainment | 6,750 | 0 | 24,076 | 30,826 |
| | 9 Other direct expenses | 30,413 | 17,006 | 75,062 | 122,481 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 274,492 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 192,521 | |

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 | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

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).

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1 | CONSULTING SERVICE RELATED TO FUNDRAISING FOR THE COMPREHENSIVE CAMPAIGN |
| SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 3 | CAMPAIGN COUNSEL AND CAMPAIGN MANAGEMENT |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer identification number

45-2563299

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BOYS & GIRLS CLUB OF THE TWIN CITIES 690 JACKSON STREET, ST. PAUL, MN 55103 | 07-9717625 | 501(C)(3) | 680,829 | 0 | | N/A | (SEE STATEMENT) |
| (2) CITY OF MINNEAPOLIS 812 PLYMOUTH AVE, MINNEAPOLIS, MN 55411 | 02-0504114 | GOV'T | 368,240 | 0 | | N/A | (SEE STATEMENT) |
| (3) YWCA OF MINNEAPOLIS 1130 NICOLLET MALL, MINNEAPOLIS, MN 55403 | 08-9481972 | 501(C)(3) | 198,910 | 0 | | N/A | (SEE STATEMENT) |
| (4) CITY OF RICHFIELD 7001 HARRIET AVE S, RICHFIELD, MN 55423 | 41-6001404 | GOV'T | 75,872 | 0 | | N/A | (SEE STATEMENT) |
| (5) MINNESOTA SAFE STREETS 4301 1ST AVE SOUTH, MINNEAPOLIS, MN 55409 | 85-2012012 | 501(C)(3) | 572,456 | 0 | | N/A | (SEE STATEMENT) |
| (6) (SEE STATEMENT) | 85-2839863 | N/A | 90,716 | 0 | | N/A | (SEE STATEMENT) |
| (7) (SEE STATEMENT) | 41-0908458 | 501(C)(3) | 107,510 | 0 | | N/A | (SEE STATEMENT) |
| (8) KAREN ORGANIZATION OF MINNESOTA 2353 RICE ST, SUITE 240, ROSEVILLE, MN 55113 | 30-0438142 | 501(C)(3) | 128,401 | 0 | | N/A | (SEE STATEMENT) |
| (9) (SEE STATEMENT) | 30-0368292 | 501(C)(3) | 114,751 | 0 | | N/A | (SEE STATEMENT) |
| (10) (SEE STATEMENT) | 90-0905152 | 501(C)(3) | 71,603 | 0 | | N/A | (SEE STATEMENT) |
| (11) AFGHAN CULTURAL SOCIETY OF MN 12236 3RD ST NE, BLAINE, MN 55434 | 87-2735332 | 501(C)(3) | 145,379 | 0 | | N/A | (SEE STATEMENT) |
| (12) (SEE STATEMENT) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13

3 Enter total number of other organizations listed in the line 1 table 1

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

Cat. No. 50055P

Schedule I (Form 990) 2022

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) YMCA OF THE SEVEN COUNCIL FIRES PO BOX 218, DUPREE, SD 57623 | 46-0336514 | 501(C)(3) | 56,388 | 0 | | N/A | GENERAL OPERATING SUPPORT |
| (13) FRIENDS OF THE JERUSALEM INTERNATIONAL YMCA ONE TOWN SQUARE , SUITE 600, SOUTHFIELD, MI 48076 | 46-4504851 | 501(C)(3) | 50,913 | 0 | | N/A | GENERAL OPERATING SUPPORT |
| (14) YMCA WORLD SERVICE 101 NORTH WACKER DRIVE, CHICAGO, IL 60606 | 36-3258696 | 501(C)(3) | 25,456 | 0 | | N/A | GENERAL OPERATING SUPPORT |

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS. | ORGANIZATIONAL REPORTS AND FINANCIAL STATEMENTS FROM THE ORGANIZATIONS ARE SUBMITTED TO THE YMCA OF THE NORTH. THE YMCA ALSO MAKES REGULAR TRIPS TO VISIT THE LOCATIONS WHERE THE MONEY HAS BEEN SPENT. |
| (6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | S4 LEARNING LABS LLC 1300 OLSON MEMORIAL HWY, MINNEAPOLIS, MN 55411 |
| (7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | SUMMIT ACADEMY 935 OLSON MEMORIAL HWY, MINNEAPOLIS, MN 55405 |
| (9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AFRICAN IMMIGRANTS COMMUNITY SERVICES 1433 E FRANKLIN AVE, SUITE 13B, MINNEAPOLIS, MN 55404 |
| (10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | VOICE IN THE WILDERNESS ORGANIZATION 8025 HYDE AVE SOUTH, COTTAGE GROVE, MN 55016 |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | BOYS & GIRLS CLUB OF THE TWIN CITIES: PROVIDE PROGRAM SUPPORT FOR BEACONS/21ST CENTURY LEARNING CENTERS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | CITY OF MINNEAPOLIS : PROVIDE PROGRAM SUPPORT FOR BEACONS/21ST CENTURY LEARNING CENTERS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | YWCA OF MINNEAPOLIS: PROVIDE PROGRAM SUPPORT FOR BEACONS/21ST CENTURY LEARNING CENTERS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | CITY OF RICHFIELD: PROVIDE PROGRAM SUPPORT FOR BEACONS/21ST CENTURY LEARNING CENTERS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | MINNESOTA SAFE STREETS: TO SUPORT VIOLENCE PREVENTION WORK OF MNSS IN THE COMMUNITY MOST AT RISK FOR BEING EITHER VICTIMS OR PERPETRATORS OF VIOLENCE. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | S4 LEARNING LABS LLC: TO SUPPORT ESPORTS/STEM NATION WORK WITH YOUTH IN DEVELOPING GAMING APPS AND LEAGUE |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | SUMMIT ACADEMY: TO SUPPORT SUMMIT ACADEMY OIC'S WORK IN SECURING MEANINGFUL EMPLOYMENT FOR UNDERSERVED COMMUNITIES. |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | KAREN ORGANIZATION OF MINNESOTA: SUPPORT TO PROVIDE FAMILY ASSISTER SERVICES TO ELIGIBLE REFUGEES AND IMMIGRANTS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | AFRICAN IMMIGRANTS COMMUNITY SERVICES: SUPPORT TO PROVIDE FAMILY ASSISTER SERVICES TO ELIGIBLE REFUGEES AND IMMIGRANTS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | VOICE IN THE WILDERNESS ORGANIZATION: SUPPORT TO PROVIDE FAMILY ASSISTER SERVICES TO ELIGIBLE REFUGEES AND IMMIGRANTS |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE | AFGHAN CULTURAL SOCIETY OF MN: SUPPORT TO PROVIDE FAMILY ASSISTER SERVICES TO ELIGIBLE REFUGEES AND IMMIGRANTS |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

Open to Public Inspection

YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer identification number

45-2563299

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----------|----|
| <p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> | | |
| <p>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</p> | 1b | |
| <p>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?</p> | 2 | |
| <p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>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:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | ✓ |
| <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> | 4b | ✓ |
| <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>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:</p> | | |
| <p>a The organization?</p> | 5a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | 5b | ✓ |
| <p>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:</p> | | |
| <p>a The organization?</p> | 6a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | 6b | ✓ |
| <p>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</p> | 7 | ✓ |
| <p>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</p> | 8 | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 GLEN GUNDERSON PRESIDENT AND CEO | (i) | 547,592 | 228,500 | 1,824 | 24,100 | 11,817 | 813,833 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 KAREN LARSON EVP OPERATIONS AND FINANCE | (i) | 316,419 | 71,375 | 3,709 | 24,172 | 6,303 | 421,978 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 HEDY WALLS EVP SOCIAL RESPONSIBILITY | (i) | 264,068 | 55,000 | 10,117 | 23,445 | 10,365 | 362,995 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 ANITA LANCELLO BYDLON EVP TRANSFORMATION | (i) | 243,221 | 53,689 | 2,692 | 21,833 | 10,365 | 331,800 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 GEORGE MCCRARY EVP PEOPLE AND CULTURE | (i) | 244,038 | 57,292 | 1,825 | 0 | 6,303 | 309,458 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 THOMAS CASE SENIOR VP TECHNOLOGY AND EXPERIENCE | (i) | 195,582 | 37,000 | 0 | 18,065 | 6,633 | 257,280 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 ALEXANDRA BARTELS SENIOR VP OF FINANCE | (i) | 175,048 | 20,625 | 46 | 14,838 | 11,817 | 222,374 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 MICHAEL LAVIN VP OF OPERATIONS | (i) | 173,489 | 22,068 | 438 | 14,095 | 11,817 | 221,907 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 AMANDA NOVAK SENIOR VP STRATEGIC INTEGRATION | (i) | 173,617 | 22,500 | 0 | 14,049 | 6,303 | 216,469 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer identification number

45-2563299

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|----------|------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | CITY OF MINNEAPOLIS | 41-6005375 | 603786JN5 | 06/17/2016 | 13,520,823 | (SEE STATEMENT) | | ✓ | | ✓ | | ✓ |
| B | CITY OF WHITE BEAR LAKE, MINNESOTA | 41-6005641 | 96345PAQ9 | 12/20/2018 | 20,426,188 | REFINANCE OUTSTANDING BONDS. | | ✓ | | ✓ | | ✓ |
| C | CITY OF ANDOVER, MINNESOTA | 41-0983248 | NONEAVAIL | 12/05/2019 | 6,650,000 | EXPAND AND RENOVATE ANDOVER YMCA | | ✓ | | ✓ | | ✓ |
| D | | | | | | | | | | | | |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|----|------------|----|-----------|----|-----|----|
| 1 | Amount of bonds retired | 4,787,217 | | 4,604,495 | | 1,830,000 | | | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | | |
| 3 | Total proceeds of issue | 13,520,823 | | 20,426,188 | | 6,650,000 | | | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | | |
| 7 | Issuance costs from proceeds | 170,200 | | 266,227 | | 85,325 | | | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | | |
| 10 | Capital expenditures from proceeds | 13,350,623 | | 0 | | 6,521,911 | | | |
| 11 | Other spent proceeds | 0 | | 20,159,961 | | 0 | | | |
| 12 | Other unspent proceeds | 0 | | 0 | | 42,764 | | | |
| 13 | Year of substantial completion | 2018 | | 2018 | | 2020 | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | ✓ | ✓ | | | ✓ | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | ✓ | | ✓ | | ✓ | | |
| 16 | Has the final allocation of proceeds been made? | ✓ | | ✓ | | | ✓ | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | ✓ | | ✓ | | ✓ | | | |

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

Cat. No. 50193E

Schedule K (Form 990) 2022

Part III Private Business Use

| | A | | B | | C | | D | |
|---|--------|----|--------|----|--------|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | ✓ | | ✓ | | ✓ | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | ✓ | | ✓ | | ✓ | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | ✓ | | ✓ | | ✓ | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | ✓ | | ✓ | | ✓ | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0.00 % | | 0.00 % | | 0.00 % | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0.00 % | | 0.00 % | | 0.00 % | | | |
| 6 Total of lines 4 and 5 | 0.00 % | | 0.00 % | | 0.00 % | | | |
| 7 Does the bond issue meet the private security or payment test? | | ✓ | | ✓ | | ✓ | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | ✓ | | ✓ | | ✓ | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | ✓ | | ✓ | | ✓ | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|------------|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | ✓ | | ✓ | | ✓ | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | ✓ | ✓ | | ✓ | | | |
| b Exception to rebate? | | ✓ | | ✓ | | ✓ | | |
| c No rebate due? | ✓ | | | ✓ | | ✓ | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | 01/18/2023 | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | ✓ | | ✓ | | ✓ | | |

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference - Identifier | Explanation |
|---|---|
| SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: CITY OF MINNEAPOLIS | CONSTRUCT NEW YMCA HEADQUARTERS AND DOWNTOWN MINNEAPOLIS YMCA |
| SCHEDULE K, PART IV, LINE 2C - COLUMN A | ISSUER NAME: CITY OF MINNEAPOLIS THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 01/18/2023 |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer identification number
45-2563299

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | ✓ | | 2,701 | MARKET VALUE |
| 6 Cars and other vehicles | ✓ | 1 | 5,000 | MARKET VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 16 | 464,715 | MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | ✓ | 6 | 7,467 | MARKET VALUE |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (<u>GIFT CERTIFICATE</u>) | ✓ | 6 | 3,851 | ESTIMATED VALUE |
| 26 Other (<u>AUCTION ITEM</u>) | ✓ | 59 | 7,773 | ESTIMATED VALUE |
| 27 Other (<u>EQUIPMENT</u>) | ✓ | 4 | 6,881 | ESTIMATED VALUE |
| 28 Other (<u>SEE STATEMENT</u>) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | ✓ |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part I

Types of Property (continued)

| Property Type | (a) Check If Applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|-----------------------------|-------------------------|--|---|--|
| OUTDOOR GOODS | ✓ | 2 | 1,940 | ESTIMATED VALUE |
| CANOE, TRAILER & SMALL BOAT | ✓ | 4 | 7,500 | ESTIMATED VALUE |

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTORS CLOTHING AND HOUSEHOLD GOODS - NUMBER OF CONTRIBUTORS CARS AND OTHER VEHICLES - NUMBER OF CONTRIBUTORS FOOD INVENTORY - NUMBER OF CONTRIBUTORS OTHER - GIFT CERTIFICATE NUMBER OF CONTRIBUTORS OTHER - EQUIPMENT NUMBER OF CONTRIBUTORS OTHER - OUTDOOR GOODS NUMBER OF CONTRIBUTORS OTHER - CANOE, TRAILER & SMALL BOAT NUMBER OF CONTRIBUTORS |

**SCHEDULE O
(Form 990)**

Department of 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

2022

Open to Public Inspection

Name of the Organization
YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer Identification Number
45-2563299

| Return Reference - Identifier | Explanation |
|--|---|
| <p>FORM 990, PART I, LINE 1 - BRIEF MISSION</p> | <p>AND BODY FOR ALL. WE ARE A CAUSE-DRIVEN ORGANIZATION THAT STRENGTHENS COMMUNITIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. THE YMCA OF THE NORTH WAS FORMED IN 2011 AS AN INTEGRATION OF THE YMCA OF METROPOLITAN MINNEAPOLIS AND THE YMCA OF GREATER SAINT PAUL, UNITING THE STRENGTHS OF TWO MAJOR AND FINANCIALLY STRONG NONPROFITS THAT HAVE BEEN SERVING THE TWIN CITIES COMMUNITIES FOR MORE THAN 167 YEARS. THE Y PROVIDES LIFE-STRENGTHENING SERVICES ACROSS 12 COUNTIES OF THE GREATER TWIN CITIES METRO REGION, SOUTHEASTERN MINNESOTA & WESTERN WISCONSIN COMMUNITIES. THE 26 Y LOCATIONS & PROGRAM SITES, EIGHT OVERNIGHT CAMPS, NINE DAY CAMPS, & MORE THAN 90 CHILD CARE SITES ENGAGE MEN, WOMEN & CHILDREN OF ALL AGES, INCOMES AND BACKGROUNDS. IN 2022, MORE THAN 370,000 OF OUR NEIGHBORS GOT THE OPPORTUNITY TO LEARN, GROW AND THRIVE AT THE YMCA.</p> |
| <p>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION</p> | <p>RESPONSIBILITY. FIVE CORE VALUES OF CARING, EQUITY, HONESTY, RESPECT AND RESPONSIBILITY ARE TAUGHT AND MODELED IN ALL OF OUR PROGRAMS AND SERVICES.</p> <p>THE Y IS COMMITTED TO PROVIDING EQUAL ACCESS TO ITS PROGRAMS, SERVICES AND FACILITIES WITHOUT REGARD TO INCOME, RACE, ABILITY, CREED, NATIONAL ORIGIN AND SEX. THE YMCA CELEBRATES THE PRESENCE OF DIFFERENCES THAT MAKE EACH PERSON UNIQUE. THE Y INTENTIONALLY ENGAGES AND DEVELOPS ALL MEMBERS OF THE Y COMMUNITY AND STRIVE TO CONNECT AND SERVE POPULATIONS LOCALLY, NATIONALLY AND GLOBALLY.</p> <p>THE Y'S VISION IS "WE SERVE RELENTLESSLY WITH OUR COMMUNITY UNTIL ALL CAN THRIVE IN EACH STAGE OF LIFE." STRENGTHENING COMMUNITY IS THE Y'S CAUSE. THE YMCA BELIEVES "WE ARE STRONGER TOGETHER"</p> |
| <p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p> | <p>KEY YOUTH PROGRAM AREAS AT THE Y ARE:</p> <p>CHILD CARE: SAFE, NURTURING ENVIRONMENT FOR CHILDREN TO LEARN, GROW AND DEVELOP SOCIAL SKILLS.</p> <p>EDUCATION & LEADERSHIP: KNOWLEDGE, CHARACTER DEVELOPMENT, GUIDANCE AND ENCOURAGEMENT TO HELP YOUTH DEVELOP AND REALIZE THEIR POTENTIAL.</p> <p>SWIM, SPORTS & PLAY: POSITIVE, FUN ACTIVITIES THAT BUILD ATHLETIC, SOCIAL AND INTERPERSONAL SKILLS.</p> <p>CAMP: EXCITING, SAFE COMMUNITY FOR YOUNG PEOPLE TO EXPLORE THE OUTDOORS, BUILD SELF-ESTEEM, DEVELOP INTERPERSONAL SKILLS AND MAKE LASTING FRIENDSHIPS AND MEMORIES.</p> <p>YOUTH DEVELOPMENT IN THE Y INCLUDES LEADERSHIP DEVELOPMENT PROGRAMS DURING OUT OF SCHOOL TIME (SUCH AS BEACONS SCHOOL SUCCESS AND Y LEADERS CLUB), YOUTH CIVIC ENGAGEMENT (LIKE CENTER FOR YOUTH VOICE INCLUDING YOUTH IN GOVERNMENT AND MODEL UNITED NATIONS), POST-SECONDARY EDUCATIONAL PREP (SUCH AS TEEN THRIVE), COMPETITIVE SWIMMING AND SPORTS, RECREATION ACTIVITIES; YOUTH SWIM LESSONS, DAY AND OVERNIGHT CAMPS AND SPECIALTY CAMP PROGRAMS.</p> <p>IN 2022, MORE THAN 16,000 KIDS WENT TO DAY CAMP TO LEARN, PLAY, MAKE FRIENDS AND CONNECT WITH CARING COUNSELORS. CLOSE TO 6,000 KIDS PARTICIPATED IN SPORTS PROGRAMS AND NEARLY 14,400 ADULTS, TEENS AND YOUTH TOOK PART IN OVERNIGHT CAMPING.</p> <p>SPECIFIC PROGRAMS IN YOUTH DEVELOPMENT ALSO INCLUDE EARLY CHILDHOOD LEARNING CENTERS, SCHOOL-AGE CHILDCARE AND DROP-IN CHILDCARE AT OUR MEMBERSHIP LOCATIONS. MOST CHILDCARE SITES ARE IN YMCA FITNESS AND WELLBEING CENTERS, SCHOOLS, CHURCHES AND OTHER NON-YMCA LOCATIONS. IN 2022, MORE THAN 19,100 KIDS IN Y CHILDCARE LEARNED THE CORE VALUES OF CARING, EQUITY, HONESTY, RESPECT AND RESPONSIBILITY.</p> |
| <p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p> | <p>BRING TOGETHER PEOPLE WITH SHARED ATHLETIC AND RECREATIONAL INTERESTS. THE Y ALSO PROVIDES SOCIAL NETWORKING OPPORTUNITIES AND ACTIVITIES THAT BRING TOGETHER PEOPLE THAT SHARE COMMON PASSIONS AND PERSONAL INTERESTS.</p> <p>SPECIFIC CORE PROGRAMS THAT PROMOTE HEALTHY LIVING INCLUDING GROUP FITNESS CLASSES, AQUATICS CLASSES, YOUTH FITNESS, FAMILY ACTIVITIES, PERSONAL AND GROUP TRAINING, OPEN GYM AND SWIM TIMES, AND FOREVERWELL SENIOR PROGRAMS AND ACTIVITIES. IN 2022, MORE THAN 62,500 SENIORS JOINED AND PARTICIPATED IN THE FOREVERWELL SENIOR PROGRAMMING. THE Y IS ALSO ENGAGED IN PREVENTATIVE HEALTH MEASURES INCLUDING PROGRAMS THAT ADDRESS YOUTH AND ADULT OBESITY AND THAT ARE HELPING PEOPLE OF ALL AGES FACE THE GROWING PROBLEM OF DIABETES, CANCER SURVIVORSHIP PROGRAMS, CARDIAC REHABILITATION, AS WELL AS HOLISTIC WELLBEING PROGRAMS LIKE MEDITATION, ACUPUNCTURE, AND OTHER MODALITIES THAT HELP THE WHOLE PERSON THRIVE.</p> |

| Return Reference - Identifier | Explanation | | | | |
|--|--|-----------------|------------|---|-----------|
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION | <p>LASTING CULTURE THAT VALUES ALL PERSPECTIVES. NEW AMERICAN WELCOME CENTERS: SUPPORT SYSTEMS THAT WELCOME, CELEBRATE, EDUCATE AND CONNECT DIVERSE DEMOGRAPHIC POPULATIONS IN LOCAL NEIGHBORHOODS, THE U.S. AND AROUND THE WORLD). VOLUNTEERISM & GIVING: VOLUNTARY CONTRIBUTIONS THAT FUND, LEAD AND SUPPORT THE Y'S CRITICAL WORK. ADVOCACY: COLLABORATION WITH POLICY MAKERS, COMMUNITY LEADERS AND PRIVATE AND PUBLIC ORGANIZATIONS TO DEVELOP YOUTH, ELIMINATE BARRIERS, PREVENT CHRONIC DISEASE, BUILD HEALTHIER COMMUNITIES AND ENCOURAGE SOCIAL RESPONSIBILITY.</p> <p>SPECIFIC PROGRAMS THAT BUILD SOCIAL RESPONSIBILITY ARE COMMUNITY HEALTH, COMMUNITY OUTREACH, EDUCATION AND WORK FORCE DEVELOPMENT, ENVIRONMENTAL EDUCATION, YOUTH AND FAMILY SERVICES, GLOBAL EDUCATION, NEWCOMER/IMMIGRATION SERVICES, EQUITY INNOVATION EXPERIENCES, FINANCIAL SUPPORT, PROGRAM AND POLICY VOLUNTEERS, ADVOCACY AND PUBLIC POLICY. IN 2022, NEARLY 10,200 YOUTH SERVED IN Y'S YOUTH AND FAMILY PROGRAMS THAT HELP YOUTH WITH VIOLENCE PREVENTION, HUMAN TRAFFICKING, FOOD INSECURITY, HOMELESSNESS, JUVENILE JUSTICE AND FOSTER CARE.</p> | | | | |
| FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE | THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE BOARD CHAIR, THE VICE CHAIR, THE TREASURER AND THE SECRETARY AND A MINIMUM OF THREE ADDITIONAL PERSONS WHO MAY BE MEMBERS OF THE GENERAL BOARD, BRANCH VOLUNTEERS OR PERSONS FROM THE COMMUNITY AT LARGE. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION OR DIRECTION IMPOSED BY THE BOARD, AND PERFORM SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE BOARD OF DIRECTORS FROM TIME TO TIME. THE EXECUTIVE COMMITTEE SHALL ACCEPT THE REPORT AND RECOMMENDATIONS OF THE PEOPLE & CULTURE COMMITTEE AND BOARD CHAIR WITH RESPECT TO THE PRESIDENT'S PERFORMANCE AND COMPENSATION, AND SHALL HAVE THE AUTHORITY TO APPROVE THE PRESIDENT'S COMPENSATION. | | | | |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | THE FORM 990 IS PREPARED BY THE YMCA AND REVIEWED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM. ONCE THE RETURN IS APPROVED BY MANAGEMENT, A DRAFT OF THE FILING GOES TO THE AUDIT COMMITTEE FOR THEIR REVIEW. ANY COMMENTS FROM THE COMMITTEE ARE INCORPORATED INTO THE FILING BEFORE THE BOARD OF DIRECTORS IS PROVIDED THE PUBLIC INSPECTION COPY FOR THEIR REVIEW AND APPROVAL TO FILE. DONOR NAMES AND ADDRESSES ARE REMOVED FROM SCHEDULE B PRIOR TO DISTRIBUTION TO THE AUDIT COMMITTEE AND GENERAL BOARD. A COMPLETE COPY INCLUDING DONOR NAMES AND ADDRESSES WILL BE PROVIDED TO ANY MEMBER UPON REQUEST. | | | | |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | UPON ASSUMING OFFICE OR EMPLOYMENT AND ANNUALLY THEREAFTER, THE YMCA SURVEYS ITS GENERAL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES TO DETERMINE IF THERE IS A CONFLICT OF INTEREST. THE FINDINGS ARE SUMMARIZED AND A FORMAL REPORT IS REVIEWED BY THE AUDIT COMMITTEE. THE REPORT INDICATES WHETHER ANY CONFLICTS WERE REPORTED, OR IF CONFLICTS ARE REPORTED, WHETHER PARTICIPATION SHOULD BE DISALLOWED OR BE CAREFULLY MONITORED THROUGHOUT THE YEAR. | | | | |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | THE CEO'S SALARY IS REVIEWED ANNUALLY BY A CEO REVIEW COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS AND HUMAN RESOURCE PROFESSIONALS AND HEADED BY THE PEOPLE & CULTURE COMMITTEE CHAIR. AS A COMPONENT OF THIS REVIEW, THE PEOPLE & CULTURE COMMITTEE CONDUCTS A MARKET COMPARISON OF THE CEO'S COMPENSATION TO THOSE AT OTHER NATIONAL YMCAS OF COMPARABLE SIZE AND TO NON-PROFITS OF A SIMILAR SIZE. THIS PROCESS OCCURRED IN 2022 FOR THE CEO, GLEN GUNDERSON. | | | | |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | OTHER OFFICERS' AND KEY EMPLOYEES' SALARIES ARE REVIEWED ANNUALLY BY THE PEOPLE & CULTURE COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS AND HUMAN RESOURCE PROFESSIONALS AND HEADED BY THE PEOPLE & CULTURE COMMITTEE CHAIR. AS A COMPONENT OF THIS REVIEW, THE PEOPLE & CULTURE COMMITTEE ANNUALLY USES SALARY SURVEYS AND A COMPENSATION CONSULTANT FOR MARKET COMPARISONS. THIS PROCESS OCCURRED IN 2022 FOR ALL OFFICERS OF THE YMCA OF THE NORTH. | | | | |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | THE ORGANIZATION DOES NOT MAKE AVAILABLE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY TO THE GENERAL PUBLIC. THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE. | | | | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">(a) Description</th> <th style="width: 20%; text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN VALUE OF BENEFICIARY AGREEMENTS</td> <td style="text-align: right;">- 163,536</td> </tr> </tbody> </table> | (a) Description | (b) Amount | CHANGE IN VALUE OF BENEFICIARY AGREEMENTS | - 163,536 |
| (a) Description | (b) Amount | | | | |
| CHANGE IN VALUE OF BENEFICIARY AGREEMENTS | - 163,536 | | | | |

**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

2022

Open to Public Inspection

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF THE NORTH

Employer identification number

45-2563299

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 |
|---|--|--|---------------------|---------------------------|--|
| (1) OPEN Y, LLC (36-4910924) 651 NICOLLET MALL, SUITE 500, MINNEAPOLIS, MN 55402-1436 | SHARE AND PROVIDE OPEN SOURCE SOFTWARE TO YMCAS. | MN | 4,093 | 350,598 | YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH |
| (2) YMCA AT THE MARSH, LLC (85-2378491) 15000 MINNETONKA BOULEVARD, MINNETONKA, MN 55345 | THE MARSH IS A FITNESS, HEALTH & SPA FACILITY COMMITTED TO SUPPORT INTEGRATIVE HEALTH AND WELLBEING. | MN | 0 | 4,250,000 | YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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 |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

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 | |
| (1) (SEE STATEMENT) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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 |
| (1) (SEE STATEMENT) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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 | | ✓ |
| b Gift, grant, or capital contribution to related organization(s) | | ✓ |
| c Gift, grant, or capital contribution from related organization(s) | | ✓ |
| d Loans or loan guarantees to or for related organization(s) | | ✓ |
| e Loans or loan guarantees by related organization(s) | | ✓ |
| f Dividends from related organization(s) | | ✓ |
| g Sale of assets to related organization(s) | | ✓ |
| h Purchase of assets from related organization(s) | | ✓ |
| i Exchange of assets with related organization(s) | | ✓ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | ✓ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | ✓ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | ✓ |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | ✓ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ✓ | |
| o Sharing of paid employees with related organization(s) | ✓ | |
| p Reimbursement paid to related organization(s) for expenses | | ✓ |
| q Reimbursement paid by related organization(s) for expenses | | ✓ |
| r Other transfer of cash or property to related organization(s) | | ✓ |
| s Other transfer of cash or property from related organization(s) | | ✓ |

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) | | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e) Are all partners section 501(c)(3) organizations? | | (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 | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

| (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 | |
| (1) TWIN CITIES PARTNERS, LLC (26-2038976) 651 NICOLLET MALL, SUITE # 500, MINNEAPOLIS, MN 55402 | INVESTMENT | MN | YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH | RELATED | 0 | 0 | | ✓ | | ✓ | | 99.90 |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

| (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 |
| (1) CHARITABLE REMAINDER TRUSTS (1) 651 NICOLLET MALL, SUITE # 500, MINNEAPOLIS, MN 55402 | INVESTMENTS | MN | YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH | TRUST | | | | ✓ | |