

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

**2020**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b></p> <p>Doing business as <b>YMCA BUFFALO NIAGARA</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>301 CAYUGA ROAD 100</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>BUFFALO, NY 14225</b></p> <p><b>F</b> Name and address of principal officer: <b>JOHN T. EHRBAR</b> <b>301 CAYUGA ROAD, BUFFALO, NY 14225</b></p>	<p><b>D</b> Employer identification number <b>16-0743231</b></p> <p><b>E</b> Telephone number <b>(716) 565-6000</b></p> <p><b>G</b> Gross receipts \$ <b>21,279,178.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: ▶ <b>WWW.YMCABUFFALONIAGARA.ORG</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>1853</b> <b>M</b> State of legal domicile: <b>NY</b></p>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O FOR DETAILS OF THE ORGANIZATION'S MISSION.</b>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>41</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>41</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>1263</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>346</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,610,392.	1,383,727.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,205,108.	14,641,319.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	371,123.	957,955.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,420.	252,014.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,486,043.	17,235,015.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	15,972,333.	9,952,471.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>288,781.</b>	0.	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,592,601.	8,390,368.
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,564,934.	18,342,839.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-78,891.	-1,107,824.
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	59,784,211.	58,063,914.	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	26,915,056.	25,622,751.	
		32,869,155.	32,441,163.	

**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.

<b>Sign Here</b>	<p>Signature of officer: </p> <p><b>JOHN T. EHRBAR, PRESIDENT/CEO</b></p>	<p>Date: <b>6/8/2021</b></p>
------------------	---	------------------------------

<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>MICHAEL ORLOWSKI</b></p>	<p>Preparer's signature <b>MICHAEL ORLOWSKI</b></p>	<p>Date <b>06/04/21</b></p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>PTIN <b>P00956557</b></p>
	<p>Firm's name ▶ <b>DOPKINS &amp; COMPANY, LLP</b></p> <p>Firm's address ▶ <b>200 INTERNATIONAL DR BUFFALO, NY 14221-5794</b></p>	<p>Firm's EIN ▶ <b>16-0929175</b></p> <p>Phone no. <b>716-634-8800</b></p>			

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

YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA

Form 990 (2020)

16-0743231 Page 2

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

YMCA BUFFALO NIAGARA IS A CHARITABLE, COMMUNITY BASED ORGANIZATION  
COMMITTED TO PROVIDING PROGRAMS DESIGNED TO BUILD A HEALTHY SPIRIT,  
MIND AND BODY FOR ALL.

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

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 8,410,805. including grants of \$ \_\_\_\_\_) (Revenue \$ 6,263,329.)  
YOUTH DEVELOPMENT-FOR ADDITIONAL DESCRIPTION OF PROGRAM SERVICE SEE  
SCHEDULE O.

4b (Code: \_\_\_\_\_) (Expenses \$ 7,036,464. including grants of \$ \_\_\_\_\_) (Revenue \$ 8,410,770.)  
HEALTHY LIVING-FOR ADDITIONAL DESCRIPTION OF PROGRAM SERVICE SEE  
SCHEDULE O.

4c (Code: \_\_\_\_\_) (Expenses \$ 32,049. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
SOCIAL RESPONSIBILITY-FOR ADDITIONAL DESCRIPTION OF PROGRAM SERVICE SEE  
SCHEDULE O.

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

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

4e Total program service expenses **▶ 15,479,318.**

Form 990 (2020)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

**Part IV Checklist of Required Schedules**

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page 4

**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> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
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? .....		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	X	

**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 in 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? .....	X	

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page 5

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	1263	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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.	16	X

Form 990 (2020)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page 6

**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
<b>1a</b>	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	41	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	41	
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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 **▶ NY**
- 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 **▶**  
**MATTHEW SHRIVER - (716) 565-6000**  
**301 CAYUGA ROAD, SUITE 100, BUFFALO, NY 14225**

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN EHRBAR PRESIDENT / CEO	40.00			X			226,631.	0.	32,670.	
(2) MATTHEW J. SHRIVER SENIOR VICE PRESIDENT - FINANCE/CFO	40.00			X			170,525.	0.	39,656.	
(3) ANNE REIF SENIOR VICE PRESIDENT-OPERATIONS/COO	40.00			X			163,459.	0.	27,727.	
(4) DEBRA SCHAPER VICE PRESIDENT - HR & LEADERSHIP DEV	40.00				X		107,587.	0.	21,457.	
(5) NICHOLAS BOND DISTRICT VICE PRESIDENT	40.00				X		103,623.	0.	24,539.	
(6) AMY JONES BRANCH BOARD CHAIR-SOUTHTOWN	3.00	X					0.	0.	0.	
(7) ANN SWAN DIRECTOR	2.00	X					0.	0.	0.	
(8) ANNE TAYLOR FORMER DIRECTOR	2.00	X					0.	0.	0.	
(9) ANTHONY SPADA TREASURER - BOARD OF TRUST	4.00	X	X				0.	0.	0.	
(10) ARTRELL WILLIAMS FORMER BRANCH BOARD CHAIR-WILLIAM-EM	3.00	X					0.	0.	0.	
(11) BREEANN WILSON VICE CHAIR - BOARD OF DIRECTORS	6.00	X	X				0.	0.	0.	
(12) BRIAN LIPKE TRUSTEE EMERITUS	2.00	X					0.	0.	0.	
(13) BRIAN ZIOLO DIRECTOR	2.00	X					0.	0.	0.	
(14) COLIN HEALY FORMER DIRECTOR	2.00	X					0.	0.	0.	
(15) DANIELLE SHAINBROWN DIRECTOR	2.00	X					0.	0.	0.	
(16) DAVID BAUER TREASURER - BOARD OF DIREC	6.00	X	X				0.	0.	0.	
(17) DAVID BEATON TRUSTEE	2.00	X					0.	0.	0.	

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID DUCHSCHERER AT- LARGE OFFICER- BOARD OF DIRECTOR	6.00	X		X				0.	0.	0.
(19) DON KING TRUSTEE	2.00	X						0.	0.	0.
(20) EJ BUTLER FORMER DIRECTOR	2.00	X						0.	0.	0.
(21) ELLEN PRZEPASNIAK BRANCH BOARD CHAIR-CAMP WEONA	3.00	X						0.	0.	0.
(22) GARY FRIEDMAN BRANCH BOARD CHAIR-INDEPEN	3.00	X						0.	0.	0.
(23) GLENN SPENCER DIRECTOR	2.00	X						0.	0.	0.
(24) JAMES DONATHEN DIRECTOR	2.00	X						0.	0.	0.
(25) JAMIL CREWS BRANCH BOARD CHAIR-WILLIAM-EMSLIE	3.00	X						0.	0.	0.
(26) JARED GROSS CHAIR - BOARD OF DIRECTORS	10.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								771,825.	0.	146,049.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								771,825.	0.	146,049.

**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 **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAXKO LLC, 600 UNIVERSITY PARK PLACE, STE 500, BIRMINGHAM, AL 35209	SOFTWARE SERVICES & CREDIT CARD PROCESSI	448,567.
THERMO MECHANICAL SERVICES CORP PO BOX 886, TONAWANDA, NY 14151	HVAC CONSTRUCTION & MAINTENANCE	407,405.
RIVA'S CATERING 2181 CLINTON STREET, WEST SENECA, NY 14206	CATERING & FOOD SERVICE	180,639.
CERIDIAN PO BOX 772830, CHICAGO, IL 60677	PAYROLL & HR PROCESSING	105,712.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>4</b>		

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2020)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990

16-0743231

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JIM LIPUMA BRANCH BOARD CHAIR-LANCASTER	3.00	X						0.	0.	0.
(28) JOAN STOVROFF FORMER DIRECTOR	2.00	X						0.	0.	0.
(29) JOHN CRAIK BRANCH BOARD CHAIR-DELAWAR	3.00	X						0.	0.	0.
(30) JOHN TRAVERS TRUSTEE EMERITUS	2.00	X						0.	0.	0.
(31) JOHN WRIGHT CHAIR - BOARD OF TRUSTEES	4.00	X		X				0.	0.	0.
(32) JOY AITCHISON DIRECTOR	2.00	X						0.	0.	0.
(33) KATHY BROWNSCHIDLE SECRETARY- BOARD OF TRUSTEES	4.00	X		X				0.	0.	0.
(34) LARRY REGAN DIRECTOR	2.00	X						0.	0.	0.
(35) LOU TERRAGNOLI DIRECTOR	2.00	X						0.	0.	0.
(36) LYNNE REILLY DIRECTOR	2.00	X						0.	0.	0.
(37) MARK LEMPKO DIRECTOR	2.00	X						0.	0.	0.
(38) MARK MARTIS DIRECTOR	2.00	X						0.	0.	0.
(39) MARK PHILLIPS SECRETARY- BOARD OF DIRECT	6.00	X						0.	0.	0.
(40) MARTIN POLOWY FORMER BRANCH BOARD CHAIR-INDEPEN	3.00	X						0.	0.	0.
(41) MARY KIENER TRUSTEE	2.00	X						0.	0.	0.
(42) MICHAEL DOLAN PAST CHAIR - BOARD OF DIRECTORS	6.00	X		X				0.	0.	0.
(43) MICHAEL DUGUAY FORMER BRANCH BOARD CHAIR-KEN-TON	3.00	X						0.	0.	0.
(44) MICHAEL GUERINOT TRUSTEE	2.00	X						0.	0.	0.
(45) MICHAEL HOFER DIRECTOR	2.00	X						0.	0.	0.
(46) MICHAEL WALSH TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page **9**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 17,945.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 171,523.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 270,799.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 923,460.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 4,024.					
	<b>h Total.</b> Add lines 1a-1f .....		1,383,727.				
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2 a</b> HEALTHY LIVING	813410	8,377,990.	8,377,990.			
	<b>b</b> YOUTH DEVELOPMENT	813410	6,263,329.	6,263,329.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		14,641,319.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		214,290.			214,290.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			77,865.				
	<b>b</b> Less: rental expenses .....	<b>6b</b>	55,258.				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	22,607.				
	<b>d</b> Net rental income or (loss) .....			22,607.		22,607.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
			4,594,743.	32,780.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	3,883,858.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	710,885.	32,780.		710,885.	
	<b>d</b> Net gain or (loss) .....			743,665.	32,780.	710,885.	
<b>8 a</b> Gross income from fundraising events (not including \$ 171,523. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
		277,955.					
		<b>b</b> Less: direct expenses .....	<b>8b</b>	92,227.			
<b>c</b> Net income or (loss) from fundraising events .....			185,728.		185,728.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		11,009.					
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>	12,820.			
<b>c</b> Net income or (loss) from sales of inventory .....			-1,811.		-1,811.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
	<b>11 a</b> TIMBER SALES	900099	40,892.			40,892.	
	<b>b</b> VENDING COMMISSIONS	900099	2,661.			2,661.	
	<b>c</b>						
	<b>d</b> All other revenue .....	900099	1,937.			1,937.	
<b>e Total.</b> Add lines 11a-11d .....		45,490.					
<b>12 Total revenue.</b> See instructions .....		17,235,015.	14,674,099.	0.	1,177,189.		

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	660,668.		608,808.	51,860.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,602,918.	6,679,683.	769,892.	153,343.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	490,303.	385,897.	96,694.	7,712.
9 Other employee benefits	505,038.	382,787.	105,944.	16,307.
10 Payroll taxes	693,544.	590,600.	86,869.	16,075.
11 Fees for services (nonemployees):				
a Management				
b Legal	145,092.		145,092.	
c Accounting	34,500.		34,500.	
d Lobbying	7,070.		7,070.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	116,321.	60,062.	56,259.	
12 Advertising and promotion	89,469.	81,483.	7,654.	332.
13 Office expenses	901,321.	851,350.	25,472.	24,499.
14 Information technology	376,276.	31,457.	335,998.	8,821.
15 Royalties				
16 Occupancy	1,548,082.	1,359,425.	187,721.	936.
17 Travel	71,459.	68,654.	2,492.	313.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,012.	22,870.	16,885.	8,257.
20 Interest	698,076.	698,076.		
21 Payments to affiliates	185,763.	185,763.		
22 Depreciation, depletion, and amortization	2,967,225.	2,965,097.	2,128.	
23 Insurance	619,618.	594,520.	25,098.	
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 <b>CREDIT CARD PROCESSING</b>	246,347.	227,748.	18,599.	
b <b>EQUIPMENT COSTS</b>	195,960.	179,396.	16,564.	
c <b>BAD DEBTS</b>	84,623.	84,623.		
d <b>MEMBERSHIP DUES</b>	51,920.	26,708.	24,886.	326.
e All other expenses	3,234.	3,119.	115.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>18,342,839.</b>	<b>15,479,318.</b>	<b>2,574,740.</b>	<b>288,781.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page 11

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,900.	1	6,903.
	<b>2</b> Savings and temporary cash investments .....	5,057,254.	2	3,165,764.
	<b>3</b> Pledges and grants receivable, net .....	336,609.	3	177,795.
	<b>4</b> Accounts receivable, net .....	409,249.	4	717,109.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....	268,080.	9	37,305.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 63,942,532.		
	<b>b</b> Less: accumulated depreciation .....	10b 25,038,238.	10c	38,904,294.
	<b>11</b> Investments - publicly traded securities .....	12,367,226.	11	14,347,297.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
	<b>15</b> Other assets. See Part IV, line 11 .....	738,669.	15	707,447.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	59,784,211.	16	58,063,914.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,543,627.	17	1,536,738.
	<b>18</b> Grants payable .....		18	
	<b>19</b> Deferred revenue .....	1,517,582.	19	1,135,913.
	<b>20</b> Tax-exempt bond liabilities .....	22,258,223.	20	21,009,124.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,127,341.	23	1,008,251.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<b>25</b> 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 .....	468,283.	25	932,725.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,915,056.	26	25,622,751.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	31,257,465.	27	30,927,049.
	<b>28</b> Net assets with donor restrictions .....	1,611,690.	28	1,514,114.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31	
<b>32</b> Total net assets or fund balances .....	32,869,155.	32	32,441,163.	
<b>33</b> Total liabilities and net assets/fund balances .....	59,784,211.	33	58,063,914.	

Form 990 (2020)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Form 990 (2020)

16-0743231 Page 12

**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	17,235,015.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	18,342,839.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	-1,107,824.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	32,869,155.
5 Net unrealized gains (losses) on investments .....	5	1,209,393.
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	-65,118.
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	-464,443.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	32,441,163.

**Part XIII Financial Statements and Reporting**

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

		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 in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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? .....	2b	X	
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 checked="" type="checkbox"/> Separate basis <input 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? .....	2c	X	
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 Single Audit Act and OMB Circular A-133? .....	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b		

Form 990 (2020)



**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>	

YOUNG MEN'S CHRISTIAN ASSOCIATION

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1223689.	5475743.	2155552.	1610392.	1383727.	11849103.
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	17892866.	20162302.	21611869.	24205108.	14674099.	98546244.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	19116555.	25638045.	23767421.	25815500.	16057826.	110395347
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						110395347

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	19116555.	25638045.	23767421.	25815500.	16057826.	110395347
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	425,627.	456,887.	670,389.	426,782.	292,155.	2271840.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	425,627.	456,887.	670,389.	426,782.	292,155.	2271840.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	19,540.	44,331.	24,041.			87,912.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	512,428.	635,695.	354,016.	295,666.	242,227.	2040032.
13 Total support. (Add lines 9, 10c, 11, and 12.)	20074150.	26774958.	24815867.	26537948.	16592208.	114795131

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	96.17 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	96.05 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1.98 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1.73 %

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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? <i>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.</i>		
2a		
b Did the activities described in 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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2020		
<b>a</b>	From 2015		
<b>b</b>	From 2016		
<b>c</b>	From 2017		
<b>d</b>	From 2018		
<b>e</b>	From 2019		
<b>f</b>	<b>Total</b> of lines 3a through 3e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2020 distributable amount		
<b>i</b>	Carryover from 2015 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
<b>4</b>	Distributions for 2020 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2020 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2016		
<b>b</b>	Excess from 2017		
<b>c</b>	Excess from 2018		
<b>d</b>	Excess from 2019		
<b>e</b>	Excess from 2020		

YOUNG MEN'S CHRISTIAN ASSOCIATION

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

FUNDRAISING

2016 AMOUNT: \$ 317,574.

2017 AMOUNT: \$ 295,260.

2018 AMOUNT: \$ 288,599.

2019 AMOUNT: \$ 213,564.

2020 AMOUNT: \$ 185,728.

RENTAL INCOME

2016 AMOUNT: \$ 190,432.

2017 AMOUNT: \$ 207,608.

MISCELLANEOUS

2016 AMOUNT: \$ 2,408.

2017 AMOUNT: \$ 53,348.

2018 AMOUNT: \$ 8,555.

2019 AMOUNT: \$ 53,864.

2020 AMOUNT: \$ 1,937.

VENDING SALES

2016 AMOUNT: \$ 46,501.

2017 AMOUNT: \$ 49,729.

2018 AMOUNT: \$ 27,112.

2019 AMOUNT: \$ 28,238.

2020 AMOUNT: \$ 13,670.

TIMBER SALES

YOUNG MEN'S CHRISTIAN ASSOCIATION

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

2017 AMOUNT: \$ 29,750.

2018 AMOUNT: \$ 29,750.

2020 AMOUNT: \$ 40,892.

LOSS ON SALE OF INVESTMENTS

2016 AMOUNT: \$ -44,487.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**YOUNG MEN ' S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Employer identification number

**16-0743231**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private 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**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b>	Employer identification number ** - *** 3231
--	---

**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		\$ 15,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 22,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 238,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 28,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b>	Employer identification number ** - ***3231
--	--

**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		\$ 11,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 87,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b>	Employer identification number ** - *** 3231
--	---

**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		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b>	Employer identification number ** - *** 3231
--	---

**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		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,600.	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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b>	Employer identification number ** - *** 3231
--	---

**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		\$ 5,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b>	Employer identification number ** - ***3231
--	--

**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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA</b>	Employer identification number <b>16-0743231</b>
--	---

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

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

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b> <b>BUFFALO NIAGARA</b>	Employer identification number  <b>16-0743231</b>
--	---

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

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

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

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](http://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.

Name of organization	<b>YOUNG MEN 'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA</b>	Employer identification number	<b>16-0743231</b>
----------------------	---	--------------------------------	-------------------

**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.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> 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="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

YOUNG MEN'S CHRISTIAN ASSOCIATION

**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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		7,070.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			7,070.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 expenditure 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.

PART II-B, LINE 1(F)(B)

YMCA BUFFALO NIAGARA IS A MEMBER OF, AND PAYS DUES TO, THE NYS ALLIANCE OF YMCAS. A PORTION OF THE DUES PAID TO THE NYS ALLIANCE IS USED FOR THE PURPOSE OF ADVOCATING THE YMCA'S POSITION ON LEGISLATIVE MATTERS. YMCA MANAGEMENT OCCASIONALLY HAS DIRECT CONTACT WITH PUBLIC OFFICIALS ON MATTERS THAT IMPACT THE YMCA'S MISSION.

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

2020

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA

Employer identification number 16-0743231

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form with multiple sections for conservation easements, including purpose selection, acreage reporting, and monitoring details.

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 questions 1a and 2 regarding art and historical treasures collections.

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

Schedule D (Form 990) 2020

032051 12-01-20

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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	12,367,226.	11,580,472.	14,814,015.	9,426,553.	8,824,075.
b Contributions	4,023.	1,736.	33,635.	3,878,942.	2,889.
c Net investment earnings, gains, and losses	2,134,567.	2,207,517.	-370,178.	1,445,870.	642,571.
d Grants or scholarships					
e Other expenditures for facilities and programs	93,401.	1,358,049.	2,827,266.		
f Administrative expenses	65,118.	64,450.	69,734.	62,650.	42,982.
g End of year balance	14,347,297.	12,367,226.	11,580,472.	14,814,015.	9,426,553.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  90.7820 %
  - b Permanent endowment  9.2180 %
  - c Term endowment  \_\_\_\_\_ %
- 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?

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		2,930,572.		2,930,572.
b Buildings		55,860,929.	21,378,903.	34,482,026.
c Leasehold improvements		23,806.	23,806.	0.
d Equipment		4,830,945.	3,635,529.	1,195,416.
e Other		296,280.		296,280.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,904,294.

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Schedule D (Form 990) 2020

16-0743231 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SWAP LIABILITY	932,725.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	932,725.

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

Schedule D (Form 990) 2020

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,982,924.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,209,392.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-464,443.	
e	Add lines 2a through 2d	2e		744,949.
3	Subtract line 2e from line 1	3		17,237,975.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,118.	
b	Other (Describe in Part XIII.)	4b	-68,078.	
c	Add lines 4a and 4b	4c		-2,960.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		17,235,015.

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

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

1	Total expenses and losses per audited financial statements		1	18,410,917.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	68,078.	
e	Add lines 2a through 2d	2e		68,078.
3	Subtract line 2e from line 1	3		18,342,839.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		18,342,839.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

YMCA BUFFALO NIAGARA'S ENDOWMENT FUND PROVIDES FINANCIAL RESOURCES TO ASSIST IN THE DELIVERY OF PROGRAM AND MEMBERSHIP SERVICES AS WELL AS FOR CAPITAL IMPROVEMENTS.

**PART X, LINE 2:**

THE YMCA HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME.

YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA

Schedule D (Form 990) 2020

16-0743231 Page 5

**Part XIII** Supplemental Information (continued)

THE FINANCIAL ACCOUNTING STANDARDS BOARD GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS. INTEREST AND PENALTIES WOULD BE RECOGNIZED AS TAX EXPENSE, HOWEVER, THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS. THE TAX YEARS AFTER 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTEREST SWAP -464,443.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -55,258.

VENDING EXPENSES -12,820.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -68,078.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 55,258.

VENDING EXPENSES 12,820.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 68,078.

Schedule D (Form 990) 2020



**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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 (add col. (a) through col. (c))
		8K RACE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	449,478.		449,478.
	2	Less: Contributions	171,523.		171,523.
	3	Gross income (line 1 minus line 2)	277,955.		277,955.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	10,145.		10,145.
	6	Rent/facility costs			
	7	Food and beverages	434.		434.
	8	Entertainment			
	9	Other direct expenses	81,648.		81,648.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			92,227.
	11	Net income summary. Subtract line 10 from line 3, column (d)			185,728.

**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: \_\_\_\_\_

\_\_\_\_\_





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

Employer identification number

**16-0743231**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <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 checked="" 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)        |

**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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input 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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

YOUNG MEN'S CHRISTIAN ASSOCIATION

**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 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) JOHN EHRBAR PRESIDENT / CEO	(i)	208,131.	12,500.	6,000.	27,285.	5,385.	259,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW J. SHRIVER SENIOR VICE PRESIDENT - FINANCE/CFO	(i)	165,525.	5,000.	0.	21,288.	18,368.	210,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE REIF SENIOR VICE PRESIDENT-OPERATIONS/COO	(i)	154,259.	5,000.	4,200.	19,836.	7,891.	191,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

YMCA BUFFALO NIAGARA REIMBURSES ITS PRESIDENT/ CEO FOR THE COST OF PARK CLUB DUES. MEMBERSHIP IN THE PARK CLUB PROVIDES YMCA BUFFALO NIAGARA WITH CLASS A MEETING SPACE AS WELL AS THE ABILITY TO CONNECT WITH MANY OF BUFFALO'S MOST INFLUENTIAL LEADERS.

**PART I, LINE 7:**

INCENTIVE COMPENSATION WAS AWARDED FOR ACHIEVING CERTAIN PERFORMANCE STANDARDS ESTABLISHED BY THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA** Employer identification number  
**16-0743231**

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(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
TOWN OF AMHERST A DEVELOPMENT CORPORATION	22-2867364	NONE	12/15/11	18000000.	FOR THE YMCA TO BUILD A NEW FACIL		X		X		X
NIAGARA AREA DEVELOPMENT B CORPORATION	90-0764545	NONE	09/11/17	9,700,000.	FOR THE YMCA TO BUILD A NEW FACIL		X		X		X
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	6,001,890.		688,986.						
2 Amount of bonds legally defeased									
3 Total proceeds of issue	18,000,000.		9,700,000.						
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	354,000.		194,000.						
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	17,646,000.		9,374,743.						
11 Other spent proceeds			131,257.						
12 Other unspent proceeds									
13 Year of substantial completion	2013		2018						
	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)?		X		X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X					
16 Has the final allocation of proceeds been made?	X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

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

Schedule K (Form 990) 2020

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

**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? .....		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....	X			X				
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
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? .....		X		X				
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 .....	3.25 %							
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 .....								
6 Total of lines 4 and 5 .....	3.25 %							
7 Does the bond issue meet the private security or payment test? .....		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X				
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? .....		X		X				

**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? .....		X		X				
2 If "No" to line 1, did the following apply? .....								
a Rebate not due yet? .....		X		X				
b Exception to rebate? .....	X		X					
c No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....	X		X					

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA**

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X		X					
<b>b</b> Name of provider .....	KEY BANK NATIONAL		KEY BANK NATIONAL					
<b>c</b> Term of hedge .....	10.0000000		10.0000000					
<b>d</b> Was the hedge superintegrated? .....		X		X				
<b>e</b> Was the hedge terminated? .....		X		X				
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X		X				

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X		X				

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: TOWN OF AMHERST DEVELOPMENT CORPORATION

(F) DESCRIPTION OF PURPOSE: FOR THE YMCA TO BUILD A NEW FACILITY

(A) ISSUER NAME: NIAGARA AREA DEVELOPMENT CORPORATION

(F) DESCRIPTION OF PURPOSE: FOR THE YMCA TO BUILD A NEW FACILITY

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA

Employer identification number

16-0743231

FORM 990, PART I, LINE 1

YMCA BUFFALO NIAGARA IS A CHARITABLE, COMMUNITY BASED ORGANIZATION  
COMMITTED TO PROVIDING PROGRAMS DESIGNED TO BUILD A HEALTHY SPIRIT,  
MIND AND BODY FOR ALL.

YMCA BUFFALO NIAGARA ACCOMPLISHES THIS MISSION THROUGH A VARIETY OF  
PROGRAMS AND SERVICES DESIGNED TO PROMOTE YOUTH DEVELOPMENT, HEALTHY  
LIVING AND SOCIAL RESPONSIBILITY. THESE PROGRAMS AND SERVICES INCLUDE  
HEALTH ENHANCEMENT, AQUATICS, SCHOOL AGE CHILD CARE, SUMMER DAY CAMP,  
RESIDENT CAMPING, YOUTH & TEEN DEVELOPMENT, PRESCHOOL EDUCATION, SENIOR  
SERVICES AND OTHERS. INTEGRATED INTO THE FABRIC OF THESE PROGRAMS AND  
SERVICES ARE THE FOUR CORE VALUES OF THE YMCA: CARING, HONESTY, RESPECT  
AND RESPONSIBILITY. THESE VALUES FORM THE MAIN COMPONENT OF YMCA  
CHARACTER DEVELOPMENT, A FUNDAMENTAL PART OF ALL YMCA PROGRAMMING.

VOLUNTEERS ARE THE LIFEBLOOD OF THE YMCA. SINCE ITS FOUNDING IN 1852,  
VOLUNTEERS HAVE ADVANCED THE MISSION OF YMCA BUFFALO NIAGARA THROUGH  
FUND RAISING, SERVICE DELIVERY AND THE ESTABLISHMENT OF POLICIES THAT  
GOVERN THE ORGANIZATION. IN 2020, 53 POLICY VOLUNTEERS SERVED ON THE  
BOARD OF DIRECTORS AND BOARD OF TRUSTEES, PROVIDING GUIDANCE AND  
LEADERSHIP TO THE ASSOCIATION. IN ADDITION, 293 INDIVIDUALS ADVANCED  
THE YMCA MISSION THROUGH THEIR SERVICE AS PROGRAM AND FUND RAISING  
VOLUNTEERS. IN 2020, THESE VOLUNTEERS PROVIDED OVER 3,500 HOURS OF  
VOLUNTEER SERVICE VALUED AT OVER \$100,000.

IN ADDITION TO UTILIZING ITS SIX FULL FACILITY BRANCHES, TWO RESIDENT

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA

Employer identification number  
16-0743231

CAMPS, AND THREE DAY CAMP LOCATIONS, YMCA BUFFALO NIAGARA SERVES THE  
COMMUNITY THROUGH A MULTITUDE OF COLLABORATIVE ARRANGEMENTS WITH OTHER  
LOCAL ORGANIZATIONS. IN 2020, YMCA BUFFALO NIAGARA WORKED WITH OVER 100  
ORGANIZATIONS TO DELIVER PROGRAMS AND SERVICES TO THE COMMUNITY  
INCLUDING SCHOOL DISTRICTS, NON-PROFIT ORGANIZATIONS, GOVERNMENT  
AGENCIES, CHURCHES, PRIVATE/CHARTER SCHOOLS, COLLEGES & UNIVERSITIES,  
HOSPITALS, HEALTH CARE INSURERS, FINANCIAL INSTITUTIONS, SPORTS TEAMS,  
AND OTHER YMCAS LOCALLY, NATIONALLY AND INTERNATIONALLY.

YMCA BUFFALO NIAGARA IS AN INCLUSIVE ORGANIZATION SERVING INDIVIDUALS  
AND FAMILIES REGARDLESS OF AGE, GENDER, RACE, ETHNICITY, ABILITY,  
RELIGION OR ECONOMIC CIRCUMSTANCES. OUR COMMITMENT TO DIVERSITY IS  
REFLECTED IN THE DEMOGRAPHIC MAKE-UP OF OUR VOLUNTEERS, MEMBERS,  
PROGRAM PARTICIPANTS AND STAFF. OUR COMMITMENT TO PROVIDING ACCESS TO  
YMCA SERVICES TO ALL WHO DESIRE IT, REGARDLESS OF THEIR ABILITY TO PAY,  
IS REFLECTED IN OUR FUNDRAISING ACTIVITIES AND FINANCIAL ASSISTANCE  
POLICY.

WITHIN THE AVAILABLE RESOURCES OF THE ORGANIZATION, YMCA BUFFALO  
NIAGARA WILL PROVIDE SERVICES TO ANY YOUTH, SENIOR, ADULT OR FAMILY WHO  
DESIRES TO PARTICIPATE IN YMCA PROGRAMMING, REGARDLESS OF THEIR ABILITY  
TO PAY THE ASSOCIATED MEMBERSHIP OR PROGRAM FEE. TOWARD THAT END, YMCA  
BUFFALO NIAGARA CONDUCTS AN ANNUAL CAMPAIGN TO RAISE FUNDS TO PROVIDE  
FINANCIAL ASSISTANCE TO THOSE WHO WOULD OTHERWISE BE UNABLE TO AFFORD  
YMCA SERVICES. THESE FUNDS, ALONG WITH THE PROCEEDS FROM VARIOUS  
SPECIAL EVENTS AND GRANTS FROM LOCAL GOVERNMENT SOURCES, ENABLE YMCA  
BUFFALO NIAGARA TO MAKE MEMBERSHIP AND PROGRAMS AFFORDABLE FOR ALL WHO  
DESIRE THEM. IN ADDITION, YMCA BUFFALO NIAGARA UTILIZES INCOME FROM ITS  
ENDOWMENT FUND TO UNDERWRITE THE DELIVERY OF PROGRAM SERVICES.

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number	16-0743231
--------------------------	--	--------------------------------	------------

PROVIDING FINANCIAL ASSISTANCE FOR THOSE IN NEED CONTINUES TO BE A PRIORITY OF THE YMCA MOVEMENT.

IN 2020, YMCA BUFFALO NIAGARA PROVIDED \$805,950 IN DIRECT FINANCIAL ASSISTANCE TO ENABLE INDIVIDUALS AND FAMILIES TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES WHO OTHERWISE COULD NOT AFFORD TO DO SO. 70% OF THESE AWARDS WERE PROVIDED TO FAMILIES NEEDING CHILD CARE FOR THEIR SCHOOL AGE CHILDREN. THESE CHILDREN WERE ABLE TO ATTEND YMCA BEFORE AND AFTER SCHOOL PROGRAMS OR YMCA SUMMER CAMP BECAUSE OF THE GENEROSITY OF YMCA DONORS. ANOTHER 28% WAS AWARDED SO THAT INDIVIDUALS AND FAMILIES COULD ENJOY THE BENEFITS OF YMCA MEMBERSHIP AND THE REMAINING 2% WAS AWARDED FOR OTHER PROGRAMS SUCH AS SWIM LESSONS OR YOUTH SPORTS.

FINANCIAL ASSISTANCE IS MADE POSSIBLE THROUGH THE GENEROSITY OF THE COMMUNITY, PEOPLE HELPING PEOPLE. TO ENSURE THE RESOURCES ARE AVAILABLE FOR THOSE IN NEED, YMCA BUFFALO NIAGARA CONDUCTS AN ANNUAL CAMPAIGN. \$478,929 WAS RAISED IN 2020 THROUGH THE ANNUAL CAMPAIGN TO MAKE SURE THAT YMCA SERVICES ARE AFFORDABLE TO ALL.

IN ADDITION, SCHOLARSHIP FUNDS ARE ALSO RAISED FROM SPECIAL EVENTS SUCH AS THE ANNUAL THANKSGIVING DAY TURKEY TROT. DESPITE THE PANDEMIC, THE 125TH ANNUAL TURKEY TROT, THE LONGEST CONSECUTIVELY RUN FOOT RACE IN NORTH AMERICA, WAS CONDUCTED WITH 125 "LIVE" RUNNERS AND THOUSANDS OF VIRTUAL PARTICIPANTS. THIS EVENT PROVIDED \$358,000 TO UNDERWRITE URBAN PROGRAMS AND PROVIDE FINANCIAL ASSISTANCE TO CHILDREN AND FAMILIES.

IN ADDITION TO THESE ANNUAL FUNDRAISING ACTIVITIES, YMCA BUFFALO

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number 16-0743231
--	--

NIAGARA IS WORKING TO ENSURE THE AVAILABILITY OF RESOURCES TO FULFILL ITS MISSION IN THE FUTURE THROUGH THE ESTABLISHMENT OF ITS "HERITAGE SOCIETY." THIS INITIATIVE IS COMPRISED OF INDIVIDUALS WHO HAVE SHOWN THEIR COMMITMENT TO THE MISSION OF THE YMCA BY MAKING AN OUTRIGHT OR PLANNED GIFT TO THE YMCA'S ENDOWMENT FUND. BY CONTRIBUTING TO THE YMCA'S ENDOWMENT FUND, THESE INDIVIDUALS ARE ENSURING THAT FUTURE GENERATIONS WILL BE ABLE TO BENEFIT FROM YMCA PROGRAMS AND SERVICES.

"WE'RE FOR YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY."

FORM 990, PART III, LINE 4A  
YOUTH DEVELOPMENT

OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT IS WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS SCHOOL AGE CHILD CARE, SUMMER CAMP AND PRESCHOOL EDUCATION, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. IN 2020, YMCA BUFFALO NIAGARA PROVIDED \$586,416 IN FINANCIAL ASSISTANCE TO FAMILIES TO ENABLE CHILDREN TO PARTAKE IN YOUTH DEVELOPMENT PROGRAMS WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE.

SCHOOL AGE CHILD CARE CONSISTS OF BEFORE AND AFTER SCHOOL PROGRAMS, AS

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number 16-0743231
--	--

WELL AS VACATION CLUBS OFFERED DURING SCHOOL HOLIDAY PERIODS. THE GOALS OF THE PROGRAM ARE TO PROVIDE SAFE, AFFORDABLE, QUALITY SUBSTITUTE PARENTAL CARE FOR SCHOOL AGE CHILDREN OF WORKING PARENTS AND TO PROVIDE POSITIVE PHYSICAL, SOCIAL AND EDUCATIONAL EXPERIENCES FOR THE CHILDREN. PROGRAMS ARE OFFERED AT YMCA FACILITIES AND IN 47 SCHOOLS THROUGHOUT ERIE AND NIAGARA COUNTIES. IN RESPONSE TO THE CLOSING OF SCHOOLS DUE TO THE PANDEMIC, THE YMCA PROVIDED CHILDCARE TO CHILDREN OF ESSENTIAL WORKERS THROUGHOUT 2020. THE YMCA ALSO WORKS WITH AREA SCHOOL DISTRICTS TO ESTABLISH VIRTUAL LEARNING CENTERS AT ITS BRANCHES AND THROUGHOUT THE COMMUNITY TO FACILITATE REMOTE LEARNING.

SUMMER CAMPING PROGRAMS INCLUDE DAY AND RESIDENT CAMPING, AS WELL AS FAMILY CAMPING, OUTDOOR EDUCATION PROGRAMS, LEADERS/COUNSELORS IN TRAINING AND SPECIALTY CAMPS & TRIPS. RESIDENT CAMPING IS OFFERED AT YMCA BUFFALO NIAGARA'S CAMP WEONA AND CAMP KENAN WHILE DAY CAMP IS OFFERED AT THE SIX FULL FACILITY BRANCHES, THREE YMCA-OWNED DAY CAMP SITES AND ELEVEN COMMUNITY BASED LOCATIONS.

EACH CAMP PROGRAM IS DESIGNED TO FOSTER THE PHYSICAL, INTELLECTUAL, SOCIAL AND SPIRITUAL GROWTH OF THE CHILDREN PARTICIPATING. YMCA CAMP PROGRAMS ALSO MEET THE NEEDS OF PARENTS WHO ARE LOOKING FOR A SAFE, CONVENIENT AND AFFORDABLE FORM OF CHILD CARE WHILE SCHOOL IS NOT IN SESSION.

DUE TO PANDEMIC-RELATED RESTRICTIONS, RESIDENT CAMP PROGRAMS WERE CANCELED IN 2020. HOWEVER, DAY CAMP PROGRAMS OPERATED AT MOST YMCA-OWNED FACILITIES AND SEVERAL COMMUNITY-BASED LOCATIONS.

PROGRAMMING WAS ADAPTED IN RESPONSE TO CDC AND NEW YORK STATE HEALTH

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA

Employer identification number  
16-0743231

DEPARTMENT REQUIREMENTS WHILE STILL PROVIDING A MEANINGFUL EXPERIENCE  
FOR THE PARTICIPANTS.

PRESCHOOL EDUCATION PROGRAMS ARE OFFERED AT FOUR YMCA FACILITIES. IN  
ADDITION, YMCA BUFFALO NIAGARA WORKS WITH SIX LOCAL SCHOOL DISTRICTS TO  
DELIVER UNIVERSAL PRESCHOOL PROGRAMS TO CHILDREN OF DISTRICT RESIDENTS.  
THESE PROGRAMS ARE DESIGNED TO ENHANCE THE SOCIAL, EMOTIONAL, PHYSICAL  
AND COGNITIVE SKILLS OF PRESCHOOL CHILDREN. IN ADDITION, PRESCHOOL  
SPORTS, AQUATICS AND PARENT/CHILD PROGRAMS ARE OFFERED TO HELP BUILD  
SELF-ESTEEM, VALUES, PLAY SKILLS AND FAMILY BONDING.

FORM 990, PART III, LINE 4B

HEALTHY LIVING

THE YMCA IS COMMITTED TO IMPROVING AMERICA'S HEALTH, COMMUNITY BY  
COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND  
FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS  
A RESULT, OVER 50,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE  
SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN  
SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION  
STRUGGLES WITH CHRONIC DISEASE AND OBESITY, FAMILIES STRUGGLE WITH  
WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR  
PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO PEOPLE OF ALL FAITHS,  
BACKGROUNDS, ABILITIES AND INCOME LEVELS. IN 2020, YMCA BUFFALO NIAGARA  
PROVIDED \$219,534 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY  
NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE IN HEALTHY LIVING  
ACTIVITIES.

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number	16-0743231
--------------------------	--	--------------------------------	------------

HEALTHY LIVING PROGRAMS INCLUDE FITNESS CLASSES, STRENGTH TRAINING, PRE AND POST-NATAL EXERCISE, FITNESS TESTING, LIFESTYLE ASSESSMENT, STRESS MANAGEMENT, HEALTH EDUCATION, NUTRITION EDUCATION, DISEASE PREVENTION, PERSONAL TRAINING, SELF-DEFENSE AND FAMILY RECREATIONAL OPPORTUNITIES. PROGRAMS ARE OFFERED AT THE SIX YMCA FULL FACILITY BRANCHES IN THE BUFFALO-NIAGARA AREA, AS WELL AS IN VARIOUS COMMUNITYBASED LOCATIONS.

FORM 990, PART III, LINE 4C

SOCIAL RESPONSIBILITY

OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 168 YEARS. YMCA PROGRAMS, SUCH AS THE SENIOR CITIZEN CENTER, THE TOGETHERHOOD VOLUNTEER INITIATIVE, AND CPR & FIRST AID TRAINING, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. IN 2020 WE ENGAGED 346 YMCA MEMBERS, PARTICIPANTS AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.

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

THE BY-LAWS OF YMCA BUFFALO NIAGARA PROVIDES FOR MEMBERSHIP AS FOLLOWS:

ARTICLE II - MEMBERSHIP

CLASS OF MEMBERS-THE MEMBERS OF THIS ASSOCIATION SHALL BE THOSE INDIVIDUALS WHO COMPLY WITH THE PROVISIONS OF THESE BY-LAWS AND THE MEMBERSHIP

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number 16-0743231
--	--

REGULATIONS AS PRESCRIBED FROM TIME TO TIME BY THE BOARD OF DIRECTORS OF THE ASSOCIATION, REFERRED TO HEREINAFTER AS THE "BOARD OF DIRECTORS" OR "THE BOARD".

QUALIFICATIONS FOR VOTING MEMBERS-VOTING MEMBERSHIP IN THIS ASSOCIATION SHALL BE OPEN TO ANY INDIVIDUAL AT LEAST 18 YEARS OF AGE WHO COMPLIES WITH THE REQUIREMENTS OF THE CERTIFICATE OF INCORPORATION OF THE ASSOCIATION AND MEMBERSHIP REGULATIONS PRESCRIBED FROM TIME TO TIME BY THE BOARD.

SUSPENSION EXPULSION-MEMBERS MAY BE SUSPENDED OR EXPELLED IN ACCORDANCE WITH THE PROVISION OF THE ASSOCIATION'S MEMBERSHIP REGULATIONS.

FORM 990, PART VI, SECTION A, LINE 7A:  
THE BY-LAWS OF YMCA BUFFALO NIAGARA PROVIDES FOR THE ELECTION OF MEMBERS OF THE GOVERNING BODY AS FOLLOWS:

ARTICLE III, MANAGEMENT & POWERS

SECTION 1, MANAGEMENT

THE MANAGEMENT OF THIS ASSOCIATION SHALL BE VESTED IN THE BOARD OF NO LESS THAN TWELVE (12) OR MORE THAN FORTY (40) INDIVIDUALS WHO ARE EIGHTEEN YEARS OF AGE OR OVER, PLUS THE ELECTED CHAIRS OF THE BOARDS OF MANAGEMENT OF THE BRANCHES (AS DEFINED IN ARTICLE VIII HEREOF). THE ELECTION OF DIRECTORS SHALL BE BY VOTE OF THE QUALIFIED MEMBERS OF THE ASSOCIATION ANNUALLY AS PROVIDED FOR IN THESE BY-LAWS.

DIRECTORS SHALL SERVE WITHOUT COMPENSATION OF ANY KIND.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number 16-0743231
--	--

AND

SECTION 4, NOMINATIONS (A) VACANCIES CAUSED BY EXPIRED TERMS

NOMINATIONS FOR DIRECTORS TO FILL VACANCIES EXISTING BECAUSE OF THE EXPIRATION OF TERMS SHALL BE MADE BY THE BOARD DEVELOPMENT COMMITTEE TO BE APPOINTED BY THE CHAIRPERSON OF THE BOARD, AT LEAST THIRTY (30) DAYS PRIOR TO THE DATE OF ELECTION. THIS COMMITTEE SHALL CONSIST OF A MINIMUM OF FIVE DIRECTORS. THE CHAIRPERSON OF THE BOARD SHALL DESIGNATE THE CHAIRPERSON OF THE COMMITTEE. THE COMMITTEE SHALL PRESENT TO THE ANNUAL MEETING OF THE ASSOCIATION ONE NOMINATION FOR EACH VACANCY ON THE BOARD AND SHALL, IN ADDITION, PRESENT ANY OTHER NOMINATION WHICH MAY HAVE BEEN PROPOSED BY ANY ONE HUNDRED VOTING MEMBERS OF THE ASSOCIATION. EACH SUCH PROPOSAL SHALL GIVE THE NAME, ADDRESS OF THE NOMINEE, HIS OR HER BRANCH MEMBERSHIP, IF APPLICABLE, AND THE NAME AND ADDRESS OF EACH PROPOSER, AND SHALL BE SUBMITTED IN WRITING AND SENT TO REACH THE CHAIRPERSON OF THE BOARD DEVELOPMENT COMMITTEE AT THE ASSOCIATION'S HEADQUARTERS NOT LATER THAN NOON OF THE FIRST BUSINESS DAY OF JANUARY OF EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENT OF THE BY-LAWS OF YMCA BUFFALO NIAGARA REQUIRES RATIFICATION BY THE ORGANIZATION'S MEMBERS AS FOLLOWS:

ARTICLE XII - AMENDMENTS

SECTION 1: AMENDMENTS

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number 16-0743231
--	--

THESE BY-LAWS MAY BE AMENDED BY TWO-THIRDS VOTE OF THE MEMBERS OF THE BOARD PRESENT AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD.

ANY AMENDMENT SO ADOPTED BY THE BOARD OF DIRECTORS SHALL BE PRESENTED TO THE NEXT ANNUAL MEETING OF THE ASSOCIATION HELD PURSUANT TO SECTION 1, ARTICLE IV OF THESE BY-LAWS OR ANY SPECIAL MEETING HELD PURSUANT TO SECTION 2, ARTICLE IV OF THESE BY-LAWS, AND IF APPROVED BY A MAJORITY OF THE MEMBERS PRESENT AND VOTING, SHALL AT THAT TIME CONSTITUTE AN AMENDMENT TO THE BY-LAWS.

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

PROCESS FOR BOARD REVIEW OF FORM 990

THE 990 IS PRESENTED IN DRAFT FORM TO THE FINANCE/AUDIT COMMITTEE OF YMCA BUFFALO NIAGARA. AFTER APPROVAL BY THE FINANCE/AUDIT COMMITTEE, THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

IN ACCORDANCE WITH THE YMCA'S CONFLICT OF INTEREST POLICY, EACH DIRECTOR, OFFICER, TRUSTEE, KEY EMPLOYEE AND MEMBER OF A COMMITTEE OF THE ORGANIZATION SHALL PRIOR TO HIS OR HER INITIAL ELECTION OR APPOINTMENT AND THEREAFTER ANNUALLY SIGN AND SUBMIT TO THE SECRETARY OF THE ORGANIZATION A STATEMENT

A.WHICH AFFIRMS SUCH PERSON:

I.HAS RECEIVED A COPY OF THIS CONFLICTS OF INTEREST POLICY,

II.HAS READ AND UNDERSTANDS THE POLICY,

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number	16-0743231
--------------------------	--	--------------------------------	------------

III. HAS AGREED TO COMPLY WITH THE POLICY, AND

IV. UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

B. IN WHICH STATEMENT, SUCH PERSON HAS IDENTIFIED ANY ENTITY OF WHICH SUCH PERSON IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER (EITHER AS A SOLE PROPRIETOR OR A PARTNER), OR EMPLOYEE AND WITH WHICH THE ORGANIZATION HAS A RELATIONSHIP, AND ANY TRANSACTION IN WHICH THE ORGANIZATION IS A PARTICIPANT AND IN WHICH THE PERSON MIGHT HAVE A CONFLICTING INTEREST.

C. THE SECRETARY SHALL PROVIDE A COPY OF ALL COMPLETED STATEMENTS TO THE CHAIR OF THE EXECUTIVE COMMITTEE.

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.

B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT OF THE ORGANIZATION CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA

Employer identification number  
16-0743231

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

THE EXECUTIVE COMPENSATION COMMITTEE IS CHARGED BY THE BOARD OF DIRECTORS WITH THE RESPONSIBILITY TO DETERMINE THE COMPENSATION OF THE CEO AND KEY EMPLOYEES OF YMCA BUFFALO NIAGARA.

THE EXECUTIVE COMPENSATION COMMITTEE SHALL BE COMPRISED OF THE CURRENT AND IMMEDIATE PAST CHAIRS OF THE BOARDS OF DIRECTORS AND TRUSTEES. THIS COMMITTEE MAY CHOOSE TO INCLUDE, AT THEIR DISCRETION, OTHER MEMBERS OF THESE BOARDS AND/OR INDIVIDUALS FROM OUTSIDE THE ORGANIZATION TO PROVIDE EXPERTISE WHEN NECESSARY.

THE PURPOSE OF THIS COMMITTEE IS TO:

APPROVE THE ANNUAL PERFORMANCE STANDARDS OF THE PRESIDENT/CEO.

DETERMINE APPROPRIATE PERFORMANCE MEASURES AND ESTABLISH CRITERIA FOR ANY INCENTIVE-BASED COMPENSATION.

CONDUCT THE ANNUAL PERFORMANCE APPRAISAL FOR THE PRESIDENT/CEO.

DETERMINE THE TOTAL COMPENSATION PACKAGE FOR THE PRESIDENT/CEO.

ANNUALLY REVIEW, AND APPROVE ANY CHANGE TO, THE TOTAL COMPENSATION OF THE PRESIDENT/CEO AND OTHER KEY EMPLOYEES AS DEFINED BY THE IRS AS THOSE WHO EARN A TOTAL COMPENSATION OF \$150,000 OR MORE.

ASSIST THE BOARD AND SENIOR MANAGEMENT IN SUCCESSION PLANNING FOR THE POSITION OF PRESIDENT/CEO.

DETERMINING REASONABLE COMPENSATION: BEFORE ANY CHANGE TO THE COMPENSATION OF THE PRESIDENT/CEO AND OTHER KEY EMPLOYEES AS DEFINED ABOVE IS MADE, THE EXECUTIVE COMPENSATION COMMITTEE MUST DETERMINE THAT IT IS REASONABLE AND THAT EXCESS BENEFIT TRANSACTIONS HAVE NOT OCCURRED. TO DO THIS, THE EXECUTIVE COMPENSATION COMMITTEE WILL OBTAIN COMPARABLE DATA. YMCAS WITH

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION BUFFALO NIAGARA	Employer identification number 16-0743231
--	--

SIMILAR BUDGET SIZES IN LIKE METROPOLITAN AREAS, AND NON-PROFITS OF SIMILAR SIZE AND SCOPE WITHIN THE BUFFALO NIAGARA REGION WILL BE USED AS A BASIS FOR COMPARISON, ALONG WITH ANY OTHER RELEVANT DATA.

RECUSAL: MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INTEREST WITH RESPECT TO A COMPENSATION ARRANGEMENT UNDER REVIEW SHALL BE EXCLUDED FROM THE EXECUTIVE COMPENSATION COMMITTEE'S DISCUSSION AND DETERMINATION FOR THAT PARTICULAR EMPLOYEE.

WRITTEN REPORT: ONCE THE EXECUTIVE COMPENSATION COMMITTEE HAS DETERMINED THE COMPENSATION, OR CHANGE IN COMPENSATION FOR THE PRESIDENT/CEO OR OTHER KEY EMPLOYEES, THE EXECUTIVE COMPENSATION COMMITTEE WILL PREPARE A WRITTEN REPORT DOCUMENTING ITS DECISION. THE WRITTEN REPORT WILL STATE THE TERMS OF THE PROPOSED COMPENSATION, THE IDENTITY AND SOURCE OF THE COMPARABILITY DATA ON WHICH THE EXECUTIVE COMPENSATION COMMITTEE RELIED, THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WHO WERE PRESENT FOR DISCUSSION AND DEBATE, THE IDENTITY OF THE MEMBERS THAT APPROVED THE COMPENSATION, THE IDENTITY OF THE MEMBERS WHO OPPOSED THE COMPENSATION, AND THE IDENTITY OF ANY MEMBER WHO RECUSED HIM/HERSELF BECAUSE OF A CONFLICT OF INTEREST. THIS WRITTEN REPORT WILL BE KEPT ON FILE IN THE HUMAN RESOURCES DEPARTMENT AT YMCA BUFFALO NIAGARA'S ASSOCIATION OFFICE.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF YMCA BUFFALO NIAGARA ARE MADE AVAILABLE TO THE PUBLIC IN THE FOLLOWING WAYS:

ON THE PUBLIC DISCLOSURE PAGE OF YMCA BUFFALO NIAGARA'S WEBSITE AT

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION  
BUFFALO NIAGARA

Employer identification number  
16-0743231

WWW.YMCABUFFALONIAGARA.ORG

BY VISITING THE YMCA ASSOCIATION'S OFFICES AT 301 CAYUGA ROAD, SUITE 100,  
BUFFALO, NY 14225 DURING REGULAR BUSINESS HOURS

HARD COPIES WILL BE PROVIDED UPON REQUEST OVER THE PHONE, IN WRITING OR VIA  
EMAIL

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

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -464,443.

FORM 990; PART XII; LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.