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Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number YOUNG MEN'S CHRISTIAN ASSOCIATION OF Address change ORANGE COUNTY Name change 95-1644055 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 714-549-9622 13821 NEWPORT AVE. #200 70,110,422. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return TUSTIN, CA 92780 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JEFF MCBRIDE for subordinates? Yes X No SAME AS C ABOVE _ Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions YMCAOC.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1922 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE YMCA OF ORANGE COUNTY PUTS Activities & Governance CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 1407 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 7,977,412. 29,630,902. Contributions and grants (Part VIII, line 1h) 8 Revenue 25,334,541. 31,576,367. Program service revenue (Part VIII, line 2g) 5,657. 511,496. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -27,933. 146,228. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 33,289,677. 61,864,993. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 783,005. 889,569. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 19,582,455. 24,696,275. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 11,261,216. 13,026,109. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 38,611,953. 31,626,676. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,253,040. 1,663,001. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 41,771,301. 61,339,462. Total assets (Part X, line 16) 11,318,489. 8,528,876 21 Total liabilities (Part X, line 26) 巨巨 30,452,812. 52,810,586 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign JEFF MCBRIDE, PRESIDENT & CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LISA N. RYSSEL, CPA 08/17/23 LISA N. RYSSEL, CPA P00643670 Paid self-employed

32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

CLIFTONLARSONALLEN LLP

Firm's address 2875 MICHELLE DRIVE #300

IRVINE, CA 92606

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Preparer

Use Only

Form 990 (2022)

Firm's EIN 41-0746749

Phone no. (714) 978-1300

X Yes

Form 990 (2022)	ORANGE COUNTY		95-1644055	Page 2
D		·	·	

Par	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:
	STRENGTHENING THE FOUNDATIONS OF COMMUNITY IS OUR CAUSE. WE WORK TO
	MAKE SURE THAT EVERYONE REGARDLESS OF AGE, INCOME, OR BACKGROUND HAS
	THE OPPORTUNITY TO LEARN, GROW, AND THRIVE THROUGH OUR FACILITIES,
	FITNESS PROGRAMS, FAMILY PROGRAMMING, COMMUNITY EVENTS, AND MORE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 16,745,165. including grants of \$ 630,589.) (Revenue \$ 19,926,678.)
4a	(Code:) (Expenses \$16,745,165. including grants of \$630,589.) (Revenue \$19,926,678.) CHILDCARE: THE Y PROVIDES A SAFE AND INCLUSIVE BEFORE-AND-AFTER SCHOOL
	CARE PROGRAM WHICH SUPPORTS THE NEEDS AND PRIORITIES OF THE CHILD, THE
	FAMILY, AND THE SCHOOL. OUR PROGRAMS FACILITATE THE DEVELOPMENT OF THE
	WHOLE CHILD THROUGH MEANINGFUL EXPERIENCES, PROGRAMS, AND
	COLLABORATIONS THAT BUILD RELATIONSHIPS AND A SENSE OF COMMUNITY.
	CURRENTLY, THE Y DELIVERS CURRICULUM-BASED PROGRAMMING AT 80 LOCATIONS
	THROUGHOUT ORANGE COUNTY, RIVERSIDE COUNTY AND POMONA VALLEY. IN
	ADDITION, WE PROVIDE YEAR-ROUND EXPERIENCES THROUGH DAY CAMPS AND
	ENRICHMENT CLUBS. YOUTH EXPERIENCE CURRICULUM THROUGH A VARIETY OF
	CONTENT AREAS, HANDS-ON ACTIVITIES, CLUBS, SERVICE-LEARNING PROJECTS, AND ENRICHMENT CENTERS.
	AND ENRICHMENT CENTERS.
	(Code:) (Expenses \$7,544,298 • including grants of \$183,910 •) (Revenue \$7,077,728 •)
4b	(Code:) (Expenses \$/, 544,298 · including grants of \$183,910 ·) (Revenue \$/, 0//, /28 ·) MEMBERSHIP AND HEALTH AND FITNESS: THE Y PROVIDES COMPREHENSIVE HEALTH
	& WELLNESS PROGRAMMING TO YOUTH AND ADULTS. THROUGH QUALITY PROGRAMS
	AND PARTNERSHIPS THAT SPAN ACROSS 6 LOCATIONS AND 6 CITIES, THE
	COMMUNITY RECEIVES OPPORTUNITIES TO ENGAGE IN HEALTHIER HABITS,
	COMMUNITY INVOLVEMENT, GIVING BACK, AND BEING CONNECTED. THE Y IS A
	PLACE WHERE EVERYONE CAN WORK TOWARD THEIR OWN GOALS BY CHALLENGING
	THEMSELVES TO LEARN A NEW SKILL OR HOBBY, FOSTERING CONNECTIONS WITH
	FRIENDS, AND BRINGING LOVED ONES CLOSER TOGETHER THROUGH
	FAMILY-CENTERED HEALTHY ACTIVITIES. AT THE Y, IT'S NOT THE ACTIVITY AS
	MUCH AS IT IS ABOUT THE BENEFITS OF LIVING HEALTHIER TOGETHER AS A
	COMMUNITY.
	COLITION 111.
40	(Code:) (Expenses \$4,487,273. including grants of \$34,615.) (Revenue \$1,280,028.)
	THE Y'S MISSION DOES NOT STOP AT TRADITIONAL SCHOOL OR FITNESS SETTING
	BUT EXTENDS BEYOND TO MEET THE NEEDS OF THOSE IN OUR COMMUNITY. THROUGH
	KEY PROGRAMS, THE Y OFFERS ALL COMMUNITY MEMBERS THE ABILITY TO
	PARTICIPATE IN PROGRAMS, MAKE NEW FRIENDS, BUILD MEMORIES, AND LIVE
	LIFE TO THEIR BEST.
	NEW HORIZONS IS A PROGRAM FOR ADULTS 18+ LIVING WITH DEVELOPMENTAL
	DISABILITIES AND SPECIAL NEEDS. THE NEW HORIZONS PROGRAM PROVIDES SAFE
	AND SUPERVISED RECREATIONAL OUTINGS IN THE COMMUNITY THAT OFFER SOCIAL
	INTERACTION, SKILL BUILDING, AND LIFE-LONG FRIENDSHIPS. WHILE
	PARTICIPANTS ARE HAVING FUN, THEIR FULL-TIME CAREGIVERS ARE PROVIDED
	WITH THE "TIME-OFF" THEY NEED TO BETTER CARE FOR THEIR LOVED ONES.
4d	Other program services (Describe on Schedule O.)
-14	(Expenses \$ 3,130,210 • including grants of \$ 40,454 •) (Revenue \$ 3,326,005 •)
40	Total program service expenses 31,906,946.
	Total program service expenses

YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY

Form 990 (2022)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501 (x/S) or 4947(x/II) (other than a private foundation)? 1				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I I the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I I I the organization as cellored in Republic Office? I I The "Yes," complete Schedule C, Part I I I I I I I I I I I I I I I I I I I	1				
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule C, Part I					
public office? If *Yes,** complete Schedule C, Part I Section 501(R)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If *Yes,** complete Schedule C, Part II 4			2	X	
Section 50 t(o(x)) organizations. Did the organization energe in lobbying activities, or have a section 50 t(o(x)) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 50 t(o(x)). 50 t(o(x)) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part II is Did the organization maintain any donor advised funds or any similar midnad or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic attractures? If "Yes," complete Schedule D, Part II is Did the organization and amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X. in Part X, line 12, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X. in Part X, line 12, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 17, part Y, lime 17, part Y,	3				3,7
during the tax year? If "Yes," complete Schedule C, Part II s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.19? If "Yes," complete Schedule C, Part III Did the organization creative or hold a conservation assement, including assements for which donos have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land rears, or historic and rears, or historic areas, or historical account liability, serve as a custodian for amounts not listed in Part X, line 10? If "Yes," complete Schedule D, Part V II If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II Did			3		_X_
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization server to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 2 Did the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3 Did the organization report an amount for other isabilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 10 Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III X 11 Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III X 11 Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III X 11 Did the organization side in Section 170(x)(1)(x)(x)(_		6		
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		_		-
Schedule D, Part III	_		7		
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? If "Yes," complete Schedule D, Part V" 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V" 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, II, VIII, DX, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II. 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII II. 3 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 3 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. 3 Did the organization or sport an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. 3 Did the organization or sport an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII. 4 Did the organization or slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XII. 5 Did the organization or shall billity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XII. 5 Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 5 Did the or	8	, , ,			₹.
amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? ## 17'es, "complete Schedule D, Part IV" 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? ## 19'es, "complete Schedule D, Part V" 11 if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? ## "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for investments - other securities in Part X, line 10? ## "Yes," complete Schedule D, Part VIII 3 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? ## "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? ## "Yes," complete Schedule D, Part X 11c	_		8		
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Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 1 1 1 1 1 1 1 1 1					3,7
or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, V, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI D Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII D Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII D Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII D Did the organization report an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X D Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization shall be part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X D Did the organization on bottain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X D D D Part X I and XII D D D D Part X I and XII D D D D Part X I and XII D D D D Part X I and XII D D D D D Part X I and XII D D D D Part X I A D D Part X I A D D Part X I D D D Part X I D D Part X I D D D D Part X I D D D D Part X I D D D D D Part X I D D D D D Par			9		
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foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	15		170		
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	16		-10		
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			17		Х
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	18				<u> </u>
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		18	Х	
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-	,	19		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a				-
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			21		X

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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├─
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		1
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		\vdash
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		1
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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			口
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	N OOU	(0000)
232004	l 12-13-22	⊢orm	230	(2022)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 1407 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2022)

Form 990 (2022)

ORANGE COUNTY

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? Х The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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 X Own website X Upon request Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records MATT LANGLEY - (714)549-9622 13821 NEWPORT AVE. #200, TUSTIN, CA 92780

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c		ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JEFF MCBRIDE	40.00			.,				405 100	0	105 201
PRESIDENT & CEO	40.00	Х		Х				425,188.	0.	125,391.
(2) DOLORES DALY	40.00	$\frac{1}{2}$		7.7				210 022	0	27 727
COO, ASST. SECRETARY	40 00			Х			_	319,823.	0.	37,737.
(3) CHRISTINE SALAS CAO	40.00	-			х			249,303.	0.	41,188.
(4) ANNA ROMITI	40.00							213/3031		11/1001
VP MARKETING AND COMMUNICATIONS		1			х			160,826.	0.	35,123.
(5) KAYCEE MARTIN	40.00								•	
DIRECTOR OF OPERATIONS		1			х			172,413.	0.	16,919.
(6) DORAIN CASSELL	40.00							,	-	,
DIRECTOR OF OPERATIONS		1			Х			153,016.	0.	21,598.
(7) BRYAN LE	40.00									,
IT NETWORK ARCHITECT & ENGINEER MANA						Х		151,021.	0.	17,851.
(8) TUNG NGO	40.00									
IT APPLICATIONS DEVELOPMENT & PROJEC						Х		150,290.	0.	14,351.
(9) ELIZABETH MACALLER	40.00									
EXECUTIVE DIRECTOR						Х		122,972.	0.	14,485.
(10) MATTHEW LANGLEY	40.00									
CONTROLLER						X		130,562.	0.	5,036.
(11) ELIZABETH MEDINA	40.00									
EXECUTIVE DIRECTOR						Х		108,389.	0.	16,907.
(12) SEAN PEASLEY	10.00									
CHAIR		Х		Х				0.	0.	0.
(13) DAVID K. LAMB	2.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(14) JULIETTE MEUNIER	2.00	1								
2ND VICE CHAIR		Х		Х				0.	0.	0.
(15) JOHN ROCHFORD	2.00									
SECRETARY		Х		Х				0.	0.	0.
(16) RYAN FESSLER	2.00									_
TREASURER	0.00	Х		Х		_		0.	0.	0.
(17) ROSANNA COVEYOU	2.00	.							_	_
PAST BOARD CHAIR		X						0.	0.	0 . Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Dort VIII										tte ruge -	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) BRIAN CONSTABLE	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(19) GREG CUSTER	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(20) MICHAEL HAHN	2.00										
BOARD MEMBER		X						0.	0.	0.	
(21) MINH HOANG	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(22) JESS MEYERS	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(23) DON SAULIC	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(24) JAY SCOTT	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(25) TONY SPRIGGS	2.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
1b Subtotal								2,143,803.	0.	346,586.	
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)								2,143,803.	0.	346,586.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	15	
compensation from the organization										וח	

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

Section B. Independent Contractors

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
SEYFARTH SHAW ATTORNEYS, LLP, 3807 COLLECTIONS CENTER DRIVE, CHICAGO, IL	ATTORNEY SERVICES	411,594.
CAROTHERS DISANTE & FREUNDENBERGER, LLP, 18300 VON KARMAN AVE, STE 800, IRVINE, CA	ATTORNEY SERVICES	153,534.

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

Form 990 (2022)

Part VIII Statement of Revenue

		/	_						_
			Check if Schedule O contains a resp	onse (or note to any line I	e in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 51
ts s	1	а	Federated campaigns 1a						
oun		b	Membership dues 1b						
Δ,		С	Fundraising events1c		133,823.				
ar /		d	Related organizations 1d						
Contributions, Girts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e		10,981,466.				
S		f	All other contributions, gifts, grants, and						
₽₩			similar amounts not included above 1f		18,515,613.				
o pe		_	Noncash contributions included in lines 1a-1f	\$					
<u> 5 </u>		h	Total. Add lines 1a-1f			29,630,902.			
	_		CHILDRADE EEEG		Business Code	10 006 670	10026678		
ב	2	а	CHILDCARE FEES		624410 624100	19,926,678.	19926678.		
ne v		b	MEMBERSHIP FEES ADVENTURE GUIDE FEES		624100	5,034,770. 2,218,915.	5,034,770.		
ven Ven		C	HEALTH & FITNESS FEES		624100	2,042,958.	2,218,915. 2,042,958.		
Program service Revenue		a e	CAMP FEES		624100	1,107,090.	1,107,090.		
Š		-	All other program service revenue		624100	1,245,956.	1,245,956.		
-		f a				31,576,367.	1,243,330.		
	3		Investment income (including dividends,		T T	02,070,007.			
	3		other similar amounts)			627,800.			627,800
	4		Income from investment of tax-exempt b			,			,
	5		Royalties		Tocccus				
	·		(i) Rea		(ii) Personal				
	6	а	Gross rents 6a 241,	503.					
			Less: rental expenses 6b 271,	084.					
		С	Rental income or (loss) 6c -29,	581.					
			Net rental income or (loss)			-29,581.			-29,581
	7	а	Gross amount from sales of (i) Secur	ities	(ii) Other				
			assets other than inventory 7a 7,655,	171.	16,145.				
		b	Less: cost or other basis						
ne			and sales expenses						
Revenue		С	Gain or (loss) 7c 69,	160.	-47,144.				
Re			Net gain or (loss)	<u></u> .		-116,304.			-116,304
her	8	а	Gross income from fundraising events (not						
Ġ O			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18		186,725.				
			Less: direct expenses	8b	186,725.				
			Net income or (loss) from fundraising eve			0.			
	9	а	Gross income from gaming activities. Se						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming activitie	es					
	10	a	Gross sales of inventory, less returns and allowances	100					
		h		- 1					
			Less: cost of goods sold Net income or (loss) from sales of inventor	_					
		U	The modifie of (1033) from Sales of lifefile	, y	Business Code				
sno	11	а	NON-EFT ADMINISTRATION FEE		561499	70,207.			70,207
nec	• •	a b	BANK REFUNDS AND CREDITS		561499	65,004.			65,004
scellaneo Revenue			E-SPORTS		561499	34,072.	34,072.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Miscellaneous Revenue			All other revenue		561499	6,526.	,		6,526
Σ			Total. Add lines 11a-11d			175,809.			,
	12		Total revenue. See instructions			61,864,993.	31610439.	0.	623,652

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	889,569.	889,569.		
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	1,758,523.	1,433,196.	316,534.	8,793
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	19,358,839.	15,507,642.	3,795,776.	55,421
8	Pension plan accruals and contributions (include	-,,	.,,		,
-	section 401(k) and 403(b) employer contributions)	991,637.	833,556.	154,193.	3,888
9	Other employee benefits	1,037,056.	868,851.	164,017.	4,188
10	Payroll taxes	1,550,220.	1,335,789.	209,109.	5,322
11	Fees for services (nonemployees):	2,000,2200	2,000,1000	20372031	3,322
··	Management				
		261,439.		261,439.	
	Legal Accounting	73,020.		73,020.	
		7370201		7370201	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	44,650.		44,650.	
	Other. (If line 11g amount exceeds 10% of line 25,	44,030.		11,000	
g	column (A), amount, list line 11g expenses on Sch 0.)	840,382.	206,530.	631,030.	2,822
12	Advertising and promotion	040,302.	200,3300	031,030.	2,022
		721,283.	620,537.	99,564.	1,182
13 14	Office expenses	721,203	020,3376	JJ, 30±0	1,102
	Information technology				
15	Royalties	2,516,161.	2,378,029.	138,132.	
16	OccupancyTravel	741,995.	682,010.	59,020.	965
17		741,000	002,010.	33,020.	203
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	299,508.	191,324.	106,336.	1,848
19	Conferences, conventions, and meetings	33,903.	191,344.	33,903.	1,040
20	Interest Payments to effiliates	303,454.	291,285.	5,274.	6,895
21	Payments to affiliates	1,042,183.	869,327.	172,835.	21
22	Depreciation, depletion, and amortization	622,055.	620,886.	1,162.	7
23	Insurance Other expanses, Itamiza expanses not severed	044,033.	020,000.	1,102.	/
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) ACTIVITY ADMISSIONS	1,982,496.	1,982,496.		
a b	PROGRAM MATERIALS	1,932,416.	1,889,465.	42,945.	6
	CREDIT CARD AND BANK FE	568,491.	518,624.	30,654.	19,213
C	PRINTING AND PUBLICATIO	459,830.	453,633.	5,904.	293
d		582,843.	334,197.	181,939.	66,707
	All other expenses Add lines 1 through 24s	38,611,953.	31,906,946.	6,527,436.	177,571
<u>25</u>	Total functional expenses. Add lines 1 through 24e	JU,UII, JJJ.	JI, JUU, J40.	0,341,430.	111,011
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

t X	Balance Sneet					
	Check if Schedule O contains a response or note	to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,223,547.	1	1,782,244		
2				8,225,980.	2	4,019,461
3				3,110,725.	3	20,411,481
4		1,859,088.	4	1,994,226		
5						
	trustee, key employee, creator or founder, substa					
	controlled entity or family member of any of these	e perso	ons		5	
6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
	under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			267,800.	9	288,616
10a						
	basis. Complete Part VI of Schedule D	10a				
b	Less: accumulated depreciation				10c	11,236,843
11				15,861,144.	11	17,701,820
12	Investments - other securities. See Part IV, line 1	1			12	
13					13	
14			450 644	14	2 224 554	
15	Other assets. See Part IV, line 11					3,904,771
16				61,339,462		
17		2,744,433.		3,529,934		
				1 040 000		1 000 015
			I	1,042,083.		1,227,017
					21	
22						
				7 502 440		
				7,502,449.		
					24	
25			I			
		17-24).	Complete Part X	29 524	0.5	3,771,925
26			Г			8,528,876
20				11,310,403.	20	0,320,070
	-	N HEIE	, 21			
27				24 701 893.	27	30,509,688
				22,300,898		
20		3 1 3 7 2 7	20			
29			1		29	
	document of the control of			30,452,812.		52,810,586
32	Total net assets or fund balances			3U,43Z,01Z.	32	JA,OTU,JOO
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16	Check if Schedule O contains a response or note 1	Check if Schedule O contains a response or note to any Check if Schedule O contains a response or note to any Check if Schedule O contains a response or note to any Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these persons and other receivables from other disqualified person under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b Investments - publicly traded securities Investments - publicly traded securities Other assets. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets. Other assets. See Part IV, line 11 Intangible assets. Add lines 1 through 15 (must equal line 3 Total assets. Add lines 1 through 15 (must equal line 3 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV controlled entity or family member of any of these personates, and other payables to any current or former offict trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personates, and other liabilities not included on lines 17-24). of Schedule D Cother liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Porganizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Paid-in or capital surplus, or land, building, or equipment of paid-in or capital surplus, or land, building, or equipment of the paid-in or capital surplus, or land, building, or equipment of the paid-in or capital surplus, or land, building, or equipment of the paid-in or capital surplus, or land, bui	Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 28,340,854. b Less: accumulated depreciation 10b 17,104,011. Investments - publicity traded securities 11 Investments - program-related. See Part IV, line 11 11 Investments - program-related. See Part IV, line 11 11 Intangible assets 15 Other assets. See Part IV, line 11 11 11 Intangible assets 16 Other assets. See Part IV, line 11 11 11 Investments - program-related securities 11 11 11 Investments - program-related securities 11 11 11 Investments - program-related securities 11 11 11 11 11 11 11 11 11 11 11 11 11	Check if Schedule O contains a response or note to any line in this Part X Reginning of year	Check if Schedule O contains a response or note to any line in this Part X

Form **990** (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,80	54,9	93.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,63				
3	Revenue less expenses. Subtract line 2 from line 1	3	23,2	53,0	40.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,4	52,8	12.		
5	Net unrealized gains (losses) on investments	5	-89	95,2	66.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	52,83	L0,5	86.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		20	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					
	or quidits, explain why on Schedule O and describe any steps taken to undergo such audits		36				

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Attach to Form 990 or Form 990-E∠.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

ORANGE COUNTY 95-1644055 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

95-1644055 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8786131.	5241325.	4805036.	7908311.	29497079.	56237882.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	944,898.	944,896.				1889794.
4	Total. Add lines 1 through 3	9731029.	6186221.	4805036.	7908311.	29497079.	58127676.
	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)						15721872.
6	Public support. Subtract line 5 from line 4.						42405804.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9731029.	6186221.	4805036.		29497079.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	336,498.	421,880.	405,262.	385,639.	627,800.	2177079.
9	Net income from unrelated business	,	•		,		
	activities, whether or not the						
	business is regularly carried on	86,624.	64,864.				151,488.
10	Other income. Do not include gain		-				
	or loss from the sale of capital						
	assets (Explain in Part VI.)	174,911.	382,280.	54,478.	98,355.	594,948.	1304972.
11	Total support. Add lines 7 through 10						61761215.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 153	,623,454.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	68.66 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	90.88 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		/Form 000) 2022

Schedule A (Form 990) 2022

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	ted below, please comp	,				
Calendar year (or fiscal year beginning i	n) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and membership fees received. (Do include any "unusual grants.")						,,
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	er-					
3 Gross receipts from activities the are not an unrelated trade or business under section 513	I					
4 Tax revenues levied for the orga ization's benefit and either paid or expended on its behalf						
5 The value of services or facilities furnished by a governmental unithe organization without charge	t to					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified personal from the control of t						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from lin Section B. Total Support	e 6.)					
Calendar year (or fiscal year beginning i	n) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		(5) 2010	(0) 2020	(4) 2021	(0) 2022	(1) 10101
10a Gross income from interest, dividends, payments received or securities loans, rents, royalties, and income from similar sources	n					
b Unrelated business taxable income (less section 511 taxes) from busine acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included on line 10 whether or not the business is regularly carried on	ness					
12 Other income. Do not include gas or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and	•		1	<u> </u>		
14 First 5 years. If the Form 990 is	-			•		
check this box and stop here						
Section C. Computation of F					 	
15 Public support percentage for 2		•	column (f))		15	%
16 Public support percentage from					16	%
Section D. Computation of I					T T	
17 Investment income percentage					17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2022.						7 is not
more than 33 1/3%, check this b		-				
b 33 1/3% support tests - 2021. line 18 is not more than 33 1/3%	· ·			•	•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
44		
4b		
4c		
50		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
30		
9с		
10a		
10b		
ıle A (Forn	n 990)	2022

232024 12-09-22

Schedule A (Form 990) 2022

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
	alon or type it 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		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>C</u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

95-1644055 Page 6 ORANGE COUNTY Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 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 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3

Schedule A (Form 990) 2022

5

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

4 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 **c** From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

95-164<u>4055 Page 8</u>

Schedule A (Form 990) 2022	ORANGE COUNTY	95-1644055 Page 8
Part VI Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, 6	Information. Provide the explanations required by Part II, line 10; Part II, line 17a of lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines tion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete the part for any additional complete	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
(See instructions.) SCHEDULE A, PART	' II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME		
2018 AMOUNT: \$	174,911.	
2019 AMOUNT: \$	382,280.	
2021 AMOUNT: \$	69,101.	
2022 AMOUNT: \$	133,823.	
MISCELLANEOUS RE	VENUE	
2020 AMOUNT: \$	42,728.	
2021 AMOUNT: \$	14,829.	
2022 AMOUNT: \$	396,121.	
CHARGE BACK FEE	RECOVERY	
2020 AMOUNT: \$	11,750.	
2021 AMOUNT: \$	14,425.	
2022 AMOUNT: \$	65,004.	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY

Employer identification number

95-1644055

Organiz	ation type (check or	Organization type (check one):					
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
ORANGE COUNTY

Employer identification number
95-1644055

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 16,856,596.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
ORANGE COUNTY

Employer identification number
95-1644055

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

Name of organization **Employer identification number** YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY 95-1644055 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY

Employer identification number 95-1644055

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts			
4	Total number at and of year	(a) Bonor advised funds	(b) I dilds and other accounts			
1 2	Total number at end of year					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds			
Ū	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o		•			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)				
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Number of conservation easements on a certified historic structure of the		2c			
d	Number of conservation easements included in (c) acquired a					
2	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax			
4	year Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the			
Do	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	than Cimilan Assats			
Par	t III Organizations Maintaining Collections of		ther Similar Assets.			
4-	Complete if the organization answered "Yes" on Form		and below as absorb and the			
па	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for put	, ,	· ·			
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95					
D	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
			_			
2	If the organization received or held works of art, historical tre-		ul gain, provide			
_	the following amounts required to be reported under FASB A		J , F			
а	Revenue included on Form 990, Part VIII, line 1		\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			

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	YOUNG M	EN'S CHRIST	IAN ASSOC	TATION OF			
Sche	edule D (Form 990) 2022 ORANGE				95-1	644055	Page 2
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar Asse	ets (continu	ied)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use of i	ts	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	b Scholarly research e Other						
С	Preservation for future generations						
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 o						
	to be sold to raise funds rather than to be ma					Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Complet	te if the organizatio	n answered "Yes" o	n Form 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par		-				
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	or other assets no	t included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII						
	•	•	-			Amount	
С	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Fo					Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		
_	rt V Endowment Funds. Complete i						
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance	168,444.	168,444.	168,444.	90,00	0.	90,000.
b	Contributions			1,918.	78,44	4.	
С	Net investment earnings, gains, and losses	34.	38.		2	4.	27.
	Grants or scholarships						
	Other expenditures for facilities						
	and programs	34.	38.	1,918.	2	4.	27.
f	Administrative expenses						
g	End of year balance	168,444.	168,444.	168,444.	168,44	4.	90,000.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1a, column (a)) held as:			
а	Board designated or quasi-endowment	,	%	,			
b	Permanent endowment 100	%					
С		<u></u> - %					
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.					
За	Are there endowment funds not in the posses	· ·	ion that are held ar	d administered for t	:he		
	organization by:	3				\[\frac{1}{2}\]	es No
	(i) Unrelated organizations					3a(i)	Х
	(ii) Related organizations					1 1	Х
b	If "Yes" on line 3a(ii), are the related organiza						
4	Describe in Part XIII the intended uses of the						
	rt VI Land, Buildings, and Equipm		mioric rarias.				
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part X	(, line 10.		
	Description of property	(a) Cost or ot		<u> </u>	Accumulated	(d) Book	value
	2 ccc.,p.s.c., or property	basis (investm		I	epreciation	(=, =00)(
1a	Land	<u> </u>		0,743.		2,280	,743.
	Buildings				902,999.	6,420	
	Leasehold improvements				578,322.		,996.
_	1			· /	-		-

Schedule D (Form 990) 2022

309,547.

1,247,109.

11,236,843.

e Other

5,521,396.

657,950.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

4,274,287.

348,403.

	CHRISTIAN AS		05 1644055 0
Schedule D (Form 990) 2022 ORANGE COUN	Т. Х		95-1644055 Page 3
Part VII Investments - Other Securities.	F 000 D+ IV I'	14b Oss Farm 000 Back V Bas 10	
Complete if the organization answered "Yes"			and of consumer wheat colors
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. dee Ferri dee, Fare X, into Te.	(b) Book value
(1) DEPOSITS	Description		2,200.
(2) ENDOWMENT INVESTMENTS			168,444.
	CEMC		3,734,127.
(3) OPERATING RIGHT-OF-USE AS	2512		3,734,127.
(4)			+
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		3,904,771.
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	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSIT PAYABLE (TIPPER)			37,798.
(3) LEASE LIABILITY			3,734,127.
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2022

3,771,925.

(7) (8)

	YOUNG MEN'S CHRISTIAN ASSOC	IATIC	N OF		
	dule D (Form 990) 2022 ORANGE COUNTY				1644055 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	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	60,306,592
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-895,266.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	271,084.		
е	Add lines 2a through 2d			2e	-624,182
3	Subtract line 2e from line 1			3	60,930,774
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		44,650.		
b	Other (Describe in Part XIII.)	4b	889,569.		
С	Add lines 4a and 4b			4c	934,219
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)rt XII Reconciliation of Expenses per Audited Financial Statemen			5	61,864,993
Pa		nts Witl	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	37,948,818
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		271,084.		
е	Add lines 2a through 2d			2e	271,084
3	Subtract line 2e from line 1			3	37,677,734
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,650.		
b	Other (Describe in Part XIII.)	4b	889,569.		
С	Add lines 4a and 4b			4c	934,219
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	38,611,953
Pa	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional infor	mation.		
PAI	RT V, LINE 4:				
PAI	RT OF THE FUNDS ARE TO BE USED TO PROVIDE PI	ROGRA	MS FOR YOUT	H I	N ORANGE
COT	JNTY AND ANOTHER TO BE USED FOR PROGRAMS IN	THE	POMONA VALL	EY .	AREA.
PAI	RT X, LINE 2:				
ואיז	E YMCA IS RECOGNIZED AS TAX EXEMPT UNDER SEC	стт∩м	501(C)(3)	OF '	тик
	- 111011 ID MECOCATEDED AD IMA EMERITI ONDER BEA	<u> </u>	301(0)(3)	<u> </u>	
IN	TERNAL REVENUE CODE AND THE CORRESPONDING ST	TATE	CODE AS A C	HAR	ITABLE
ORO	GANIZATION WHEREBY ONLY UNRELATED BUSINESS I	INCOM	E IS SUBJEC	T T	O INCOME

TAX. THE YMCA HAD NO UNRELATED BUSINESS INCOME DURING THE YEARS ENDED

TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

DECEMBER 31, 2022 AND 2021. ACCORDINGLY, THERE IS NO PROVISION FOR INCOME

Part XIII Supplemental Information (continued)

IN ACCORDANCE WITH FASB ASC 740-10-25, INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. THE YMCA DOES NOT BELIEVE THAT THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS OR ANY RELATED INTEREST OR PENALTIES AT DECEMBER 31, 2022 AND 2021. THE YMCAS TAX YEARS FROM 2019 TO 2022 ARE OPEN TO REVIEW FOR FEDERAL TAX PURPOSES, AND TAX YEARS FROM 2018 TO 2022 ARE OPEN TO REVIEW FOR STATE INCOME TAX PURPOSES.

TIPPER IS A LIMITED LIABILITY COMPANY THAT WAS GRANTED TAX-EXEMPT STATUS

UNDER THE FRANCHISE TAX BOARD REVENUE AND TAXATION CODE SECTION 23701H.

ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. FOR FEDERAL TAX PURPOSES, TIPPER IS

CONSIDERED A DISREGARDED ENTITY AND FILES ON A CONSOLIDATED BASIS WITH THE

YMCA.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE 271,084.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE 889,569.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE 271,084.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE 889,569.

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

	EN'S CHRISTIAN ASSO	OCIA)ITA	ON OF			ntification number
ORANGE						95-1644	
Part I Fundraising Activities required to complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	1		I				
List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration
or neoriesing.							

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

Schedule G (Form 990) 2022

95-1644055 Page 2 ORANGE COUNTY Schedule G (Form 990) 2022 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 GOLF DINNERS/BREA (add col. (a) through TOURNAMENT KFAST col. (c)) (event type) (total number) (event type) 234,230. 69,891. 16,427. 320,548. Gross receipts 2 Less: Contributions 133,823. 133,823. 69,891. Gross income (line 1 minus line 2) 100,407. 16,427. 186,725. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 119,550. 44,814. 186,725 Other direct expenses 186,725. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2022

232082 10-27-22

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Sch	edule G (Form 990) 2022 ORANGE COUN'TY 9	5-16	44	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	-	,	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	42-		0/
	The organization's facility		13a		<u>%</u>
	An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	l	,	Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amour	nt			
	of gaming revenue retained by the third party \$				
c	: If "Yes," enter name and address of the third party:				
•	The section have all address of the all aparty.				
	News				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	blrector/officer Employee independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	l		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne			
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part I	II. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	,
	,,, and approximate provide any administration and instance.				

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G	(Form 990)	ORANGE COUNTY		95-1644055	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		(continue co)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public

Inspection

% × Employer identification number Schedule I (Form 990) 2022 95-1644055 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant YOUNG MEN'S CHRISTIAN ASSOCIATION OF Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? ORANGE COUNTY 1 (a) Name and address of organization or government Name of the organization Part I Part II

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

ORANGE COUNTY

Schedule I (Form 990) 2022

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

Page 2

95-1644055

(f) Description of noncash assistance DISCOUNTED HEALTH AND FITNESS DISCOUNTED CHILD CARE FEES DISCOUNTED ADVENTURE GUIDE DISCOUNTED PROGRAM FEES FEES FEES (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 630,589. FMV 183,910. FMV 40,454. FMV 34,615, FMV (d) Amount of non-cash assistance 0 0 0 0 (c) Amount of cash grant (b) Number of recipients 620 2850 58 34 ADULT/YOUTH HEALTH & FITNESS FIN. ASSISTANCE COMMUNITY SERVICE PROGRAM FIN. ASSISTANCE (a) Type of grant or assistance ADVENTURE GUIDE FIN. ASSISTANCE CHILDCARE FINANCIAL ASSISTANCE Part IV

232102 10-31-22

Schedule I (Form 990) 2022

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY

Employer identification number 95-1644055

Pa	art I Questions Regarding Compensation				
			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}}}}$	
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.				
	X Compensation committee X Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:			37	
a	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Out				
_	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:	Eo.		Х	
a	The organization? Any related organization?	5a 5b		X	
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		<u> </u>	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
0	contingent on the net earnings of:				
а	The organization?	6a	х		
	Any related organization?	6b		X	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			<u> </u>	
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
-	Regulations section 53.4958-6(c)?	9			

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

Schedule J (Form 990) 2022

ORANGE COUNTY

Schedule J (Form 990) 2022

95-1644055

Page 2

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.

	,	(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFF MCBRIDE	€	419,466.	0	5,722.	97,989.	27,402.	550,579.	0
PRESIDENT & CEO	(ii)	• 0	• 0	• 0	• 0	0 •	• 0	• 0
(2) DOLORES DALY	Ξ	242,368.	76,285.	1,170.	.033,550.	4,187.	357,560	0
COO, ASST. SECRETARY	(ii)	• 0	• 0	• 0	• 0	0 •	• 0	• 0
(3) CHRISTINE SALAS	Ξ	202,201.	45,788.	1,314.	27,737.	13,451.	290,491.	0
CAO	€	0	• 0	• 0	• 0	0	• 0	0
(4) ANNA ROMITI	Ξ	154,295.	5,426.	1,105.	31,748.	3,375.	195,949.	0
VP MARKETING AND COMMUNICATIONS	(ii)	0	0 •	0	0	0.	• 0	• 0
(5) KAYCEE MARTIN	Ξ	148,308.	23,025.	1,080.	16,516.	403.	189,332.	• 0
DIRECTOR OF OPERATIONS	€	0	0	0	0	0	• 0	0
(6) DORAIN CASSELL	Ξ	130,434.	21,264.	1,318.	16,874.	4,724.	174,614.	• 0
DIRECTOR OF OPERATIONS	€	0	• 0	• 0	• 0	0	• 0	0
(7) BRYAN LE	Ξ	146,194.	3,812.	1,015.	16,612.	1,239.	168,872.	0
IT NETWORK ARCHITECT & ENGINEER MANA		0	0	0	0	0	• 0	0
(8) TUNG NGO	Ξ	142,826.	6,307.	1,157.	13,133.	1,218.	164,641.	0
IT APPLICATIONS DEVELOPMENT & PROJEC		0 •	0 •	• 0	0	0.	• 0	0
	Ξ							
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							Schedu	Schedule J (Form 990) 2022

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95-1644055

ORANGE COUNTY Schedule J (Form 990) 2022

Part III | Supplemental Information

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

I, LINE 1A: PART THE YMCA PAYS A MONTHLY FEE FOR A GOLF MEMBERSHIP FOR THE CEO/PRESIDENT

ANY NON-BUSINESS RELATED EXPENSES ARE PAID BY THE CEO/PRESIDENT.

LINE 1B H PART BONUSES ARE DETERMINED ON A NET BASIS AND GROSSED UP FOR PAYROLL PURPOSES.

THERE IS NO WRITTEN POLICY REGARDING THE MONTHLY GOLF MEMBERSHIP

3 LINE Н PART

THE YMCA OF A STANDING COMMITTEE OF THE EXECUTIVE COMPENSATION COMMITTEE IS

THE ORANGE COUNTY BOARD OF DIRECTORS COMMISSIONED TO ANNUALLY REVIEW

THE ORGANIZATION. PAID TO THE CHIEF EXECUTIVE OFFICER (CEO) OF COMPENSATION

SUCH AS PUBLIC COMPENSATION DATA AND THE US OF AN ADDITIONAL RESOURCES,

OUTSIDE COMPENSATION CONSULTANT ARE USED IN THE ANNUAL REVIEW PROCESS IN

DETERMINE THE ANNUAL COMPENSATION FOR THE CEO

9 LINE PART I,

THE THE CEO'S ANNUAL BONUS IS BASED ON PERFORMANCE AND IS DETERMINED BY

EXECUTIVE COMPENSATION COMMITTEE.

Schedule J (Form 990) 2022

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization	ORANGE	COUNTY					95	-16	ident 440		on nu	mber
						ction 501(c)(29) organ						
						, or Form 990-EZ, Pa	ırt V, I	ine 40	b	(.1)	0	-110
(a) Name of disqualified	d person	(b) Relationship bety person and or			ified (c) Description of trans	sactio	n			es	cted?
		p =	94=4							+ 10	es	No
										+	\dashv	
-												
2 Enter the amount of ta	ax incurred by th	ne organization man	agers c	or disq	ualified persons duri	ng the year under						
3 Enter the amount of ta	ax, if any, on line	e 2, above, reimburs	ed by t	he org	ganization			\$				
Part II Loans to a	nd/or From	Interested Pers	sons									
				90.F7	Part V line 38a or F	form 990, Part IV, line	26.	or if th	e orga	nizatio	ın	
•	-	990, Part X, line 5, 6			Tart v, line 30a or i	omi 990, i artiv, iiie	<i>z</i> 20, t) II (II)	e orga	ilizatio	,,,,	
(a) Name of	(b) Relations		(d) Loa	an to or	(e) Original	(f) Balance due	(g)	ln	(h) Ap	proved	(1) V	/ritten
interested person	with organiza	tion of loan	from organiz		principal amount	``	defa		by bo	ittee?	agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
												_
												-
Total					\$							
Part III Grants or A	Assistance E	Benefiting Inter	ested	Per	sons.							
Complete if th	e organization a	answered "Yes" on I	Form 99	90, Pa	rt IV, line 27.							
(a) Name of intereste	d person	(b) Relationship			(c) Amount of	(d) Type) Purp		f
		interested pers the organiza		t	assistance	assistano	ce		•	assista	ance	
		tilo organiza										
								-+				
								\dashv				
								\dashv				
								\dashv				

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

Schedule L (Form 990) 2022

	100140	TILLIA D	CHILLDITH	ADDOCIATION	OI
chedule L (Form 990) 2022	ORANGE	COUNT	Ϋ́		
. 137					

	ne of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of zation's
		person and the organization	transaction	transaction	rever	nues?
HIGHTOWER	ADVISORS, LLC	BOARD MEMBER	39,858.	INVESTMENT	res	No X
Part V Sup	pplemental Information.					
		oonses to questions on Schedule L (see in	nstructions).			
SCH I. PA	RT TV BUSTNESS T	TRANSACTIONS INVOLVIN	C INTERESTE	D PERSONS.		
			<u>O INTERCEDIE</u>	D I LINDOND.		
(A) NAME	OF PERSON: HIGHTO	OWER ADVISORS, LLC				
(D) DESCR	IPTION OF TRANSAC	CTION: INVESTMENT ADV	ISORY			

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY

Employer identification number 95-1644055

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SPIRIT, MIND, AND BODY FOR ALL.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
THE Y INCLUSION PROGRAM ASSISTS CHILDREN WITH SPECIAL NEEDS OF	1
DISABILITIES IN BECOMING INDEPENDENT, ENGAGED, AND SUCCESSFUL	IN THEIR
CHILDCARE SETTING. OUR POSITIVE AND SUPPORTIVE APPROACH FOCUSE	S ON
BEHAVIOR MANAGEMENT AND PLAY, SOCIAL, AND SELF-CARE SKILLS DEV	ELOPMENT.
THE Y IS A PROUD SUPPORTER OF THE AFTER SCHOOL EDUCATION & SAF	'ETY
("ASES") PROGRAM FOR STUDENTS. THIS PROGRAM SUPPORTS LOW-INCOM	IE
FAMILIES BY PROVIDING A SAFE AND EDUCATIONAL AFTER SCHOOL ENVI	RONMENT
THROUGH STATE GRANTS. THE Y CURRENTLY OPERATES 17 ASES SITES,	9 IN WEST
COVINA UNIFIED SCHOOL DISTRICT, 4 IN CAPISTRANO UNIFIED SCHOOL	ı
DISTRICT, ONE FOR THE ORANGE COUNTY DEPARTMENT OF EDUCATION AN	ID 3 IN
ORANGE UNIFIED SCHOOL DISTRICT. ASES STUDENTS RECEIVE HOMEWORK	
ASSISTANCE, SNACKS, AND PARTICIPATE IN ACTIVITIES THAT SUPPORT	SCIENCE,
TECHNOLOGY, ENGINEERING, ARTS, MATH (KNOWN AS "S.T.E.A.M."),	
LEADERSHIP, SPORTS, AND OTHER ENRICHMENT OPPORTUNITIES.	
THE YOUTH & GOVERNMENT PROGRAM IS A SIX-MONTH PROGRAM IN WHICH	[
HIGH-SCHOOL AGED DELEGATES (9TH-12TH GRADES) LEARN ABOUT CALIF	'ORNIA'S
GOVERNMENT AND THE CHANGES THEY CAN MAKE IN THEIR COMMUNITIES.	STUDENTS
WILL ROLE-PLAY VARIOUS POSITIONS OF THE CALIFORNIA STATE LEGIS	LATURE
AND THE STATE COURT SYSTEMS. STUDENTS PARTICIPATE BY JOINING T LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	HEIR HIGH Schedule O (Form 990) 2022
En a contraportion reconstruction of accurate month of the month of the first accurate the contract of the con	CONSTRUCT OF IT OF THE STOP AUCK

Schedule O (Form 990) 2022 Page **2**

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY

Employer identification number 95-1644055

SCHOOL DELEGATION AND ATTENDING WEEKLY MEETINGS WHERE THEY DISCUSS

ISSUES FACING CALIFORNIA AND THE WAYS THE LEGISLATIVE AND JUDICIAL

BRANCHES CAN EFFECT CHANGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVENTURE GUIDES: THE ADVENTURE GUIDES PROGRAM WAS DEVELOPED BY THE Y

TO HELP STRENGTHEN FAMILY RELATIONSHIPS. THE PROGRAM FOSTERS

COMPANIONSHIP AND UNDERSTANDING AND SETS A FOUNDATION FOR POSITIVE,

LIFELONG RELATIONSHIPS BETWEEN PARENT AND CHILD, AGES 3-12. THE PROGRAM

IS DESIGNED TO BUILD A SENSE OF SELF-ESTEEM AND PERSONAL WORTH THROUGH

EXPERIENCES IN NATURE, AT EVENTS, IN PLAY, AND MORE. THE PROGRAM

PROVIDES THE FRAMEWORK TO MEET A MUTUAL NEED OF SPENDING ENJOYABLE,

CONSTRUCTIVE, AND QUALITY TIME TOGETHER.

EXPENSES \$ 2,274,617. INCLUDING GRANTS OF \$ 40,454. REVENUE \$ 2,218,915.

Y CAMP HAS BEEN A TRADITION DATING BACK TO AS EARLY AS 1885. THE Y

OFFERS A VARIETY OF CAMPS CREATED TO MEET THE NEEDS OF FAMILIES. THE Y

CAMPS INCLUDE RESIDENTIAL, SUMMER DAY CAMPS, WINTER DAY CAMPS, AND

SPECIALTY CAMPS. EACH CAMP IS DESIGNED WITH THE Y'S CORE VALUES OF

CARING, HONESTY, RESPECT, AND RESPONSIBILITY AT THE CENTER OF ALL

ACTIVITIES. Y CAMP PROGRAMS ARE EDUCATIONAL AND EXPERIENTIAL; THEY

FOSTER COGNITIVE DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH,

CHARACTER DEVELOPMENT, LEADERSHIP SKILLS, AND A RESPECT FOR THE

ENVIRONMENT. THROUGH A VARIETY OF ENGAGING ACTIVITIES AND THE USE OF

NATURAL SURROUNDINGS, Y CAMP PROGRAMS ENCOURAGE PARTICIPANTS TO EXPLORE

AND DEVELOP THEIR INTERESTS AND ABILITIES IN A SAFE AND NURTURING

ENVIRONMENT.

EXPENSES \$ 855,593. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,107,090.

FORM 990, PART VI, SECTION A, LINE 1A:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE COMPRISED OF THE CHAIRPERSON OF
THE BOARD OF DIRECTORS, THE PRESIDENT OF THE ASSOCIATION, A VICE
CHAIRPERSON, THE SECRETARY, AND THE TREASURER AND SUCH OTHER MEMBERS OF THE
BOARD AS MY BE SPECIFIED BY THE BOARD BY RESOLUTION DULY ADOPTED BY A
MAJORITY OF THE NUMBER OF DIRECTORS THEN IN OFFICE. THE EXECUTIVE COMMITTEE
HAS AND MAY EXERCISE THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE
BUSINESS AND AFFAIRS OF THE ASSOCIATION DURING THE INTERIM BETWEEN BOARD
MEETINGS.

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

THE CONTROLLER REVIEWS THE 990 AGAINST EXTERNAL AUDITED FINANCIAL REPORTS

AND INTERNAL FINANCIAL REPORTS AND SUBMITS ADJUSTMENTS TO THE TAX

PREPARERS, IF NEEDED. WHEN THE CONTROLLER IS SATISFIED WITH THE CONTENTS OF

THE 990, A COPY IS FORWARDED TO THE AUDIT COMMITTEE MEMBERS FOR REVIEW AND

APPROVAL. WHEN THE AUDIT COMMITTEE IS SATISFIED WITH THE 990 A COPY IS

PROVIDED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL.

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

ANNUALLY OR WHEN A NEW BOARD MEMBER JOINS THE YMCA BOARD, A COMPREHENSIVE

CONFLICT OF INTEREST STATEMENT IS COMPLETED BY THE BOARD MEMBER(S). ANY

CONFLICTS DISCLOSED ON THE CONFLICT OF INTEREST STATEMENT OR THAT COME UP

DURING THE YEAR ARE REVIEWED BY THE BOARD OF DIRECTORS OR AN EXECUTIVE

COMMITTEE OF DISINTERESTED DIRECTORS. IF A CONFLICT OF INTEREST IS

IDENTIFIED, THE YMCA WILL NOT ENTER INTO THE CONTRACT OR TRANSACTION UNTIL

THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE OF DISINTERESTED

DIRECTORS HAVE REVIEWED THE CONTRACT TO DETERMINE IF: 1.) THE YMCA CAN

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY

Employer identification number 95-1644055

ENTER INTO A MORE ADVANTAGEOUS CONTRACT WITH REASONABLE EFFORT WITH A

PERSON OR ENTITY THAT DOES NOT CONSTITUTE A CONFLICT OF INTEREST, 2.) IF A

MORE ADVANTAGEOUS CONTRACT CANNOT BE FOUND WITH REASONABLE EFFORT, THE

BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE OF DISINTERESTED DIRECTORS

WILL DETERMINE BY MAJORITY VOTE IF THE CONTRACT OR TRANSACTION IS IN THE

BEST INTEREST OF THE YMCA AND DEEMED TO BE FAIR AND REASONABLE.

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

EXECUTIVE LEADERSHIP COMPENSATION IS REVIEWED ON A YEARLY BASIS. THE

EVALUATION CRITERIA IS GATHERED FROM SEVERAL SOURCES (I.E., 3RD PARTY

ENTITIES, YMCA OF THE USA, AND RESEARCH OF PUBLIC RECORDS CONCERNING

INSTITUTIONS OF SIMILAR SIZE ORGANIZATIONS WITHIN THE YMCA COMMUNITY,

LOCALITY, AND BUDGET SIZE). AN INDEPENDENT COMPENSATION CONSULTANT ASSISTS

WITH THE COLLECTION AND EVALUATION OF THE DATA. THE INFORMATION IS

PRESENTED TO THE EXECUTIVE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE

BOARD OF DIRECTORS, CONSISTING OF DISINTERESTED PARTIES, FOR REVIEW AND TO

BE VOTED ON.

OFFICERS AND KEY EMPLOYEE COMPENSATION IS REVIEWED ON A YEARLY BASIS. THE

EVALUATION CRITERIA IS GATHERED FROM SEVERAL SOURCES (I.E., 3RD PARTY

ENTITIES, YMCA OF THE USA, AND RESEARCH OF PUBLIC RECORDS CONCERNING

INSTITUTIONS OF SIMILAR SIZE ORGANIZATIONS WITHIN THE YMCA COMMUNITY,

LOCALITY, AND BUDGET SIZE). AN INDEPENDENT COMPENSATION CONSULTANT ASSISTS

WITH THE COLLECTION AND EVALUATION OF DATA. THE INFORMATION IS PRESENTED TO

THE EXECUTIVE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF

DIRECTORS, CONSISTING OF DISINTERESTED PARTIES, FOR REVIEW AND TO BE VOTED

ON.

Schedule O (Form 990) 2022	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY	Employer identification number 95-1644055
2022 WAS THE MOST RECENT YEAR IN WHICH THE COMPENSATION PR	OCESS WAS
REVIEWED, DISCUSSED, AND APPROVED FOR EXECUTIVE LEADERSHIP	, OFFICERS, AND
KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
WE WILL PROVIDE OUR ANNUAL REPORT, GOVERNING DOCUMENTS, CO	NFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST. IN	ADDITION, WE
PUBLISH THE PRIOR 3-YEARS ANNUAL AUDIT REPORTS AND TAX RET	URNS ON OUR
WEBSITE.	
FORM 990, PART XII, LINE 2C.	
THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM PRIOR YEA	.R.

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2022

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Employer identification number $95-164\,4055$

SSOCIATION OF ORANGE YOUNG MEN'S CHRISTIAN Direct controlling entity 4,688,135.COUNTY End-of-year assets **e** 519,055. Total income 9 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) CALIFORNIA Primary activity RENTAL ORANGE COUNTY Name, address, and EIN (if applicable) of disregarded entity LLC - 82-2864817 13821 NEWPORT AVE. 200 CA 92780 Partl TIPPER, TUSTIN,

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

l		-		l		l		l		l	
(g)	512(b)(13) frolled	ıtity?	No								
)	Section	er	Yes								
(£)	Direct controlling	entity									
(e)	Public charity	status (if section	501(c)(3))								
(p)	de	section									
(၁)	Legal domicile (state or	foreign country)									
(q)	Primary activity										
(a)	Name, address, and EIN	of related organization									

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

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Schedule R (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

ORANGE COUNTY

Schedule R (Form 990) 2022

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

Page 2

95-1644055

(K)	General or Percentage managing ownership partner?									
9	neral or anaging artner?	YesNo								
(E)	Code V-UBI me amount in box mi 20 of Schedule	K-1 (Form 1065) Ye								
(h)	Disproportionate allocations?	Yes No								
(6)	Share of end-of-year									
	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(0)	Legal domicile (state or	roreign country)								
(a)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

ı					ı		ı		ı		ı	
	(E)	Section 512(b)(13) controlled entity?	No									
	- 6	512 cont	Yes									
	Œ	Percentage ownership										
		Share of end-of-year	doodlo									
		Share of total income										
	(e)	Type of entity (C corp, S corp,	Ol tidat)									
	(p)	Direct controlling entity										
	(c)	Legal domicile (state or foreign	country)									
	(q)	Primary activity										
	(a)	Name, address, and EIN of related organization										

232162 09-14-22

Schedule R (Form 990) 2022

Page 3

Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a	
b Gift, grant, or capital contribution to related organization(s)				10	
c Gift, grant, or capital contribution from related organization(s)				2	
d Loans or loan quarantees to or for related organization(s)				P	
				5 (
e Loans of loan guarantees by related organization(s)				<u></u>	
f Dividends from related organization(s)				+	
g Sale of assets to related organization(s)				1	
Purchase of assets from related organization(s)				÷	
				; -	
i Lease of facilities equipment or other assets to related organization(s)				;=	
k Lease of facilities, equipment, or other assets from related organization(s)				*	
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			TL	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			£	
				10	
a Reimbursement paid to related organization(s) for expenses				q	
Reimbursement paid by related organization(s) for expenses					
				2	
r Other transfer of cash or property to related organization(s)				+	
(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(4)					
(5)					
(9)					
232163 09-14-22			Schedule	Schedule R (Form 990) 2022	2022

Page 4 95-1644055

ORANGE COUNTY Schedule R (Form 990) 2022

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

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

age dir				
(k) ercenta wnersł				
al or Pe				
(j) General or managing partner? Yes No				
(h)				
(h) Disproportionate allocations? Yes No				
<u>X</u> gir iii				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) 16r Yes No				
16 par 14.				
(d) Predominant income prelated, unrelated, excluded from tax under sections 512-514)				
cile eign				
(c) Legal domicile (state or foreign country)				
>				
(b) Primary activity				
(b) mary a				
Prii				
(a) Name, address, and EIN of entity				
I				

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule R (Form 990) 2022 ORANGE COUNTY	95-1644055	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
1 TOVIDE AUDITIONAL INTO MALION FOR TESPONSES TO QUESTIONS ON SOMEQUIE N. SEE INSTRUCTIONS.		

232165 09-14-22 Schedule R (Form 990) 2022

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

r calendar year 2022, or fiscal year beginning	. 2022, and ending

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF Name of filer

ORANGE COUNTY

95-1644055 JEFF MCBRIDE

Name and title of officer or person subject to tax PRESIDENT & CEO

Part I	Type of Return and	Return Ir	ıformatior
--------	--------------------	-----------	------------

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

_			_				
1a	Form 990 check here		b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b	
2 a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)		2b	
3a	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)		3b	
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line	5)	4b	
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)		5b	
6a	Form 990-T check here	X		Total tax (Form 990-T, Part III, line 4)		6b	0.
7a	Form 4720 check here			Total tax (Form 4720, Part III, line 1)		7b	
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)		8b	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)		9b	
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part I		10b	
Part	II Declaration and S	ignatı	ıre	Authorization of Officer or Person Subject to Ta	ax		
Jnder	penalties of perjury, I declare tha	t X	l aı	m an officer of the above entity or I am a person subject to	o tax with respe	ect to (name	
of entit	y)			, (EIN) a	and that I have	examined a copy of	the
						and the second second	

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Lalso authorize the financial institutions involved in the processing of the electronic later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

ΡI	N:	check	one	box	only

X I authorize	CLIFTONLARSONALLEN	LLP

to enter my PIN

92780 Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

81361355902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

LISA N. RYSSEL, CPA

Date

08/17/23

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form	990-T	E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
		For cal	lendar year 2022 or other tax year beginning , and ending		2022
			Go to www.irs.gov/Form990T for instructions and the latest information.	— ·	LULL
Depart Interna	tment of the Treasury Il Revenue Service	ı	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)).	Open to Public Inspection for 501(c)(3) Organizations Only
Α _	Check box if address changed.		Name of organization (Check box if name changed and see instructions.) YOUNG MEN'S CHRISTIAN ASSOCIATION OF	DEmpl	oyer identification number
B E>	kempt under section	Print	ORANGE COUNTY	9	5-1644055
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 13821 NEWPORT AVE., #200	EGroup (see i	p exemption number nstructions)
	3408A 530(a) 529A 529A		City or town, state or province, country, and ZIP or foreign postal code TUSTIN, CA 92780	F	Check box if
		С Во	ok value of all assets at end of year	\neg	an amended return.
G (Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
I (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.	/71/)549-9622
Pa	he books are in car		MATT LANGLEY Telephone number d Business Taxable Income	(/14	1349-9022
				$\neg \neg$	
1			ss taxable income computed from all unrelated trades or businesses (see		0.
_	December				0.
2					
3	Add lines 1 and 2		(and instance for limitation will all		0.
4			(see instructions for limitation rules)		0.
5			taxable income before net operating losses. Subtract line 4 from line 3		
6		•	ng loss. See instructions	. 6	
7	Subtract line 6 from		ss taxable income before specific deduction and section 199A deduction.	7	
			rally \$1,000, but see instructions for exceptions)		1,000.
8 9					1,000.
10	Total deductions.				1,000.
11			nes 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater than line 7.	10	1,0001
••	enter zero	ss lake	,	11	0.
Pa	rt II Tax Com	putat	ion		
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
_	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins				
4	Other tax amounts				
5	Alternative minimu	ım tax i		· -	
6			cility income. See instructions		
7			h 6 to line 1 or 2, whichever applies	7	0.
LHA			ion Act Notice, see instructions.		Form 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Part	II Tax and Payments				1 age
1a	Foreign tax credit (corporations attach Form	1118: trusts attach Form 1116)	1a		
b					
C	General business credit. Attach Form 3800 (s				
d	Credit for prior year minimum tax (attach Forn				
e	Total credits. Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7				0
3	Other amounts due. Check if from: Form				
		()			
4	Total tax. Add lines 2 and 3 (see instructions)	/			
			•		0
5	Current net 965 tax liability paid from Form 96				0
6a	Payments: A 2021 overpayment credited to 2				
b	2022 estimated tax payments. Check if section				
С	Tax deposited with Form 8868		6c		
d	Foreign organizations: Tax paid or withheld at				
е	Backup withholding (see instructions)		6e		
f	Credit for small employer health insurance pre	emiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments:	Form 2439			
	Form 4136	Other T	otal 6g		
7	Total payments. Add lines 6a through 6g			7	
8	Estimated tax penalty (see instructions). Chec				
9	Tax due. If line 7 is smaller than the total of lin				
10	Overpayment. If line 7 is larger than the total		verpaid		
11 Part	Enter the amount of line 10 you want: Creditor V Statements Regarding Certain		ation (assisses	Refunded 11	
					Vaa Ni
1	At any time during the 2022 calendar year, did over a financial account (bank, securities, or c	· ·	-	•	Yes No
	FinCEN Form 114, Report of Foreign Bank an		-	•	
	here	d i mancial Accounts. Il Tes, enter	the name of the fo	reight country	Х
2	During the tax year, did the organization recei	ive a distribution from or was it the	grantor of or transf	eror to a	
_	foreign trust?		-		Х
	If "Yes," see instructions for other forms the o				
3	Enter the amount of tax-exempt interest received			\$	
4	Enter available pre-2018 NOL carryovers here		not include any pos	t-2017 NOL carryover	
	shown on Schedule A (Form 990-T). Don't red				
5	Post-2017 NOL carryovers. Enter the Busines	s Activity Code and available post-2	017 NOL carryovers	s. Don't reduce	
	the amounts shown below by any NOL claime	ed on any Schedule A, Part II, line 17	for the tax year. S	ee instructions.	
	Business Activ		Available po	ost-2017 NOL carryover	
	532	2000	\$	23,551.	
			\$		
6a	Did the organization change its method of account	counting? (see instructions)			X
b	If 6a is "Yes," has the organization described	the change on Form 990, 990-EZ, 99	90-PF, or Form 112	8? If "No,"	
Part					
Provide	the explanation required by Part IV, line 6b. A	lso, provide any other additional info	ormation. See instru	ictions.	
	Under penalties of perjury, I declare that I have examined	d this return, including accompanying schedules	and statements, and to the	e best of my knowledge and belief, it is	true.
Sign	correct, and complete. Declaration of preparer (other tha			ge.	
Here		PRES	IDENT & CE	May the IRS discuss the preparer shown by	
	Signature of officer	Date Title	101111 4 01	instructions)?	
	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
De:4	Time type proparer a marile	LISA N. RYSSEL,		self- employed	
Paid	rer LISA N. RYSSEL, CPA	CPA	08/17/23	P0064	3670
Prepa Use C			<u> </u>		46749
036 (ELLE DRIVE #300			
	Firm's address IRVINE, CA			Phone no. (714) 97	<u>8-1</u> 300
223711 0	•			Form	990-T ₍₂₀₂

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Do not enter SSN numbers on this form as it	may be ı	made public i	if your c	organiz	ation is a 501(c)(3).		501(c)(3) Organizati	
A 1	Name of the organization YOUNG MEN'S CHRISTIAN ORANGE COUNTY	ASSC	CIATIO	о ис	F	B Employer i			
<u>с</u> ।	Unrelated business activity code (see instructions) 53200	0				D Sequence	: :	1 of 1	
<u>E</u> [Describe the unrelated trade or business RENTAL ACTIV	TTY							
Pa	rt I Unrelated Trade or Business Income		(A) In	come		(B) Expenses	s	(C) Net	
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a							
b		4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach statement)	5							
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
13	Total. Combine lines 3 through 12	13			0.				
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come	!					s must be	
1	Compensation of officers, directors, and trustees (Part X)						2		
3	Salaries and wages						3		
4	Repairs and maintenance Bad debts						4		
5	Interest (attach statement). See instructions						5		
6	Taxes and licenses						6		
7	Depreciation (attach Form 4562). See instructions			7		110,235.			
8	Less depreciation claimed in Part III and elsewhere on return			-		110,235.	8b		0.
9	Depletion					-	9		
10	Contributions to deferred compensation plans						10		
11	Employee benefit programs						11		
12	Excess exempt expenses (Part VIII)						12		
13	Excess readership costs (Part IX)						13		
14	Other deductions (attach statement)						14		
15	Total deductions. Add lines 1 through 14						15		0.
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from	Part I	, line 1	3,			
	column (C)						16		0.
17	Deduction for net operating loss. See instructions						17		0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

D,	-~	_	
ra	4 0	e	-

	ule A (Form 990-T) 2022						F	Page 2
Part	III Cost of Goods Sold Enter met	hod of i	inventory valuat	ion				
1	Inventory at beginning of year					1		
2	Purchases					2		
3	Cost of labor					3		
4	Additional section 263A costs (attach statement)					4		
5	Other costs (attach statement)					5		
6	Total. Add lines 1 through 5					6		
7	Inventory at end of year					7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter					8		
9	Do the rules of section 263A (with respect to property		•				Yes	No
Part								
1	Description of property (property street address, city, s			_		, ,		
•	A	state, Zi	i code). Oneck	ii a dual-use. See iii	structions.			
	B							
	C							
	D	1		_				
			Α	В	c		D	
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)							
b	From real and personal property (if the							
	percentage of rent for personal property exceeds							
	50% or if the rent is based on profit or income)							
С	Total rents received or accrued by property.							
	Add lines 2a and 2b, columns A through D							
					•			
3	Total rents received or accrued. Add line 2c columns A	throug	ıh D. Enter here	and on Part I. line 6	column (A)			0.
	Deductions directly connected with the income	1 5 6.9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>				
4	in lines 2(a) and 2(b) (attach statement)							
•	mines z(a) and z(b) (attach statement)							
5	Total deductions. Add line 4 columns A through D. Er	ntar har	e and on Part I	line 6 column (R)				0.
Part		oo inetr	uctions)	iiiic o, colaitiit (b)				
1	Description of debt-financed property (street address,			hack if a dual-use S	ee instructions	,		
•	A	City, Sta		NEWPORT AV			A 9278	0
	В		13021	INDWI OILI 21V.	1., 1001	. 111, 02	3270	-
	C							
	D	1		_				
			Α	В	С		D	
2	Gross income from or allocable to debt-financed							
	property		0.					
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement) STMT	2 1	L10,235.					
b	Other deductions (attach statement)		0.					
С	Total deductions (add lines 3a and 3b,							
	columns A through D)	1	L10,235.					
4	Amount of average acquisition debt on or allocable		•					
-	to debt-financed property (attach statement)		0.					
5	Average adjusted basis of or allocable to debt-							
3	financed property (attach statement)		0.					
c			0.000%		%	%		
6	Divide line 4 by line 5		0.000%		70	%		%
7	Gross income reportable. Multiply line 2 by line 6							
8	Total gross income (add line 7, columns A through D)). Enter	nere and on Pa	rt I, line 7, column (A)			0.
					1			
9	Allocable deductions. Multiply line 3c by line 6		0.					
10	Total allocable deductions. Add line 9, columns A the							0.
11	Total dividends-received deductions included in line	10						0.

1 Page **3**

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (see	e instruct	ions)	Page 3
		-					Exempt Contro				
	Name of controlle organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	4. Tota	al of specified ments made	5. Par that is contro	t of colur included olling orga gross inc	nn 4 in the	Deductions directly connected with ncome in column 5
(1)											
(2)											
(3)											
(4)											
				1	Controlled O						
•	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)	1	otal of specif lyments mad		that is inc controlling gross	cluded ir	n the ation's	C	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c		Part I,	Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instr	uctions)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	ınte in					Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income	, Other 1	Than Adve	ertising	g Income	(see inst	tructions)		_
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	th production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from	n unrelated	I trade or business.	Subtract lir	ne 3 from line	e 2. If a	gain, complete)			
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen 4. Enter here and on F			o, but do no	ot enter mor	e tnan th	ne amount on I	ine		_	
	4. Enter here and on F	art II, IME	14							/	

Schedule A (Form 990-T) 2022

Part	IX	Advertising Income				
1	N	ame(s) of periodical(s). Check box if reporting two	or more periodicals on a c	consolidated basis.		
	Α					
	В					
	С					
	D					
Enter a	amo	ounts for each periodical listed above in the corres	sponding column.			
		·	A	В	С	D
2	G	ross advertising income				
		dd columns A through D. Enter here and on Part			•	0.
а		G	, , , , , , , , , , , , , , , , , , , ,			
3	Di	irect advertising costs by periodical				
а		dd columns A through D. Enter here and on Part	I, line 11, column (B)			0.
		·				
4	A	dvertising gain (loss). Subtract line 3 from line				
		For any column in line 4 showing a gain,				
		omplete lines 5 through 8. For any column in				
		ne 4 showing a loss or zero, do not complete				
		nes 5 through 7, and enter zero on line 8				
5		eadership costs				
6		irculation income				
7		xcess readership costs. If line 6 is less than				
	lir	ne 5, subtract line 6 from line 5. If line 5 is less				
	th	an line 6, enter zero				
8	E	xcess readership costs allowed as a				
	de	eduction. For each column showing a gain on				
	lir	ne 4, enter the lesser of line 4 or line 7				
а	A	dd line 8, columns A through D. Enter the greater	of the line 8a, columns tot	al or zero here and o	on	
		art II, line 13	······································			0.
Part		Compensation of Officers, Directo	ors, and Trustees (se	ee instructions)		
		Compensation of Officers, Director		ee instructions)	3. Percentage	4. Compensation
		Compensation of Officers, Directors. 1. Name	ors, and Trustees (se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
Part		Compensation of Officers, Director		ee instructions)	3. Percentage of time devoted to business	4. Compensation
Part		Compensation of Officers, Director		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
Part 1) 2)		Compensation of Officers, Director		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)		Compensation of Officers, Director		ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1) 2) 3)		Compensation of Officers, Director		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X	1. Name		ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

990-T SCH A	A POST-	LOSS DEDUCTION	STATEMENT 1		
TAX YEAR	LOSS SUSTAINED	PRE	LOSS VIOUSLY PPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21	7,972. 15,579.		0.	7,972. 15,579.	•
NOL CARRYO	VER AVAILABLE TH	23,551.	23,551.		

FORM 990-T (A)	PART V - DEPRECIATION DEDUC	PART V - DEPRECIATION DEDUCTION							
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL						
DEPRECIATION	- SUBTOTAL - 1	110,235.	110,235.						
TOTAL OF FORM 990	T, SCHEDULE A, PART V, LINE 3(A	۲)	110,235.						

2022 DEPRECIATION AND AMORTIZATION REPORT

							A DEBT	1						
Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
10	BUILDING TIPPER	10/03/17	SL	20.00	16	1,831,752.				.,831,752.	381,195.		91,588.	472,783.
	* 990-T SCH E TOTAL BUILDINGS					1,831,752.				.,831,752.	381,195.		91,588.	472,783.
11	IMPROVEMENTS TIPPER	10/03/17	SL	20.00	16	2,338.				2,338.	541.		117.	658.
12	IMPROVEMENTS TIPPER	02/01/18	SL	10.00	16	118,215.				118,215.	42,928.		11,822.	54,750.
13	IMPROVEMENTS TIPPER	01/01/18	SL	10.00	16	16,695.				16,695.	6,063.		1,670.	7,733.
16	IMPROVEMENTS TIPPER	01/01/19	SL	10.00	16	500.				500.	117.		50.	167.
17	IMPROVEMENTS TIPPER	01/01/20	SL	10.00	16	5,103.				5,103.	1,020.		510.	1,530.
	* 990-T SCH E TOTAL OTHER					1,974,603.				.,974,603.	431,864.		105,757.	537,621.
	FURNITURE & FIXTURES													
14	FURNITURE/FIXTURES TIPPER	01/01/18	SL	10.00	16	36,832.				36,832.	13,995.		3,683.	17,678.
15	FURNITURE/FIXTURES TIPPER	02/22/19	SL	10.00	16	7,947.				7,947.	2,158.		795.	2,953.
	* 990-T SCH E TOTAL FURNITURE & FIXTURES					44,779.				44,779.	16,153.		4,478.	20,631.
	LAND													
Q	LAND TIPPER	10/03/17	SL	000.	16	773,170.				773,170.			0	
	* 990-T SCH E TOTAL LAND					773,170.				773,170.	.0		0	0
	* GRAND TOTAL 990-T SCH E DEPR					2,792,552.			- K	,792,552.	448,017.		110,235.	558,252.
228111 04-01-22	14-01-22					(D) - Asset disposed	peso		*	ITC, Salvage,	Bonus, Comm	ercial Revital	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

...

Business or activity to which this form relates

2022 Attachment

1

A DEBT

OMB No. 1545-0172

Attachment Sequence No. 179 Identifying number

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF ORANGE COUNTY 95-1644055 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,700,000. Threshold cost of section 179 property before reduction in limitation 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 110,235. 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 110,235. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

Form 4562 (2022)

Part V

95-1644055 Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	24b, columns (a) through (c) of Section A,	all of So	ection B	<u>, and S</u>	ection C	if appli	icable.						
	Section A -	Depreciation	n and Other I	nforma	tion (Ca	ution:	See the	nstruc	tions for li	mits for	passeng	er auton	nobiles.)		
24a	Do you have evidence to s	support the bus	siness/investme	nt use cla	aimed?		Yes 🗌	No	24b If "Y	es," is tl	ne evide	nce writt	ien?	Yes [No
(a) Type of property (list vehicles first) (b) Date placed in service Use percentage			t OOSLOI		l (h	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		Depre	(h) eciation uction	(
 25	Special depreciation allo	owance for qu	ualified listed p	roperty	placed	in servi	ce during	the ta	x year and	<u>'</u>					
	used more than 50% in				•		-		•		25				
<u></u>	Property used more that										•				
		: :	9	6											
		: :	9	6											
		: :	9	6											
<u></u> 27	Property used 50% or le	ss in a qualif	ied business u	se:					•	•		•			
		: :	9	6						S/L -					
		: :	9	6						S/L -					
		: :	9	6						S/L -					
<u></u>	Add amounts in column	(h), lines 25	through 27. Er	nter here	e and on	line 21	, page 1				28				
	Add amounts in column												29		
							on Use								
	mplete this section for ve													rehicles	
				(a)		(b)		(c)	(d)	(e)	(f)
30	Total business/investment		-	Vel	nicle	V	ehicle	\ \	/ehicle	Ve	hicle	Vel	nicle	Veh	icle
	year (don't include commuting miles)														
								-							
32	Total other personal (noncommuting) miles driven														
33	Total miles driven during Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate	d person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
		Section C	- Questions fo	or Empl	oyers W	/ho Pro	vide Vel	nicles 1	for Use by	/ Their E	Employe	es			
Ans	swer these questions to d	determine if y	ou meet an ex	ception	to comp	oleting	Section E	3 for ve	ehicles use	ed by en	nployees	who a	ren't		
mo	re than 5% owners or rela	ated persons													
37	Do you maintain a writte	en policy stat	ement that pro	hibits a	II persor	nal use	of vehicle	es, incl	uding com	muting,	by your			Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal	use of	vehicles,	except	t commuti	ng, by y	our				
	employees? See the ins	tructions for	vehicles used	by corp	orate off	ficers, c	lirectors,	or 1%	or more o	wners					
	Do you treat all use of ve	-													
40	Do you provide more that			-				-							
	the use of the vehicles,	and retain th	e information r	eceived	?										
41	Do you meet the require	ements conce	erning qualified	autom	obile der	monstr	ation use	?							
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'i	t comple	ete Sec	tion B for	the co	overed veh	icles.					
P	art VI Amortization														
	(a) Description of	fcosts		(b) amortization begins		(c) Amortiza amou	able		(d) Code section		(e) Amortiza period or per	tion	Ar fc	(f) nortization r this year	
<u></u>	Amortization of costs th	at begins du			ır:			_				v. 1			
_				: :											
				: :											
 43	Amortization of costs th	at began bef			r			_				43			
	Total. Add amounts in o											44			
_															

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