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### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	רטו נוו	e 2021 calendar year, or tax year beginning and	enaing	-	
В	Check if applicab	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION		D Employer identific	cation number
Σ	Addre chang	S OF THE PALM BEACHES, INC.			
	Name chang	e Doing business as		59-06244	70
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe 561-968-	
	termır	-		G Gross receipts \$	2,482,468.
	ated Amen return	City or town, state or province, country, and ZIP or foreign postal code  LAKE WORTH BEACH, FL 33460		H(a) Is this a group re	
F	Application		D	for subordinates	
	pendi	SAME AS C ABOVE			
_				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c te: ► YMCAPALMBEACHES • ORG	or 527	- ′	list. See instructions
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► 1 State of legal domicile: FL
	art I	Summary	L Year	or formation: 1940 N	1 State of legal domicile; F 11
	$\overline{}$		ווחששטט		
Se	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\rm SEE}}$	<u> зсперо</u>	THE U	
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets
Ver	3	•		1 1	18
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
∞ ∞	1	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			110
ţį	5				38
ξΞ	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	р	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
Revenue		0 17 5 1 1 (5 1) (7 1)	-	Prior Year 836,901.	Current Year 1,042,131.
	8	Contributions and grants (Part VIII, line 1h)		1,137,844.	1,258,030.
	9	Program service revenue (Part VIII, line 2g)			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,160.	3,067.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		182,685.	110,880.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,159,590.	2,414,108.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,249,502.	1,298,554.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.
ă	b			600 055	500 545
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		622,257.	589,717.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,871,759.	1,888,271.
	19	Revenue less expenses. Subtract line 18 from line 12		287,831.	525,837.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		3,896,835.	4,234,528.
t As	21	Total liabilities (Part X, line 26)		1,011,498.	801,332.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		2,885,337.	3,433,196.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	TIMOTHY G. COFFIELD, PRESIDENT/CEO			
		Type or print name and title			- I BTILL
		Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN
Pai	d	WALT MAXWELL		self-employe	
Pre	parer	Firm's name ► TEMPLETON & COMPANY, LLP		Firm's EIN ▶	14-1918990
Use	Only	Firm's address 222 LAKEVIEW AVENUE, SUITE 1200			
		WEST PALM BEACH, FL 33401		Phone no.56	1-798-9988
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

_	OF THE DAIN DEATHER THE	59-06244	70 - 4	_
	990 (2021) OF THE PALM BEACHES, INC.	39-06244	70 Page	_
Pai	t III Statement of Program Service Accomplishments		V	7
	Check if Schedule O contains a response or note to any line in this Part III		X	_
1	Briefly describe the organization's mission:  MISSION: TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTIVE INTO PRACTI		·u	
	PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR		111	_
	PROGRAMS THAT BUILD A REALITH SPIRIT, MIND AND BODT FOR	АПП•		_
				_
	Did the experimetion undertake any significant program convices during the year which were not listed on the			_
2	Did the organization undertake any significant program services during the year which were not listed on the		Yes X No	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	∟	_ Tes L21 NO	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No	
3	If "Yes," describe these changes on Schedule O.		_ res [21] NO	,
4	•	maggired by eyr	20200	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
		ers, trie total expe	rises, and	
40	revenue, if any, for each program service reported.  (Code:) (Expenses \$872,008 •including grants of \$) (Reven	7	47,622.	_
4a	(Code: ) (Expenses \$ 8/2,008 • including grants of \$) (Reven YOUTH DEVELOPMENT:	ue \$	47,022.	)
	WE UNDERSTAND BY STARTING WITH OUR CHILDREN AND HELPING	тнем то	DEVELOP	_
	INTO THE NURTURING, CONFIDENT, ENGAGED KIDS OF TODAY; T			_
	INTO THE CONTRIBUTING ADULTS OF TOMORROW. WE BELIEVE T			_
	DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WH			_
	ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE			_
	AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETT			_
	EDUCATIONAL ACHIEVEMENT. OUR CHILD CARE PROGRAMS ARE J		F THE	-
	AREAS THAT OFFER A RANGE OF EXPERIENCES THAT ENRICH COG		OCIAL,	-
	PHYSICAL AND EMOTIONAL GROWTH. THE YMCA STRIVES TO MAK			-
	AVAILABLE TO ALL WHO NEED IT AND NOT JUST TO THOSE WHO			_
	FOR FAMILIES THAT CANNOT MANAGE TO PAY THE FULL COST, P.			_
4b	(Code: ) (Expenses \$ 484,915 • including grants of \$ ) (Reven		91,256.	_
	HEALTHY LIVING AND WELLBEING:			,
	OUR YMCA IS A LEADING VOICE ON HEALTH AND WELL-BEING.	WE BRING		_
	FAMILIES TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CON	NECTIONS	THROUGH	_
	FITNESS, SPORTS AND SHARED INTEREST. OUR REGION IS RIC	H WITH SE	NIORS	_
	AND OUR ACTIVE ADULT PROGRAMS STRESS A THREE-WAY APPROA	CH; TO RE	MAIN	
	ACTIVE AND IMPROVE HEALTH, TO REHABILITATE AFTER ILLNES	S, INJURY	OR	
	SURGERY; AND TO PROVIDE A SAFE PLACE AND QUALITY TIME F			
	ACTIVITIES AND ENGAGEMENT. OVERALL, OUR WELLNESS PROGR.	AMS ENSUR	E THE	
	PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUID.			
	RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT			
	THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES			
	CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE AND IN			
4c	(Code:) (Expenses \$	ue \$	19,152.	)
	SOCIAL RESPONSIBILITY:			
	GIVING BACK AND SUPPORTING OUR NEIGHBORS. YMCA PROGRAM			_
	LOW-COST SUMMER AND DAY CAMPS ARE EXAMPLES OF HOW WE SU			_
	COMMUNITY. PRESCHOOL AND SCHOOL AGE CHILDREN TAKE PART			_
	PROGRAMS AND ENCOURAGED TO BE SOCIALLY AND SPIRITUALLY			_
	DEVELOP A MENTAL AND PHYSICAL WELL-BEING AND PROVIDE A	FOUNDATIO	N THAT	_
	ENCOURAGES A RESPECT FOR ONE'S SURROUNDINGS.			_
	IN ADDITION, OUR YMCA SUMMER AND DAY CAMPS PROVIDE AN A			_
	WORKING PARENTS, KNOWING THEIR CHILD IS BEING CARED FOR			
	ENVIRONMENT WHILE AT THE SAME TIME, ALLOWING THEM TO BE			_
	EMPLOYED. THE Y HAS BEEN LISTENING AND RESPONDING TO O			_
	MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 100 YEARS. WHE	THER THRO	UGH	
4d	Other program services (Describe on Schedule O.)	· · · · · · · · · · · · · · · · · · ·		

) (Revenue \$

including grants of \$

1,434,089.

4e

Total program service expenses

# Form 990 (2021) OF THE PALM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<del></del>
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		Х
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 IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domocio government en l'attivi, columnity, inte 1: n. 100, complete concedite i, l'alte l'ant il			

Page **4** 

### YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Form 990 (2021) OF THE PALM BEACHE
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	00	Х	
04.0	Schedule J	23	Λ	
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	24a		Х
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c	Х	
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	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		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Б	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?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	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?	ļ .		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	3		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

OF THE PALM BEACHES, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 110			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			3,7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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	_		l 🕶
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		X
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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 (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 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. 18 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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 No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** 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 Х 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 ightharpoons FLSection 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 Upon request Own website Another's website Other (explain on Schedule O) 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 TIMOTHY G. COFFIELD - 561-968-9622 1200 N. DIXIE HIGHWAY, LAKE WORTH BEACH, FL 33460

# YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

59-0624470

Page 7

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

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

### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Form 990 (2021)

(A)	(B)	l	411120	((		про	iout	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	Jei aii	luau	II ecto	n/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	hest c	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	For			
(1) TIMOTHY G. COFFIELD	55.00	-		,,				170 511	0	10 607
PRESIDENT/CEO	10 00			Х				170,511.	0.	19,697.
(2) TIMOTHY LEULIETTE	10.00	X		7.7					0	0
CHAIRMAN (2)	4.00	^		Х				0.	0.	0.
(3) SCOTT MCCRANELS	4.00	X		х				0.	0.	0.
VICE CHAIRMAN (4) RICHARD BAUMER	3.00	^		Δ				0.	0.	<u> </u>
(4) RICHARD BAUMER DIRECTOR	3.00	X						0.	0.	0.
(5) WILLIAM BENJAMIN	3.00							0.	0.	<u> </u>
DIRECTOR	3.00	x						0.	0.	0.
(6) JOHN CASSIDY	1.50								•	
DIRECTOR	100	x						0.	0.	0.
(7) JOSEPH CHASE	1.50									
DIRECTOR		Х						0.	0.	0.
(8) FREDERIC DEHON	1.50									
DIRECTOR		Х						0.	0.	0.
(9) JOHN DIDONATO	1.50									
DIRECTOR		Х						0.	0.	0.
(10) COURTNEY LOVELY EVANS	1.50									_
DIRECTOR		Х						0.	0.	0.
(11) ALAN GAST	4.00									
DIRECTOR		Х						0.	0.	0.
(12) PHILLIP HARRIS	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) CHRISTOPHER KNAPP	3.00	l								
DIRECTOR	1 50	Х						0.	0.	0.
(14) HOLLY MAGNUSON	1.50	,,							0	0
DIRECTOR	1 50	Х						0.	0.	0.
(15) PATRICK PAINTER	1.50	٠,,							0	0
DIRECTOR (15) CONNER CHEPER	2 50	Х				_		0.	0.	0.
(16) CONNIE SHEPERD	3.50	X						0.	0.	0
OIRECTOR (17) JOSE SOTILLO	1.50	^	$\vdash$	$\vdash$	_	$\vdash$	-	0.	0.	0.
DIRECTOR	1.50	X						0.	0.	0.
DIRECTOR		Δ						<u> </u>	0.	- 000

OF THE PALM BEACHES, INC.

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		າ e than	one	Reportable	Reportable		1	stimate	
	hours per week					is bo		compensation	compensation		ar	mount	
	(list any	į.					Ė	from the	from relate organizatior		Com	other opensa	
	hours for	direct				- o			(W-2/1099-MI			rom th	
	related	tee or	stee			ensate		(W-2/1099-MISC/	1099-NEC			ganizat	
	organizations	Itrus	nal tr		oyee	ombe		1099-NEC)				d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer.				org	anizati	ons
(10) ANTHONY VEDNACE	1.50	트	l si	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- Š	iž, fi	횬						
(18) ANTHONY VERNACE DIRECTOR	1.50	x						0.		0.			0.
(19) COLIN WALKER	1.50	^			$\vdash$	+		0.		<u> </u>			<u> </u>
DIRECTOR	1130	x						0.		0.			0.
	†	<del> </del>				T							
		1											
						_							
		1											
					-	-							
		1											
					$\vdash$	+							
		1											
					$\vdash$	+							
		1											
1b Subtotal							┢	170,511.		0.	1	9,6	97.
c Total from continuation sheets to Part V	II, Section A						<b></b>	0.		0.			0.
d Total (add lines 1b and 1c)							<b></b>	170,511.		0.	1	9,6	97.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	ole			_
compensation from the organization													1
O Did the consciention list and former officer	-15											Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for a			•		•		•		•		3		х
4 For any individual listed on line 1a, is the s											3		
and related organizations greater than \$15	-		-					· · · · · · · · · · · · · · · · · · ·	the organization		4	Х	
5 Did any person listed on line 1a receive or									idual for services	·····   S	-		
rendered to the organization? If "Yes," con	•					•					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	cont	ract	ors t	that received more than	\$100,000 of cor	npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	with	or w	/ithi	n the organization's tax	year.				
(A) Name and business	addroos	NT/	<b>~</b> NT1					(B)	ondoos	ر ا	)) oamo:	C) ensatio	n
Name and business	address	1//	INC	<u> </u>			-	Description of s	services	$\vdash$	ompe	TISALIO	
2 Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to	tho	se li 0	stec	d above) who received n	nore than				
+													

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			Check if Schedule O co	ontain	s a response	or note to any lin	ne in this Part VIII			
					•	,	(A)	(B)	(C)	_ (D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
S so l					1.1					000110110 012 011
			Federated campaigns							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			406 006				
ŁŞ,		С	Fundraising events		1c	126,976.				
a git		d	Related organizations		1d					
B,		е	Government grants (contrib	oution	s) <b>1e</b>	235,185.				
iο̈́Ω	1	f	All other contributions, gifts, gi	rants. a	and					
탈		•	similar amounts not included a		1 1	679,970.				
호텔		~	Noncash contributions included in li			,	1			
ig g		_					1 042 131			
9 0		n	Total. Add lines 1a-1f			T	1,042,131.			
				~		Business Code	0.65 0.64	0.65 0.64		
Se	2		PROGRAM SERVIO		REVENU	900099	965,261.			
ا و ڲ	ı	b	MEMBERSHIP DU	ΞS		900099	292,769.	292,769.		
S Z		С			_					
e a		d								
ga		_								_
Program Service Revenue		f	All other program service re	N/ODLI						
			· •				1,258,030.			
$\rightarrow$		g	Total. Add lines 2a-2f				1,230,030.			
	3		Investment income (includi				2 067			2 067
			other similar amounts)				3,067.			3,067.
	4		Income from investment of	tax-ex	kempt bond p	oroceeds <b>&gt;</b>				
	5		Royalties			<b>&gt;</b>				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a 🗌						
		b	• • • • • • • • • • • • • • • • • • • •	6b						
			T T	6c						
			Net rental income or (loss)	00						
			` Т	1 /	i) Securities	(ii) Other				
	/ 3	а	Gross amount from sales of	<u> </u>	i) Securities	(ii) Oti lei				
			·	7a						
	ı	b	Less: cost or other basis							
<u> </u>			· · · · · · · · · · · · · · · · · · ·	7b						
ther Revenue		С	Gain or (loss)	7с						
Be		d	Net gain or (loss)							
ē			Gross income from fundraising							
₹			including \$ 126							
			contributions reported on li							
			•		· I	179,240.				
			Part IV, line 18				1			
			Less: direct expenses		····		110 000			110 000
			Net income or (loss) from fu		_	<u></u>	110,880.			110,880.
	9	а	Gross income from gaming							
			Part IV, line 19		9a					
	- 1	b	Less: direct expenses		9b					
		С	Net income or (loss) from g	amino	activities					
			Gross sales of inventory, le							
		_	and allowances							
			Less: cost of goods sold			<u> </u>				
-		С	Net income or (loss) from s	aies o	inventory					
တ္						Business Code				
e e	11 :	а								
eu eu	- 1	b								
Miscellaneous Revenue		С								
ĕ⊟		d	All other revenue							
_			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				2,414,108.	1,258,030.	0.	113,947.

# YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Form 990 (2021)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	170 511	24 102	100 207	24 100
	trustees, and key employees	170,511.	34,102.	102,307.	34,102.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	905 090	007 014	16 520	10 720
7	Other salaries and wages	895,080.	807,814.	46,528.	40,738.
8	Pension plan accruals and contributions (include	80,041.	53,752.	17,235.	9,054.
^	section 401(k) and 403(b) employer contributions)	66,194.	52,787.	10,010.	3,397.
9	Other employee benefits	86,728.	71,714.	9,512.	5,502.
10	Payroll taxes	00,120.	/ 1 , / 14 •	9,314.	3,304.
11	Fees for services (nonemployees):				
	Management			+	
b	Legal	20,118.		20,118.	
	Accounting	20,110.		20,110.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	41,751.	85.	5,166.	36,500.
12	Advertising and promotion	22,480.	22,190.	290.	
13	Office expenses	72,237.	29,255.	42,982.	
14	Information technology	, -	.,	,	
15	Royalties				
16	Occupancy	141,352.	94,229.	47,123.	
17	Travel	2,404.	1,195.	1,117.	92.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	47,929.	47,929.		
21	Payments to affiliates	27,783.	25,767.	2,016.	
22	Depreciation, depletion, and amortization	122,747.	119,069.	3,678.	
23	Insurance	58,357.	42,231.	16,126.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	18,449.	17,939.	290.	220.
b	CONTRACT SERVICES	7,982.	7,982.		
С	FOOD AND BEVERAGE	3,583.	3,583.		
d	EMPLOYEE DEVELOPMENT	2,545.	2,466.	79.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,888,271.	1,434,089.	324,577.	129,605.
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)				
40004	12-00-21				Form <b>990</b> (2021)

Form 990 (2021)

Part X | Balance Sheet

Ра	πχ	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,542,504.	1	1,999,637
	2	Savings and temporary cash investments		512,239.	2	513,206
	3	Pledges and grants receivable, net		1,954.	3	2,750
	4	Accounts receivable, net	51,391.	4	38,912	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per		5		
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in se		6		
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		30,943.	9	14,108
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	4,841,406.			
	b	Less: accumulated depreciation 10b	3,212,401.	1,737,750.	10c	1,629,005
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		20,054.	15	36,910
	16	Total assets. Add lines 1 through 15 (must equal line		3,896,835.	16	4,234,528
	17	Accounts payable and accrued expenses	38,804.	17	80,824	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV	·····		21	
es	22	Loans and other payables to any current or former off				
Liabilities		trustee, key employee, creator or founder, substantial				
<u>.e</u>		controlled entity or family member of any of these per		072 604	22	720 500
	23	Secured mortgages and notes payable to unrelated the	The state of the s	972,694.	23	720,508
	24	Unsecured notes and loans payable to unrelated third	T-		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	4). Complete Part X			
		of Schedule D		1,011,498.	25	801,332
	26	Total liabilities. Add lines 17 through 25		1,011,490.	26	001,332
es		Organizations that follow FASB ASC 958, check he	ere 🚩 🔼			
Š	0.7	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		1,647,700.	27	1,872,032
ğ	27	***************************************		1,237,637.	28	1,561,164
<u></u>	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, ch		1,231,037.	20	1,301,101
Ξ		and complete lines 29 through 33.	leck liefe			
ō	20	-			20	
ets	29	Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipments	T-		29 30	
Ass	30	Retained earnings, endowment, accumulated income	The state of the s		31	
Net Assets or Fund Balances	31	- · · · · · · · · · · · · · · · · · · ·		2,885,337.	32	3,433,196
Z	32	Total liabilities and not assets/fund balances		3,896,835.	33	4,234,528
	33	Total liabilities and net assets/fund balances		3,020,033.	აა	7,437,34

Form **990** (2021)

_	. 361				
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,41		
2	Total expenses (must equal Part IX, column (A), line 25)	2 -	L,88		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 2	2,88	<u>5,3</u>	37.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	2	<u>2,0</u>	22.
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	3,43	3,1	96.
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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OF THE PALM BEACHES, INC. 59-0624470 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# YOUNG MEN'S CHRISTIAN ASSOCIATION

OF THE PALM BEACHES, INC. Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If th	e organization
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	_	_	1	1
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	. ,				1.0	
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-			•		▶□
80	organization, check this box and stor ction C. Computation of Publ	ic Support De	rcentage				<u></u>
	Public support percentage for 2021 (l			column (fl)		14	%
	Public support percentage from 2020						
	33 1/3% support test - 2021. If the o						
102	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						
17:	10% -facts-and-circumstances tes						
116	and if the organization meets the fact						
	meets the facts-and-circumstances to				· ·	_	
۲	10% -facts-and-circumstances tes	_	·	• • •		17a and line 15 is	
	more, and if the organization meets the	•				·	.070 01
	organization meets the facts-and-circ		•		•		ightharpoons

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

### 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.)

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	502,170.	569,733.	1,026,769.	811,134.	1,334,900.	4,244,706.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,133,947.	1,122,115.	1,295,007.	1,148,194.	1,144,501.	5,843,764.
3	Gross receipts from activities that					, ,	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						_
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,636,117.	1,691,848.	2,321,776.	1,959,328.	2,479,401.	10,088,470.
	Amounts included on lines 1, 2, and	_,,.	_,051,010.	_,===,,,,0.	2,200,020.	-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,000,1,0.
1 0	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	358 104	383,023.	751 625.	579 385.	468 175	2,540,312.
_	Add lines 7a and 7b		383,023.		579,385.		2,540,312.
	Public support. (Subtract line 7c from line 6.)	330/1010	303/0231	75170251	37373031	100/1/30	7,548,158.
	etion B. Total Support						7,340,130.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1,636,117.	1,691,848.	2,321,776.	1,959,328.	2,479,401.	10,088,470.
	Gross income from interest,	1,000,117.	1,051,010.	2,321,770.	1,303,020.	2,175,101.	10,000,170.
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,075.	5,824.	15,680.	2,160.	3,067.	27,806.
b	Unrelated business taxable income						_
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,075.	5,824.	15,680.	2,160.	3,067.	27,806.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,637,192.	1,697,672.	2,337,456.	1,961,488.	2,482,468.	10,116,276.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	-
		_					
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		15	74.61 %
	Public support percentage from 2020					16	75.01 %
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	<b>21</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.27 %
18	Investment income percentage from 2					18	.28 %
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						► V
b	<b>33 1/3% support tests - 2020.</b> If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%, a	and
20	<b>Private foundation.</b> If the organization			•		•	
20	r invate roundation. If the organization	n did not check a	DOX OH III IC 14, 19	a, or 190, Crieck tr	iio DON ALIU SEE INS		/Form 000) 2021

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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		
	За		
	2h		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	<u>.</u>		
	9b		
	9с		
	10a		
	.54		
	10b		
dule	A (Forr	n 990)	2021

# YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Schedule A (Form 990) 2021

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Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
S00		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		<u> </u>
Jec	uon (	7. Type ii Supporting Organizations		Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
'		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations	-		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S00		rted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1 a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Additional Test: Gomplete line 2 solow.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2		ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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 V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>^</b> 1		
	OT ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

### YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Schedule A (Form 990) 2021

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) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 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): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

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instructions).

Par	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
C	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

# YOUNG MEN'S CHRISTIAN ASSOCIATION

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Schedule A	(Form 990) 2021	OF	THE	PALM	BEACHES,	INC.	59-0624470 Page 8
Part VI	Supplemental II Part IV, Section A, Iir line 1; Part IV, Section Section D, lines 5, 6,	nes 1, 2, 3b, n D, lines 2	3c, 4b, and 3; I	4c, 5a, 6, Part IV, Se	9a, 9b, 9c, 11a, ection E, lines 1c,	red by Part II 11b, and 11c 2a, 2b, 3a, a	I, line 10; Part II, line 17a or 17b; Part III, line 12; c; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ete this part for any additional information.
	(See instructions.)						
-							

## 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

2021

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Employer identification number

59-0624470

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Observation is a second of the	- considerable Occasion Bulbons Occasion Bulb					
•	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n 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						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		_ \$17,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$\$,413.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audress, and ZIF + 4	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$350,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Nume, dudicess, and Zir + 4	- \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11			Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$30,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 12,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 15,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$ 235,185. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16	rame, address, and 2n + +	\$S,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$ 10,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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.)

Employer identification number

Part II	<b>Noncash Property</b> (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
		\$	

Schedule B (Form 990) (2021) Name of organization Employer identification number YOUNG MEN'S CHRISTIAN ASSOCIATION 59-0624470 OF THE PALM BEACHES, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 Open to Public

Inspection

YOUNG MEN'S CHRISTIAN ASSOCIATION Name of the organization OF THE PALM BEACHES, INC.

Employer identification number 59-0624470

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		imilar Funds o	r Accounts. Complete if the
	organization answered 100 on 10111 000,1 dictiv, iii	(a) Donor advised	I funds	(b) Funds and other accounts
1	Total number at end of year			.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ld in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose cor	nferring
	impermissible private benefit?			Yes No
Pai	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 organizat	tion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribu	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			<b>2</b> a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the or	ganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		on, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, an	d enforcing conserv	ation easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	forcing conservation	n easements during the year
•	<b>&gt;</b> \$			4)/(5)/(3)
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat		· ·	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	imanciai statement	s triat describes trie
Pai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	of Art. Historical Tre	asures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form	-	aoaroo, or our	
	If the organization elected, as permitted under FASB ASC 95		enue statement and	halance sheet works
ıu	of art, historical treasures, or other similar assets held for pul	, ,		
	service, provide in Part XIII the text of the footnote to its fina	, ,		orance or public
h	If the organization elected, as permitted under FASB ASC 95			ance sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	o canonion, oddodion, or	Toodaron in rantinore	ares or public corvice,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			> \$

# YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Schedule D (Form 990) 2021 OF THE F

59-0624470	Page 2
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Pai	rt III   Organizations Maintaining C	collections of Art, His	torical Treasures,	or Other S	Similar As	<b>sets</b> (continued)
3	Using the organization's acquisition, accessi	on, and other records, chec	k any of the following tha	at make sign	ificant use of	its
	collection items (check all that apply):					
а	Public exhibition	d $\square$	Loan or exchange progr	am		
b	Scholarly research		Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain how th	ney further the organizat	ion's exemp	t purpose in F	Part XIII.
5	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma	aintained as part of the orga	nization's collection?			Yes No
Pai	rt IV Escrow and Custodial Arran	gements. Complete if the	e organization answered	"Yes" on Fo	rm 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	ian or other intermediary for	contributions or other as	ssets not inc	luded	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:	·		
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 21, for	escrow or custodial acco	ount liability?	·	Yes No
	If "Yes," explain the arrangement in Part XIII.					<u></u>
Pai	rt V Endowment Funds. Complete i					
		(a) Current year (b) F	Prior year (c) Two yea	rs back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balance (line 1	g, column (a)) held as:			
а	J ,	%				
b		%				
С		%				
	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse	ession of the organization the	at are held and administe	ered for the	organization	V N-
	by:					Yes No
	(i) Unrelated organizations					
	If "Yes" on line 3a(ii), are the related organiza					3b
Do:	Describe in Part XIII the intended uses of the		funds.			
Pai	rt VI Land, Buildings, and Equipm		/ line 11 a Cas Farms 000	O David V Ilian	- 10	
	Complete if the organization answere					(1) D
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu	II.	(d) Book value
	ll	basis (investment)	basis (other) 176,310.	depred	JIALIUII	176,310.
	Land		3,158,134.	1 00	2,482.	1,175,652.
	Buildings		J,1JU,1J4.	1,30	4,404.	1,113,034.
	Leasehold improvements		664,715.	50	8,228.	66,487.
	Equipment		842,247.		1,691.	210,556.
	Other		•	0.5	<u> </u>	1,629,005.

Schedule D (Form 990) 2021

		N ASSOCIATION	
Schedule D (Form 990) 2021 OF THE PALM	M BEACHES,	INC.	59-0624470 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	on Form 990, Part I	IV, line 11b. See Form 990, Part	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	e (c) Method of valua	tion: 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			
(a) Description of investment	(b) Book value	e (c) Method of valua	tion: 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.	<u> </u>		
Complete if the organization answered "Yes	on Form 990. Part l	IV. line 11d. See Form 990. Part	t X. line 15.
	) Description	,	(b) Book value
	, = = = =		(17) = 1 = 11 = 11 = 11
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part I	IV, line 11e or 11f. See Form 99	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(8) (9)

4c

1,888,271

Sche	dule D (Form 990) 2021 OF THE PALM BEACHES, INC.			<u> 59 – </u>	0624470 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ıts Wi	th Revenue per R	eturr	າ.
	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	2,473,362.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	59,254.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	59,254.
3	Subtract line 2e from line 1			3	2,414,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,414,108.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,925,503.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	37,232.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	37,232.
3	Subtract line 2e from line 1			3	1,888,271.

### Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

### PART X, LINE 2:

THE ASSOCIATION FOLLOWS ACCOUNTING STANDARDS CODIFICATION TOPIC 740, "INCOME TAXES" (ASC 740). A COMPONENT OF THIS STANDARD PRESCRIBES A RECOGNITION AND MEASUREMENT THRESHHOLD OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ASSOCIATIONS POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE APPLICATION OF THIS STANDARD FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020. THE ASSOCIATION'S INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2018 TAX YEAR AND SUBSEQUENT YEARS.

# 59-0624470 Page 5 Schedule D (Form 990) 2021 OF THE PAL Part XIII Supplemental Information (continued) OF THE PALM BEACHES, INC.

YOUNG MEN'S CHRISTIAN ASSOCIATION

# 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

2021

Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Employer identification number 59-0624470

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a</li></ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includer	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal			<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (	contrib	utions	s or has been notified	d it is exempt from re	egistration

# YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Schedule G (Form 990) 2021

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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 PRAYER GOLFNONE (add col. (a) through TOURNAMENT BREAKFAST col. (c)) (event type) (event type) (total number) Revenue 239,325. 66,891. 306,216. 1 Gross receipts 114,775 12,201. 126,976. 2 Less: Contributions 124,550. 54,690. 179,240. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 17,803. 17,803. 7 Food and beverages 8 Entertainment 50,557. 9 Other direct expenses 40,243. 10,314. 68,360. 10 Direct expense summary. Add lines 4 through 9 in column (d) 110,880. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain:

## YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES. INC.

Schedule G (Form 990) 2021 OF THE PALM BEACHES, INC. Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % % b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address -15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \_\_\_\_\_ Yes No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: **16** Gaming manager information: Name > Gaming manager compensation ▶ \$\_\_\_\_\_ Description of services provided > Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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# 59-0624470 Page 4 Schedule G (Form 990) OF THE PAL Part IV Supplemental Information (continued) OF THE PALM BEACHES, INC.

YOUNG MEN'S CHRISTIAN ASSOCIATION

### SCHEDULE J (Form 990)

**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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF THE PALM BEACHES, INC.

Employer identification number 59-0624470

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 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 Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Х a The organization? 5a  $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b 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 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021

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	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TIMOTHY G. COFFIELD	(i)	153,280.	11,000.	6,231.	19,697.	0.		0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 OF THE PALM BEACHES, INC.	59-0624470	Page 3
Schedule J (Form 990) 2021 OF THE PALM BEACHES, INC.  Part III Supplemental Information		<u> </u>
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 comp	lete this part for any additional informat	ion.

### **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.

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Employer identification number 59-0624470

Part I	Excess Bene	fit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and se	ctio	n 501(c)(29) orga	anizati	ons o	nly).									
	Complete if the c	organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V, I	ine 40	b.									
1 (a) Na	me of disqualified p	erson	(b) F	Relationship bety			lified	- <b>)</b> D	escription of tran	eactio	n		(d)	Corre	cted?						
(a) Na	ine or disqualified p	CISOII		person and or	ganiza	ation	,	,, D	escription of train	Sactio	"		Ye	es	No						
		•		•	•		qualified persons du	•	-												
											<b>\$</b>										
3 Enter	the amount of tax,	if any, on li	ne 2, a	above, reimburs	sea by	the or	ganization				<b>&gt;</b> \$										
Part II	Loans to and	l/or Fron	n Int	erested Per	sons	:															
ı artı							, Part V, line 38a or I	Eorn	n 000 Part IV lin	0 26:	or if th	o orac	nizati	20							
	reported an amo	-					, Fait v, iiile 30a 0i i	OIII	11 990, Fait IV, III	le 20, 1	טו וו נו	ie orga	ıııızatı	ווכ							
(:	a) Name of	(b) Relatio		(c) Purpose	(d) Lo	an to or	(e) Original	(f	f) Balance due	(g)	In	(h) App by bo	proved	(i) W	/ritten						
	rested person	with organi		of loan		n the zation?	principal amount	(i) Balarioe dae		(i) Balarioc dae		(i) Balarios das		(i) Dalarice due		defa		by boo	ard or littee?	agree	ment?
					То	From				Yes	No	Yes	No	Yes	No						
					1.0	1 10111						1.00	-110		110						
Fotal							\$														
Part III	Grants or As	sistance	Ber	nefiting Inter	reste	d Pe	rsons.														
	Complete if the c	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.														
(a) N	lame of interested p	person	(	<b>b)</b> Relationship			(c) Amount of		(d) Type			• •	Purp		f						
				interested pers the organiza		d	assistance		assistan	ce		á	assista	ance							
				trie Organiza	211011																
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			+								+										
			+								+										
											-										
			+								+										

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(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's			
	person and the organization	transaction	transaction	reven Yes	ues?		
person and the organization transaction or		X					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of transaction  (d) Description of transaction  (e) Organization  (f) Description of transaction  (d) Description of transaction  (e) Amount of transaction  (f) Description of transaction  (g) Organization  (h) Person and the organization  (g) Description of transaction  (h) Description of transaction  (g) Organization  (h) Description of transaction  (h) Description of tran						
Part V Supplemental Information.							
	sponses to questions on Schedule L (see i	instructions).					
SCH I. PART IV BUSINESS	TRANSACTIONS INVOLVE	NG TNTEREST	ED PERSONS:				
			<u> </u>				
(A) NAME OF PERSON: JOHN	CASSIDY						
(D) DESCRIPTION OF TRANS	ACTION: BOARD MEMBER (	OWNED COMPA	NY PROVIDED				
EQUIPMENT AND MAINTENANC	E SERVICES						

### SCHEDULE O (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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE PALM BEACHES, INC.

Employer identification number 59-0624470

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE YMCA OF THE PALM BEACHES, INC. IN HARMONY WITH Y-USA, IS DEDICATED TO STRENGTHENING THE COMMUNITY BY IMPROVING THE QUALITY OF LIFE THROUGH PROGRAMS AND SERVICES WHICH PROVIDE OPPORTUNITIES FOR PEOPLE TO REACH THEIR HIGHEST POTENTIAL, DEVELOP A POSITIVE ATTITUDE OF SELF AND OTHERS, APPRECIATE GOOD HEALTH & FITNESS AND ACQUIRE A CHRISTIAN BASED VALUE SYSTEM SO AS TO MAINTAIN A SPIRITUAL AWARENESS THAT MANIFESTS ITSELF IN THEIR DAILY LIVES. OUR CORE VALUES ARE THE SHARED BELIEFS & ESSENTIAL PRINCIPLES THAT GUIDE OUR BEHAVIOR, INTERACTIONS WITH EACH OTHER & DECISION MAKING THROUGH ALL OUR ACTIVITIES, EVENTS & SERVICES. WE ENCOURAGE PEOPLE TO ACCEPT & DEMONSTRATE POSITIVE VALUES & WE ARE COMMITTED TO THIS APPROACH TOWARDS STRENGTHENING OUR COMMUNITY. CARING: SHOW A SINCERE CONCERN FOR OTHERS. HONESTY: BE TRUTHFUL IN WHAT YOU SAY & IN WHAT YOU DO. RESPECT: SERVE & ACT WITH DUE REGARD FOR THE FEELINGS, RIGHTS & TRADITIONS OF OTHERS. RESPONSIBILITY: BE ACCOUNTABLE FOR YOUR PROMISES & ACTIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MADE POSSIBLE THROUGH FINANCIAL ASSISTANCE.

GOALS: A) STRENGTHEN THE FAMILY; LEARN TO CARE, COMMUNICATE AND

COOPERATE WITH OTHERS CLOSE TO THEM. B) SUPPORT THE CARE, DEVELOPMENT

FOR PERSONAL FULFILLMENT.

Employer identification number 59-0624470

AND EDUCATION OF CHILDREN; FOCUS ON YOUTH SERVICES THAT PROVIDE A

FOUNDATION FOR ACADEMIC AND SOCIAL SUCCESS. C) GROW PERSONALLY;

ENHANCE SELF-ESTEEM AND A SENSE OF BELONGING. D) INCREASE APPRECIATION

FOR THE COMMUNITY; RESPECT PEOPLE OF DIFFERENT AGES, ABILITIES,

INCOMES, RACES, RELIGIONS, CULTURES, AND BELIEFS.

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

BEING SITUATED IN SOUTH FLORIDA AND CLOSE TO THE OCEAN, THIS AREA HAS
THE POTENTIAL TO SUBJECT FAMILIES TO TRAUMATIC INCIDENTS AROUND THE
WATER. SO NOT ONLY ARE OUR AQUATICS PROGRAMS A PART OF THE YMCA'S
OVERALL GOAL OF PROMOTING WELLBEING THROUGH REGULAR EXERCISE; AWARENESS
AND KNOWLEDGE OF SAFETY PROTOCOLS ARE ALSO HIGHLY CONSIDERED. OUR
AQUATICS PROGRAMS HAVE ADVANCED INDIVIDUALS THROUGH WATER SURVIVAL
CLASSES AND PROGRESSIVE SWIM LESSONS. THESE PROGRAMS ARE OFFERED AT
FEES AFFORDABLE TO THE AREA AT LARGE, WITH FINANCIAL ASSISTANCE FOR
THOSE WHO ARE UNABLE TO AFFORD THE FULL FEE.

GOALS: A) PROMOTE WELLNESS FOR PERSONS OF ALL AGES; FOSTER THE

ENJOYMENT OF PREVENTATIVE CARE OF SELF, FOR CHILDREN, TEENS, ADULTS,

AND SENIORS. B) TO BRING FAMILIES CLOSE TOGEATHER; ENCOURAGE GOOD

HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED

INTERESTS. C) PROVIDE SUPPORT GUIDANCE AND RESOURCES; TO ACHIEVE

GREATER HEALTH AND WELL-BEING BY HOLDING NUTRITIONAL AND MEDICAL

RELATED SEMINARS ON THE PREVENTION AND DETECTION OF HEALTH ISSUES.

Employer identification number 59-0624470

EDUCATION AND TRAINING, WELCOMING AND CONNECTING DIVERSE DEMOGRAPHIC

POPULATIONS THROUGH GLOBAL SERVICES, OR PREVENTING CHRONIC DISEASE AND

BUILDING HEALTHIER COMMUNITIES THROUGH COLLABORATIONS WITH

POLICYMAKERS, THE Y FOSTERS THE CARE AND RESPECT ALL PEOPLE NEED AND

DESERVE. THROUGH THE Y, OUR VOLUNTEERS AND DONORS, LEADERS AND PARTNERS

ACROSS THE COUNTY ARE STRENGTHENING OUR COMMUNITY AND PAVING THE WAY

FOR FUTURE GENERATIONS TO THRIVE.

GOALS: A) PROVIDE FOR LEADERSHIP DEVELOPMENT AND VOLUNTEER SERVICES;

LEARN THE CONCESSIONS AND COMPROMISES NECESSARY TO WORK TOWARD THE

COMMON GOOD. B) COLLABORATE WITH POLICY MAKERS AND PARTNERS TO FOSTER

AN ENVIRONMENT OF WELL-BEING AND COMMUNITY; PROVIDE SOCIAL AND

ENRICHMENT OPPORTUNITIES THROUGH HEALTH SEMINARS AND BY PROVIDING A

PLACE FOR SOCIAL GATHERINGS.

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

THE FORM 990 IS REVIEWED IN DETAIL WITH THE AUDIT AND FINANCE COMMITTEE AND THE CVO PRIOR TO FILING. A COPY OF THE 990 IS ALSO MADE AVAILABLE TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING. IN ADDITION, IT IS PLACED ON THE AGENDA OF A BOARD MEETING AS A SUBJECT MATTER FOR REVIEW.

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

THE WRITTEN CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD

MEMBERS. AT THE TIME OF ACCEPTANCE ON THE BOARD, ALL NEW BOARD MEMBERS ARE

PROVIDED WITH THE WRITTEN POLICY.

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

THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE

Schedule O (Form 990) 2021 Page 2 YOUNG MEN'S CHRISTIAN ASSOCIATION Name of the organization **Employer identification number** 59-0624470 OF THE PALM BEACHES, INC. CHIEF EXECUTIVE OFFICER. THE BOARD CHAIR (CVO) LEADS THE REVIEW ON THE PERFORMANCE OF THE CEO ON AN ANNUAL BASIS IN AN EXECUTIVE SESSION OF THE BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE WITHIN TEN WORKING DAYS, THROUGH A WRITTEN REQUEST TO THE CEO OR THE BOARD CHAIR. FORM 990, PART XII, LINE 2C EXPLANATION THE POLICY FOR THE OVERSIGHT COMMITTEE HAS NOT CHANGED DURING THE YEAR.