

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL
Revised 3/05

PMT #

AMT

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Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Report for the Fiscal Period:

Beginning 01/01/2018

& Ending 12/31/2018
MO DAY YR

CO #

Check all items attached:



Copy of IRS Return



Audited Financial Statements



Copy of Form IFC



\$15.00 Annual Report Filing Fee



\$100.00 Late Report Filing Fee

MO DAY YR

Federal ID # 36-2379643

Are contributions to the organization tax deductible?



Yes



No

Date Organization was created:

LEGAL NAME KISHWAUKEE FAMILY YMCA MAIL ADDRESS 2500 W. BETHANY ROAD CITY, STATE SYCAMORE, IL ZIP CODE 60178	Year-end amounts	
	A) ASSETS	A) \$ 5,906,908.
	B) LIABILITIES	B) \$ 2,217,961.
	C) NET ASSETS	C) \$ 3,688,947.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.979 %	D) \$ 3,654,014.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	0.021 %	F) \$ 769.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 3,654,783.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	79.862 %	H) \$ 2,863,914.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	79.862 %	J) \$ 2,863,914.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	79.862 %	L) \$ 2,863,914.
M) MANAGEMENT AND GENERAL EXPENSE	17.231 %	M) \$ 617,904.
N) FUNDRAISING EXPENSE	2.907 %	N) \$ 104,261.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 3,586,079.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: MARK SPIEGELHOFF, CEO		T) \$ 132,611.
U) NAME, TITLE: CHARLES IRICK, CFO		U) \$ 75,560.
V) NAME, TITLE: WALTER MEYERS, FACILITY DIRECTOR		V) \$ 63,158.
V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE
W) DESCRIPTION:		W) #
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

[illegible]

- | | | |
|-----|--|---|
| 1. | | X |
| 2. | | X |
| 3. | | X |
| 4. | | X |
| 5. | | X |
| 6. | | X |
| 7. | | X |
| 8. | | X |
| 9. | | X |
| 10. | | X |

- NAME AND TELEPHONE NUMBER OF CONTACT PERSON: CHARLES INICK, CPO

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

NAME: Del B. Lane, CPA W: p CI: 5/15/19
SIGNATURE DATE

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2018Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning and ending																							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization KISHWAUKEE FAMILY YMCA</td> <td>D Employer identification number 36-2379643</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 815-756-9577</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">2500 W. BETHANY ROAD</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SYCAMORE, IL 60178</td> <td>G Gross receipts \$ 3,654,783.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: MARK SPIEGELHOFF 2500 W. BETHANY ROAD, SYCAMORE, IL 60178</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.KISHYMCA.ORG </td> </tr> <tr> <td colspan="2"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation: 1964 M State of legal domicile: IL </td> </tr> </table>	C Name of organization KISHWAUKEE FAMILY YMCA		D Employer identification number 36-2379643	Doing business as		E Telephone number 815-756-9577	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	2500 W. BETHANY ROAD		City or town, state or province, country, and ZIP or foreign postal code SYCAMORE, IL 60178		G Gross receipts \$ 3,654,783.	F Name and address of principal officer: MARK SPIEGELHOFF 2500 W. BETHANY ROAD, SYCAMORE, IL 60178		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.KISHYMCA.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1964 M State of legal domicile: IL
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Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE KISHWAUKEE FAMILY YMCA IS A CHARITABLE ASSOCIATION WHOSE (CONTINUED ON SCHEDULE O, PAGE 1)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	419
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,456,216.
	9	Program service revenue (Part VIII, line 2g)	274,502.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,141.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	769.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,014.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,619,913.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,613,079.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 104,261.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,484,209.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,465,285.
	19	Revenue less expenses. Subtract line 18 from line 12	3,529,997.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	89,916.
	21	Total liabilities (Part X, line 26)	68,704.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,044,674.
			5,906,908.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer MARK SPIEGELHOFF, CHIEF EXECUTIVE OFFICER				Date
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIEL B ROWE	Preparer's signature DANIEL B ROWE	Date 05/13/19	Check <input type="checkbox"/> if self-employed	PTIN P00349055
	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449			
	Firm's address ▶ 4949 HARRISON AVENUE, SUITE 300 ROCKFORD, IL 61125-0407		Phone no. 815.399.7700		
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 2,822,210. including grants of \$) (Revenue \$ 3,319,563.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d**
- Other program services (Describe in Schedule O.)

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

4e Total program service expenses **2,822,210.**

Part IV Checklist of Required Schedules

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

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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	419
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)			
3a	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 in 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 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).		
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	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?	7c	X
d	If "Yes," indicate the number of Forms 8882 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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 in 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19			
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 in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
15a	X	
b Other officers or key employees of the organization	X	
15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **CHARLES IRICK, CFO - 815-756-9577**
2500 W. BETHANY ROAD, SYCAMORE, IL 60178

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON CERUTTI DIRECTOR	1.00	X						0.	0.	0.
(2) KATHY COUNTRYMAN VICE CHAIR	1.00	X						0.	0.	0.
(3) RICHARD J. CRAVEN DIRECTOR	1.00	X						0.	0.	0.
(4) MIKE CULLEN DIRECTOR	1.00	X						0.	0.	0.
(5) GARY EVANS TREASURER	1.00	X						0.	0.	0.
(6) KEITH FOSTER BOARD CHAIR	1.00	X						0.	0.	0.
(7) GRANT GOLTZ DIRECTOR	1.00	X						0.	0.	0.
(8) LISA GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(9) DR. PHOTINE LIAKOS DIRECTOR	1.00	X						0.	0.	0.
(10) JIM LEHAN SECRETARY	1.00	X						0.	0.	0.
(11) GREG MILLBURG DIRECTOR	1.00	X						0.	0.	0.
(12) ERIC OLSON DIRECTOR	1.00	X						0.	0.	0.
(13) DAWN ROZNOWSKI DIRECTOR	1.00	X						0.	0.	0.
(14) JULIE P. SOMMESE DIRECTOR	1.00	X						0.	0.	0.
(15) DOUG STICE DIRECTOR	1.00	X						0.	0.	0.
(16) TIM SUTER DIRECTOR	1.00	X						0.	0.	0.
(17) ROSEMARIE TREML DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIM WINTERS DIRECTOR	1.00	X						0.	0.	0.
(19) DR. LA VONNE NEAL DIRECTOR - RESIGNED	1.00	X						0.	0.	0.
(20) JESSICA SWEDBERG DIRECTOR - RESIGNED	1.00	X						0.	0.	0.
(21) MARK SPIEGELHOFF EXECUTIVE DIRECTOR	50.00			X				132,611.	0.	0.
1b Sub-total								132,611.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								132,611.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	6,500.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	268,002.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			274,502.			
Program Service Revenue	2 a MEMBERSHIP REVENUE	Business Code	900099	2,122,506.	2,122,506.		
	b HEALTH AND WELLNESS		900099	1,199,260.	1,199,260.		
	c SALES TO PUBLIC (NET)		900099	-2,972.	-2,972.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,318,794.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			160.	160.	
4 Income from investment of tax-exempt bond proceeds				609.	609.		
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	60,718.				
b Less: direct expenses		b	41,704.				
c Net income or (loss) from fundraising events				19,014.		19,014.	
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			3,613,079.	3,319,563.	0.	19,014.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,769,071.	1,407,431.	292,765.	68,875.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,984.	48,314.	7,670.	
9 Other employee benefits	116,073.	94,020.	18,732.	3,321.
10 Payroll taxes	137,962.	109,760.	22,831.	5,371.
11 Fees for services (non-employees):				
a Management				
b Legal	3,104.		3,104.	
c Accounting	6,789.		6,789.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	19,615.	16,928.	2,687.	
13 Office expenses	13,111.	11,315.	1,796.	
14 Information technology	42,909.		42,909.	
15 Royalties				
16 Occupancy	336,360.	290,278.	46,082.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,850.	9,428.	1,961.	461.
20 Interest	81,221.	70,094.	11,127.	
21 Payments to affiliates	62,113.	62,113.		
22 Depreciation, depletion, and amortization	399,908.	339,922.	59,986.	
23 Insurance	30,048.	25,931.	4,117.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSE	231,765.	231,765.		
b SUPPLIES	70,494.	63,868.	6,626.	
c CONTRACT SERVICES	45,252.		45,252.	
d OTHER EMPLOYEE EXPENSES	35,234.	30,407.	4,827.	
e All other expenses	75,512.	10,636.	38,643.	26,233.
25 Total functional expenses. Add lines 1 through 24e	3,544,375.	2,822,210.	617,904.	104,261.
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)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	206,383.	1	171,601.
	2 Savings and temporary cash investments	121,492.	2	263,956.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	70,204.	4	51,199.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,285,925.		
	b Less: accumulated depreciation	10b 5,899,759.	5,612,372.	10c 5,386,166.
	11 Investments - publicly traded securities	34,223.	11	33,986.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,044,674.	16	5,906,908.	
Liabilities	17 Accounts payable and accrued expenses	151,796.	17	139,148.
	18 Grants payable		18	
	19 Deferred revenue	81,455.	19	77,207.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,191,180.	23	2,001,606.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,424,431.	26	2,217,961.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,603,240.	27	3,654,444.
	28 Temporarily restricted net assets	9,503.	28	27,003.
	29 Permanently restricted net assets	7,500.	29	7,500.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,620,243.	33	3,688,947.	
34 Total liabilities and net assets/fund balances	6,044,674.	34	5,906,908.	

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,613,079.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,544,375.
3	Revenue less expenses. Subtract line 2 from line 1	3	68,704.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,620,243.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,688,947.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

KISHWAUKEE FAMILY YMCA

Employer identification number

36-2379643

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2491995.	2632721.	2441729.	2456216.	2457726.	12480387.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1081861.	1088913.	1168824.	1163697.	1197057.	5700352.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3573856.	3721634.	3610553.	3619913.	3654783.	18180739.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						18180739.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	3573856.	3721634.	3610553.	3619913.	3654783.	18180739.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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.)	3573856.	3721634.	3610553.	3619913.	3654783.	18180739.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	100.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.00	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

SCHEDULE 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

2018

Open to Public
Inspection

Name of the organization

KISHWAUKEE FAMILY YMCA

Employer identification number
36-2379643

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|---|------|
| (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | ▶ \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- | | |
|---|------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

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

Schedule D (Form 990) 2018

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,223.	29,508.	27,868.	28,476.	
b Contributions				108.	
c Net investment earnings, gains, and losses	-66.	5,028.	1,924.	-432.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	171.	313.	284.	284.	
g End of year balance	33,986.	34,223.	29,508.	27,868.	

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations _____
 (ii) related organizations _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	61,654.			61,654.
b Buildings	10,085,927.		5,063,703.	5,022,224.
c Leasehold improvements				
d Equipment	1,138,344.		836,056.	302,288.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,386,166.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,654,783.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	41,704.	
e	Add lines 2a through 2d	2e		41,704.
3	Subtract line 2e from line 1	3		3,613,079.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,613,079.

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

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

1	Total expenses and losses per audited financial statements		1	3,586,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	41,704.	
e	Add lines 2a through 2d	2e		41,704.
3	Subtract line 2e from line 1	3		3,544,375.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,544,375.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

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

2018

Open to Public Inspection

Name of the organization

KISHWAUKEE FAMILY YMCA

Employer identification number
36-2379643

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations

- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

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.

of fundraising event contributions and gross income on Form 990						
Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
	Y AWARDS	HALLOWEEN	2			
	(event type)	(event type)	(total number)			
1	Gross receipts	49,515.	7,416.	3,787.	60,718.	
2	Less: Contributions					
3	Gross income (line 1 minus line 2)	49,515.	7,416.	3,787.	60,718.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	31,139.	8,199.	2,366.	41,704.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				41,704.
	11	Net income summary. Subtract line 10 from line 3, column (d)				19,014.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Supplemental Information (continued)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

KISHWAUKEE FAMILY YMCA

Employer identification number

36-2379643

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION IS TO PROMOTE CHRISTIAN PRINCIPLES THROUGH QUALITY SERVICES AND
PROGRAMS. WE STRIVE TO ENRICH THE SPIRIT, MIND AND BODY OF ALL OF OUR
PARTICIPANTS, ESPECIALLY FAMILIES AND CHILDREN, REGARDLESS OF ABILITY
TO PAY.

FORM 990, PART III, LINE 1

THE KISHWAUKEE FAMILY YMCA'S MISSION IS TO PROMOTE CHRISTIAN PRINCIPLES
BY ENRICHING THE SPIRIT, MIND AND BODY OF ALL THOSE IN OUR COMMUNITY,
ESPECIALLY FAMILIES AND CHILDREN, REGARDLESS OF ABILITY TO PAY.

THE KISHWAUKEE FAMILY YMCA IS A TRUSTED COMMUNITY LEADER IN DEVELOPING
AND PROVIDING PROGRAMS, SERVICES AND SUPPORT THAT ADDRESS COMMUNITY
NEEDS IN THE FOCUS AREAS OF YOUTH DEVELOPMENT, HEALTHY LIVING AND
SOCIAL RESPONSIBILITY.

THOUGH THE WORLD MAY BE UNPREDICTABLE, ONE THING REMAINS CERTAIN, THE Y
IS, AND ALWAYS WILL BE, DEDICATED TO BUILDING HEALTHY, CONFIDENT,
SECURE, AND CONNECTED CHILDREN, FAMILIES AND COMMUNITIES.

OUR VALUES:

CARING SHOW A SINCERE CONCERN FOR OTHERS

HONESTY BE TRUTHFUL IN WHAT YOU SAY AND DO

RESPECT FOLLOW THROUGH ON THE GOLDEN RULE

RESPONSIBILITY BE ACCOUNTABLE FOR YOUR PROMISES AND ACTIONS

Name of the organization

KISHWAUKEE FAMILY YMCA

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OUR VOICE:

DETERMINED, GENUINE, WELCOMING, HOPEFUL, NURTURING AND SEEK TO:

- SUPPORT EVERYONE IN THEIR PURSUIT OF HEALTH AND WELL-BEING
- PROVIDE A FAMILY FRIENDLY ENVIRONMENT WITH SUPPORTIVE STAFF COMMITTED TO DEVELOPING RELATIONSHIPS TO HELP ALL PEOPLE GROW AND THRIVE
- ENCOURAGE THE CHRISTIAN PRINCIPLES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THROUGH QUALITY SERVICES THAT BUILD SPIRIT, MIND & BODY
- BUILD SOCIAL RESPONSIBILITY THROUGH VOLUNTEERISM, INCLUSION, LEADERSHIP DEVELOPMENT, ADVOCACY AND COLLABORATION
- NURTURING INDIVIDUALS FROM ALL WALKS OF LIFE WHERE ALL ARE WELCOME REGARDLESS OF ABILITY TO PAY BY BEING A CHARITABLE, CAUSE-DRIVEN COMMUNITY ORGANIZATION
- MAKE A REAL DIFFERENCE IN THE LIVES OF YOUNG PEOPLE THROUGH OUR YOUTH DEVELOPMENT PROGRAMS.

WE SERVE FAMILIES, YOUTH, TEENS, ADULTS AND SENIORS. OUR PRIMARY GEOGRAPHIC SERVICE AREA ARE THOSE COMMUNITIES LOCATED WITHIN DEKALB COUNTY. OUR SECONDARY GEOGRAPHIC SERVICE AREA ARE THOSE COMMUNITIES IN CONTIGUOUS COUNTIES THAT NEED OR DESIRE OUR SERVICES.

YOUTH DEVELOPMENT:

OVER 50% OF KIDS IN OUR BEFORE AND AFTER SCHOOL PROGRAM ARE RECEIVING A SUBSIDY TO ATTEND

WHEN THE SCHOOL DAY IS OVER, WHERE AND HOW CHILDREN SPEND THEIR TIME IS VITAL TO THEIR GROWTH AND SUCCESS IN LIFE. AT THE Y, WE HELP KIDS REACH THEIR POTENTIAL AND THRIVE IN A SAFE, TRUSTWORTHY SETTING. THROUGH

Name of the organization

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SUPPORT AND GUIDANCE, OUR AFTERSCHOOL PROGRAM PROVIDES ENRICHMENT ACTIVITIES IN THE ARTS, PHYSICAL EDUCATION, SPORTS AND NUTRITION. WE ENCOURAGE CHILDREN TO MAKE HEALTHY CHOICES, EXPLORE NEW THINGS AND EXERCISE THEIR CREATIVITY. KIDS CAN FOCUS ON THEIR HOMEWORK, MAKE NEW FRIENDS, BUILD SOCIAL SKILLS AND CREATE HAPPY MEMORIES THEY'LL ALWAYS REMEMBER. THE Y IS A PLACE WHERE CHILDREN FEEL COMFORTABLE AND SECURE. OUR PARTNERSHIP WITH THE NORTHERN ILLINOIS FOOD BANK ALLOWS US TO PROVIDE HEALTHY MEALS FOR EVERY CHILD IN OUR DISTRICT #428 AFTERSCHOOL PROGRAM.

252 WEEKS OF SUMMER DAY CAMP WERE SUBSIDIZED IN 2018

WHEN THE SCHOOL DOORS CLOSE FOR SUMMER, MANY CHILDREN STRUGGLE TO ACCESS EDUCATIONAL OPPORTUNITIES, AS WELL AS BASIC NEEDS SUCH AS HEALTHY MEALS AND ADEQUATE ADULT SUPERVISION. OUR SUMMER CAMP OFFERS A MIX OF FUN AND EDUCATIONAL ACTIVITIES AIMED AT IMPROVING KIDS' WELL-BEING, SUCH AS STEM (SCIENCE TECHNOLOGY, ENGINEERING AND MATH) CATCH (COORDINATED APPROACH TO CHILD HEALTH), AND THE SUMMER CAMP READING PROGRAM, ALL IN A SAFE ENVIRONMENT WITH ADULT ROLE MODELS. TO ENSURE THAT EVERY CHILD IS READY TO LEARN, WE PROVIDE HEALTHY LUNCHES AND SNACKS TO ALL CHILDREN IN OUR SUMMER CAMP PROGRAM.

130 SWIMMERS PARTICIPATED ON THE DEKALB COUNTY SWIM TEAM IN 2018

EDITH REYNOLDS JOINED THE DEKALB COUNTY SWIM TEAM INITIALLY TO IMPROVE HER SWIMMING, TO STAY IN SHAPE FOR THE HIGH SCHOOL AND SPECIAL OLYMPICS TEAMS. EDITH HAS EPILEPSY AND, AS A RESULT OF HER SEIZURES, SHE OFTEN EXPERIENCES SETBACKS IN STRENGTH, SPEED AND REMEMBERING WHAT SHE NEEDS

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TO DO. "DCST HAS TAUGHT ME TO BE CONFIDENT IN MYSELF, BE SUPPORTIVE TO MY TEAMMATES, TO STAY POSITIVE AND TO HAVE FAITH IN WHAT I DO AND IN MY COACHES. I HAVE BEEN ABLE TO IMPROVE MY SWIMMING AND TO BE ABLE TO PACE MYSELF SO I CAN SWIM LONGER DISTANCES. I HAVE MADE LOTS OF FRIENDS," EDITH SHARED. "YOU DON'T HAVE TO BE GOOD TO BE ON DCST. YOU JUST HAVE TO WANT TO DO YOUR BEST. YOU HAVE TO WANT TO LEARN TO GET BETTER." EDITH HAS NOTICED AN OVERALL INCREASE IN CONFIDENCE AND ATTRIBUTES MUCH OF HER SUCCESS TO THE SUPPORT FROM HER TEAMMATES AND COACHES WHO CONTINUOUSLY ENCOURAGE HER TO DO HER BEST.

HEALTHY LIVING

15 PARTICIPANTS WERE SERVED THROUGH THE PEDALING FOR PARKINSON'S PROGRAMS STARTED IN 2018.

DEKALB COUNTY HAS TWICE THE NATIONAL AVERAGE OF RESIDENTS THAT HAVE PARKINSON'S DISEASE. THE YMCA STEPPED FORWARD TO HELP THESE FOLKS IN OUR COMMUNITY BY STARTING THE PEDALING FOR PARKINSON'S PROGRAM (PFP). USING INDOOR CYCLES IN A CLASS LED BY A TRAINED INSTRUCTOR, THE PARTICIPANTS COLLECTIVELY SAW A 17% REDUCTION IN THEIR PARKINSONS-RELATED SYMPTOMS. IN ADDITION TO THE PHYSICAL BENEFITS OF THE PROGRAM, PARTICIPANTS CAN SOCIALIZE WITH AND FORM FRIENDSHIPS WITH OTHERS WHO HAVE THIS DISEASE. THE PROGRAM IS OFFERED FREE TO EACH AND EVERY PARTICIPANT.

130 CANCER SURVIVORS HAVE GRADUATED FROM THE LIVESTRONG AT THE YMCA PROGRAM SINCE 2011

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LIVESTRONG AT THE YMCA IS A TWELVE-WEEK, SMALL GROUP PROGRAM DESIGNED FOR ADULT CANCER SURVIVORS. THIS PROGRAM FULFILLS THE IMPORTANT NEED OF SUPPORTING THE INCREASING NUMBER OF CANCER SURVIVORS WHO FIND THEMSELVES IN THE TRANSITIONAL PERIOD BETWEEN COMPLETING THEIR CANCER TREATMENT AND THE SHIFT TO FEELING PHYSICALLY AND EMOTIONALLY STRONG ENOUGH TO ATTEMPT TO RETURN TO THEIR NORMAL LIFE OR THEIR "NEW NORMAL." OUR GOAL IS TO HELP PARTICIPANTS BUILD MUSCLE MASS AND MUSCLE STRENGTH, INCREASE FLEXIBILITY AND ENDURANCE AND IMPROVE FUNCTIONAL ABILITY. ADDITIONAL GOALS INCLUDE REDUCING THE SEVERITY OF THERAPY SIDE EFFECTS, PREVENTING UNWANTED WEIGHT CHANGES AND IMPROVING ENERGY LEVELS AND SELF-ESTEEM. IN ADDITION TO THE PHYSICAL BENEFITS, THE PROGRAM PROVIDES PARTICIPANTS A SUPPORTIVE ENVIRONMENT AND A FEELING OF COMMUNITY WITH THEIR FELLOW SURVIVORS, YMCA STAFF AND MEMBERS.

IMPROVED BY AN AVERAGE OF 83% - ENHANCE FITNESS PARTICIPANTS IMPROVED IN 3 FITNESS CATEGORIES FROM 2017-18

WE PROVIDE PROGRAMS THAT CHANGE THE OUTCOME FOR PEOPLE FACING SIGNIFICANT HEALTH CHALLENGES AND IMPROVE QUALITY OF LIFE FOR OUR WHOLE COMMUNITY. ENHANCE FITNESS IS A PROVEN, COMMUNITY BASED SENIOR FITNESS AND ARTHRITIS MANAGEMENT PROGRAM. ITS PURPOSE IS TO HELP OLDER ADULTS BECOME MORE ACTIVE, ENERGIZED, AND EMPOWERED FOR INDEPENDENT LIVING. ENHANCE FITNESS HAS BEEN NATIONALLY RECOGNIZED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, US DEPARTMENT OF HEALTH AND HUMAN SERVICES, US ADMINISTRATION ON AGING AND THE NATIONAL COUNCIL ON AGING. ENHANCE FITNESS CONSISTS OF LOW IMPACT EXERCISE CLASSES THAT ARE SAFE AND CHALLENGING FOR OLDER ADULTS OF ALL FITNESS LEVELS.

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FORM 990, PART III, LINE 4A

SOCIAL RESPONSIBILITY:

139 CHILDREN REGISTERED AND PARTICIPATED IN THE CAMP POWER PROGRAM
IN 2018

CAMP POWER WAS DEVELOPED IN 2014 IN RESPONSE TO THE PRESSING ISSUES
FACING CHILDREN AND THEIR FAMILIES IN A NEIGHBORHOOD THAT WAS
SIGNIFICANTLY IMPACTED BY POVERTY, THE LACK OF OPPORTUNITY, PUBLIC
SAFETY CONCERNS, AND QUALITY OF LIFE ISSUES. CAMP POWER WAS DESIGNED AS
A FREE, COLLABORATIVE SUMMER PROGRAM OFFERED ON-SITE TO CHILDREN AND
THEIR FAMILIES LIVING IN THE UNIVERSITY VILLAGE HOUSING DEVELOPMENT. IN
ITS INAUGURAL YEAR, THROUGH A JOINT EFFORT OF 25 DIFFERENT COMMUNITY
ORGANIZATIONS AND NEARLY 500 VOLUNTEERS, THIS CULTURALLY RELEVANT,
MULTI-DIMENSIONAL WELLNESS PROGRAM OFFERED AN ACADEMIC COMPONENT, DAILY
NUTRITIOUS LUNCH SERVICE, STRUCTURED PHYSICAL ACTIVITIES, NUTRITION
EDUCATION, LAYERED MENTORING, LIFE SKILLS TRAINING, FAMILY ENGAGEMENT
ACTIVITIES, PAID EMPLOYMENT OPPORTUNITIES TO PARENTS, EXPOSURE TO A
RANGE OF COMMUNITY RESOURCES, AND DAILY, POSITIVE INTERACTION WITH OUR
POLICE OFFICERS.

2018 OUTCOMES:

- 83% USE POSITIVE VALUES MORE OFTEN BECAUSE OF THE PROGRAM
- 91% OF THE PARTICIPANTS MADE MORE HEALTHY CHOICES BECAUSE OF WHAT
THEY LEARNED IN THE PROGRAM
- 74% OF THE PARTICIPANTS HELPED OTHER PEOPLE MORE BECAUSE OF WHAT THEY
LEARNED IN THE PROGRAM
- 2,245 HEALTHY LUNCHES AND 1,690 HEALTHY SNACKS SERVED

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13 PARTNERS FROM DEKALB COUNTY ORGANIZATIONS WORKING TOGETHER TO BUILD
A HEALTHIER COMMUNITY

A PARTNERSHIP IS UNDER WAY AMONG LEADING DEKALB COUNTY ORGANIZATIONS TO
MAKE A HEALTHIER LIFESTYLE POSSIBLE THROUGH POLICY AND STRUCTURAL
CHANGE. LIVE HEALTHY DEKALB COUNTY'S MISSION IS TO PARTNER WITH OTHERS
TO CREATE POLICIES AND ENVIRONMENTS THAT MOTIVATE PEOPLE TO EAT HEALTHY
AND BE PHYSICALLY ACTIVE EVERY DAY. THIS PARTNERSHIP WILL SPECIFICALLY
FOCUS ON TWO MAJOR AREAS THAT IMPACT DEKALB COUNTY. THE FIRST FOCUS
AREA IS TO CREATE A MORE WALKABLE/BIKEABLE COMMUNITY WITH SAFE FAMILY
FRIENDLY ENVIRONMENTS AND THE SECOND IS TO INCREASE THE NUMBER OF
COMMUNITY VENUES THAT OFFER HEALTHY FOOD AND BEVERAGES. LIVE HEALTHY
DEKALB COUNTY IS PART OF THE YMCA'S STATEWIDE PIONEERING HEALTHIER
COMMUNITIES INITIATIVES. STARTED IN SYCAMORE IN 2011 WITH FUNDING FROM
THE YMCA OF THE USA, IT ENGAGES COMMUNITY LEADERS IN POLICY, SYSTEMS
AND ENVIRONMENTAL CHANGE EFFORTS THAT SUPPORT AND PROMOTE HEALTHY
LIFESTYLES. THESE EFFORTS EMPOWER COMMUNITIES WITH PROVEN STRATEGIES
AND MODELS TO CREATE AND SUSTAIN POSITIVE AND LASTING CHANGE FOR
HEALTHY LIVING.

\$408,726 - TOTAL AMOUNT OF FINANCIAL ASSISTANCE SCHOLARSHIPS & PROGRAM
SUBSIDIES OUR YMCA AWARDED IN 2018

THE KISHWAUKEE FAMILY YMCA IS RECOGNIZED AS A COMMUNITY LEADER AND
PROVIDER OF VITAL PROGRAMMING IN DEKALB COUNTY. WE ACTIVELY ENGAGE
GENEROUS SUPPORTERS OF OUR MISSION BY RAISING FUNDS. IT IS MORE THAN
MONEY. THE FINANCIAL SUPPORT IS A TOOL FOR SOMETHING MUCH MORE

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POWERFUL. THESE RESOURCES ARE STEWARDED TO IDENTIFY AND ADDRESS NEEDS
IN OUR COMMUNITY SUCH AS: ECONOMIC NEED THROUGH FINANCIAL ASSISTANCE;
CHILDHOOD OBESITY THROUGH CATCH; THE ACHIEVEMENT GAP THROUGH STEM, CAMP
AND QUALITY PRESCHOOL AND AFTER SCHOOL PROGRAMS. FROM CHILDHOOD
OBESITY TO DIABETES PREVENTION TO SUPPORTING CANCER SURVIVORS, THE Y IS
HELPING THOUSANDS OF PEOPLE OF ALL AGES LIVING IN COMMUNITIES IN AND
AROUND DEKALB COUNTY LIVE HEALTHIER AND HAPPIER LIVES.

21,062 MEALS WERE SERVED TO CHILDREN IN OUR SUMMER CAMP PROGRAM, 9
AFTER SCHOOL SITES AND 3 OPEN FOOD SITES.

THE Y BELIEVES ALL CHILDREN DESERVE THE OPPORTUNITY TO LEARN, GROW AND
THRIVE AND NOTHING IS MORE FUNDAMENTAL TO THIS OPPORTUNITY THAN
CONSISTENT ACCESS TO HEALTHY MEALS. THAT IS WHY WE COLLABORATED WITH
WAL-MART FOUNDATION, NORTHERN ILLINOIS FOOD BANK AND VOLUNTARY ACTION
CENTER (VAC) THIS PAST YEAR TO SERVE 21,062 MEALS TO KIDS THROUGHOUT
DEKALB COUNTY. COMMUNITIES SERVED THROUGH THE FOOD PROGRAM INCLUDED
SYCAMORE, DEKALB, CORTLAND AND KIRKLAND.

GOVERNING BODY DECISIONS (PART VI, LINE 7B)

MINUTES ARE MAINTAINED OF ALL BOARD OF DIRECTORS MEETINGS HELD
THROUGHOUT THE YEAR.

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

THE ACCOUNTING FIRM, THE CEO, AND THE CFO REVIEW THE DOCUMENT FOR ERRORS OR
OMISSIONS PRIOR TO FILING. THE FORM 990 IS PRESENTED TO THE KISHWAUKEE

Name of the organization

KISHWAUKEE FAMILY YMCA

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FAMILY YMCA BOARD OF DIRECTORS PRIOR TO IRS SUBMISSIONFORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE KISHWAUKEE FAMILY YMCA
BOARD OF DIRECTORS EACH FEBRUARY. ANNUALLY, BOARD MEMBERS ARE ASKED TO
FILL OUT A FORM THAT WOULD DISCLOSE ANY CONFLICT OF INTEREST THEY WOULD
HAVE ON A PERSONAL OR PROFESSIONAL BASIS WITH THE YMCA.

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

THE KISHWAUKEE FAMILY YMCA USES A HAY SALARY ADMINISTRATION PLAN TO POINT
OUT THE CEO AND OTHER KEY POSITIONS AND ESTABLISH A SALARY RANGE FOR THE
CEO AND OTHER KEY POSITIONS IN THE ASSOCIATION. THE CEO AND KEY POSITION
SALARY RANGE IS REVIEWED FOR POSSIBLE ADJUSTMENTS EACH YEAR BASED ON
RECOMMENDATIONS BY THE Y-USA SALARY TASK FORCE AND COMPARED AGAINST MARKET
PAY TO SIMILAR BUDGET SIZE YMCAS ACROSS THE UNITED STATES AND THE MIDWEST.
THE YMCA BOARD OF DIRECTORS DETERMINES THE ANNUAL SALARY COMPENSATION
ADJUSTMENT FOR THE CEO. THE CEO OR HIS DESIGNATE DETERMINES THE ANNUAL
SALARY COMPENSATION ADJUSTMENT FOR THE OTHER KEY EMPLOYEES OF THE
ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE KISHWAUKEE FAMILY YMCA MAKES THESE FORMS AVAILABLE TO THE PUBLIC UPON
REQUEST OR THROUGH THE GUIDESTAR WEBSITE.

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

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

Name of the organization

KISHWAUKEE FAMILY YMCA

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THE EXECUTIVE/FINANCE COMMITTEE OF THE KISHWAUKEE FAMILY YMCA BOARD OF
DIRECTORS IS CHARGED WITH THE OVERSIGHT PROCESS OR SELECTION PROCESS
DURING THE TAX YEAR.

Kishwaukee Family YMCA

Dekalb, Illinois

Financial Report

December 31, 2018

Kishwaukee Family YMCA

Year Ended December 31, 2018

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Independent Auditor's Report

To the Board of Directors
Kishwaukee Family YMCA
DeKalb, Illinois

We have audited the accompanying financial statements of Kishwaukee Family YMCA (a nonprofit organization), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities, cash flows and functional expenses for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kishwaukee Family YMCA as of December 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Association adopted Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities-Presentation of Financial Statements of Not-for-Profit Entities*, as of and for the year ended December 31, 2018. The ASU has been applied on a retrospective basis with the exception of the omission of certain information as permitted by the ASU.

Wipfli LLP

Rockford, Illinois
May 3, 2019

Kishwaukee Family YMCA

Statements of Financial Position

December 31, 2018 and 2017

	2018	2017
Assets		
Cash on hand	\$ 400	\$ 400
Cash in bank - checking	149,198	201,480
Cash in bank - campaign	22,003	4,503
Cash in money market	113,956	121,492
Cash in certificate of deposit	150,000	-
Investments - DCCF	33,986	34,223
Pledges receivable	31,040	53,098
Accounts receivable - operations	20,159	17,106
Total current assets	520,742	432,302
Property and Equipment - Net	5,386,166	5,612,372
Total assets	\$ 5,906,908	\$ 6,044,674
Liabilities and Net Assets		
Current liabilities:		
Accounts payable	\$ 43,936	\$ 50,919
Member overpayments	6,124	6,140
Accrued expenses payable	89,088	94,737
Deferred revenue	77,207	81,455
Capital lease obligations	41,475	75,844
Mortgage payable	94,865	91,146
Total current liabilities	352,695	400,241
Long-term liabilities:		
Capital lease obligations, less current maturities	14,489	78,341
Long-term debt, less current maturities	1,850,777	1,945,849
Total liabilities	2,217,961	2,424,431
Net Assets:		
Without donor restrictions	3,654,444	3,603,240
With donor restrictions	34,503	17,003
Total net assets	3,688,947	3,620,243
Total liabilities and net assets	\$ 5,906,908	\$ 6,044,674

See Accompanying Notes to Financial Statements.

Kishwaukee Family YMCA

Statements of Activities

For the years ended December 31, 2018 and 2017

	2018	2017
Net Assets Without Donor Restrictions		
Revenue, gains, and other support		
Contributions	\$ 308,720	\$ 341,424
United Way allotments	6,500	6,668
Regular Membership	2,122,506	2,107,865
Program fees	1,154,563	1,116,248
Service fees	45,466	52,288
Sales to public, net	(2,972)	(3,757)
Gain (loss) on sale of assets	-	(1,082)
Total revenue, gains, and other support	3,634,783	3,619,654
Net assets released from donor restriction	2,500	18,892
Total revenues, gains, other support and net assets released from restrictions	3,637,283	3,638,546
Expenses		
Program services	2,760,551	2,750,891
Support services - management and general	617,904	596,299
Support services - fundraising	145,511	118,473
Total program and Support services	3,523,966	3,465,663
Fair Share		
Fair share to YMCA of USA	62,113	64,334
Total fair share	62,113	64,334
Total expenses	3,586,079	3,529,997
Change in Net Assets Without Donor Restrictions	51,204	108,549
Net Assets with Donor Restrictions		
Capital contributions	20,000	259
Net assets released from restrictions	(2,500)	(18,892)
Change in Net Assets With Donor Restrictions	17,500	(18,633)
Total Change in Net Assets	68,704	89,916
Net Assets, Beginning of Year	3,620,243	3,530,327
Net Assets End of Year	\$ 3,688,947	\$ 3,620,243

See Accompanying Notes to Financial Statements

Kishwaukee Family YMCA

Statements of Cash Flows

For the years ended December 31, 2018 and 2017

	2018	2017
<i>Cash Flows From Operating Activities</i>		
Change in net assets	\$ 68,704	\$ 89,916
Adjustments to reconcile change in net assets to cash provided by operating activities:		
Depreciation	399,908	394,180
Net (increase) decrease in current assets other than cash	19,242	33,322
Net increase (decrease) in current liabilities other than bank loans	(16,896)	(102,285)
Loss (gain) on sale of fixed assets	-	1,082
Net cash provided by operating activities	470,958	416,215
<i>Cash Flows From Investing Activities</i>		
Purchase of property and equipment	(173,702)	(225,278)
Net cash (used in) investing activities	(173,702)	(225,278)
<i>Cash Flows From Financing Activities</i>		
Borrowings from capital lease	-	50,000
Principal payments on capital lease	(98,221)	(66,885)
Net borrowings from long-term bank loans	(91,353)	(87,772)
Net cash (used in) financing activities	(189,574)	(104,657)
Net Increase (Decrease) in Cash and Cash Equivalents	107,682	86,280
Cash and Cash Equivalents - beginning of year	327,875	241,595
Cash and Cash Equivalents - end of year	\$ 435,557	\$ 327,875

Supplemental cash flow disclosures:

Cash paid for interest	\$ 81,221	\$ 96,417
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A capital lease obligation of \$50,000 was incurred when the Association entered into a lease for equipment and improvements in 2017.

Kishwaukee Family YMCA

Statement of Functional Expenses

For the year ended December 31, 2018

	Program Services	Management and General	Fundraising	Total Expense
Other program expenses	\$ 232,219	\$ -	\$ -	\$ 232,219
Salaries	1,407,431	292,765	68,875	1,769,071
Payroll taxes	109,760	22,831	5,371	137,962
Workers compensation insurance	26,160	4,616	-	30,776
Health insurance	67,860	14,116	3,321	85,297
Fundraising expenses	-	-	67,483	67,483
Retirement	48,314	7,670	-	55,984
Other employee expenses	30,407	4,827	-	35,234
Utilities	192,024	30,484	-	222,508
Janitorial services	21,024	3,337	-	24,361
Maintenance contract	36,772	5,838	-	42,610
Maintenance repairs	40,458	6,423	-	46,881
Supplies	63,868	6,626	-	70,494
Postage	3,238	514	-	3,752
Dues and subscriptions	-	5,040	-	5,040
Contract services	-	55,145	-	55,145
Conference and training	9,428	1,961	461	11,850
Bank charges	-	31,914	-	31,914
Insurance	25,931	4,117	-	30,048
Interest	70,094	11,127	-	81,221
Office equipment lease	11,315	1,796	-	13,111
Printing and promotion	16,928	2,687	-	19,615
Telephone	7,398	1,175	-	8,573
Software support	-	42,909	-	42,909
Total expense before depreciation	2,420,629	557,918	145,511	3,124,058
Depreciation	339,922	59,986	-	399,908
Total functional expenses	\$ 2,760,551	\$ 617,904	\$ 145,511	\$ 3,523,966

Kishwaukee Family YMCA

Statement of Functional Expenses

For the year ended December 31, 2017

	Program Services	Management and General	Fundraising	Total Expense
Program contracts	\$ 2,211	\$ -	\$ -	\$ 2,211
Other program expenses	264,538	-	-	264,538
Salaries	1,390,654	289,276	68,054	1,747,984
Payroll taxes	103,267	21,481	5,054	129,802
Workers compensation insurance	28,517	5,032	-	33,549
Health insurance	60,354	12,555	2,954	75,863
Fundraising expenses	-	-	42,046	42,046
Retirement	50,563	8,027	-	58,590
Other employee expenses	15,633	2,482	-	18,115
Utilities	192,864	30,617	-	223,481
Janitorial services	21,416	3,400	-	24,816
Maintenance contract	32,992	5,237	-	38,229
Maintenance repairs	38,763	6,153	-	44,916
Supplies	43,657	4,529	-	48,186
Postage	3,735	593	-	4,328
Dues and subscriptions	-	5,420	-	5,420
Contract services	-	46,154	-	46,154
Conference and training	7,455	1,551	365	9,371
Bank charges	-	31,294	-	31,294
Insurance	21,853	3,469	-	25,322
Bad debt expense	24,695	-	-	24,695
Interest	83,208	13,209	-	96,417
Office equipment lease	12,170	1,932	-	14,102
Printing and promotion	11,369	1,805	-	13,174
Telephone	5,924	941	-	6,865
Software support	-	42,015	-	42,015
Total expense before depreciation	2,415,838	537,172	118,473	3,071,483
Depreciation	335,053	59,127	-	394,180
Total functional expenses	\$ 2,750,891	\$ 596,299	\$ 118,473	\$ 3,465,663

See Accompanying Notes to Financial Statements.

Kishwaukee Family YMCA

Notes to Financial Statements

Note 1 Significant Accounting Policies

Nature of Activities

The Kishwaukee Family YMCA (Association) is a nonprofit corporation organized under the laws of the State of Illinois for the purpose of providing health and welfare facilities, programs, and services. The Association is a member of the national YMCA of which it pays dues annually to support the operations of this National Council. The Association primarily serves residents of Dekalb County, Illinois. The mission is to promote Christian principles by enriching the spirit, mind and body of all those in our community, especially families and children, regardless of ability to pay. The Kishwaukee Family YMCA builds Strong Kids, Strong Families and Strong Communities. The Association's programs focus on four core values-caring, honesty, respect, and responsibility. It serves men, women, and children of all ages, abilities, incomes, races, and religions. It provides financial assistance to those who need it. It identifies needs within the community and responds to them so that the entire community benefits from its efforts. The majority of its funding comes from membership and program fees, contributions, and endowments.

Fund Accounting

The accounts of the Association are organized on the basis of funds, each of which is considered a separate entity. The Operating Funds are used to record normal operating revenues and disbursements and for various special purposes. The Capital Campaign Funds are used to track contributions relating to facility equipment and grounds improvements.

Basis of Accounting

The financial statements of the Association have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Donated Services

Standards state that for donated services to be recognized in the financial statements, the services must either (a) create or enhance a non-financial asset or (b) be specialized skills, provided by entities or persons possessing those skills that would be purchased if not donated. For the years ending December 31, 2018 and 2017, there were no donations meeting the above criteria.

The Association receives donated services generally in the form of contributed time by volunteers. However, these donated services are not reflected in the financial statements since they do not meet the criteria for recognition as contributed services.

Cash and Cash Equivalents

For purposes of reporting the statements of cash flows, the Association includes all cash accounts, which are not subject to withdrawal restrictions or penalties, and all highly liquid investments with a maturity of three months or less as cash and cash equivalents.

Kishwaukee Family YMCA

Notes to Financial Statements

Note 1 Significant Accounting Policies (Continued)

Investments

Investments are stated at the year end market value. Unrealized gain or loss on the year end aggregate market value of the investments is reflected in the current year's activity. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

Pledges Receivable

Pledges made to the Association are recorded as receivables in the year the pledge was made. Pledges and other promises to give whose eventual uses are restricted by the donor are recorded as increases in temporarily restricted net assets. Unrestricted pledges to be collected in future periods are also recorded as an increase in temporarily restricted net assets and reclassified to unrestricted net assets when received.

Pledges to give are reported in the statement of financial position net of unamortized discounts and an allowance for uncollectible pledges. Pledges that are expected to be collected in future years are recorded at the present value of estimated future cash flows using a discount rate that approximates the rate of government securities. Amortization of the discount is recorded as an increase or decrease in contribution revenue. An allowance for uncollectible accounts is determined by management based on past collection history. There was no allowance for uncollectible accounts as of December 31, 2018 and 2017.

Accounts Receivable

Accounts receivable are generally uncollateralized client obligations net of allowances for uncollectible accounts. Management individually reviews all past due accounts receivables and estimates the portion, if any, of the balance that will not be collected. Management believes all accounts receivables currently shown to be collectible.

Income Taxes

The Association, as a nonprofit charitable organization, is exempt from federal income taxes under Internal Revenue Code Section (501)(c)(3).

The Association accounts for income taxes in accordance with Financial Accounting Standards Board *Accounting for Uncertainty Income Taxes*. The standard provides detailed guidance for the financial statement recognition, measurement and disclosure of uncertain tax positions recognized in an enterprise's financial statements and requires an entity to recognize the financial statement impact of a tax position when it is more likely than not that the position will be sustained upon examination. The Association had determined there are no amounts to record as assets or liabilities related to uncertain tax positions. The federal forms (Form 990) remain open for examination by taxing authorities through their statutory periods.

Kishwaukee Family YMCA

Notes to Financial Statements

Note 1 Significant Accounting Policies (Continued)

Net Assets

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets of the Association and changes therein are classified and reported as follows:

Net assets without donor restrictions: net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net assets with donor restrictions: net assets subject to donor or certain grantor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be net by the passage of time, long-lived assets placed in service, or other events specified by the donor. Other explicit donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Deferred Revenue

Deferred revenue represents program fees which have been received, but for which the prescribed services have not yet been completed. These fees will be recognized in income when these services are provided.

Revenue Recognition

Contributions are recorded as revenue when an unconditional promise to give has been made. Contributions are recorded as with donor restrictions or without donor restriction, depending on donor intent. Membership revenue and program fees are recognized evenly over the period of membership and the programs.

Kishwaukee Family YMCA

Notes to Financial Statements

Note 1 Significant Accounting Policies (Continued)

Change in Accounting Policies

In 2016, the FASB issued Accounting Standards Update (ASU) No. 2016-14, Not-for-Profit Entities (Topic 958) Presentation of Financial Statements of Not-for-profit Entities. This ASU provides for certain improvements in financial reporting for not-for-profit organizations and requires changes to net asset classification, enhancements to liquidity presentation and disclosures, presentation of an analysis of expenses by function and by nature, netting of investment expenses with return, among other changes. The guidance was adopted effective January 1, 2018.

Pending Accounting Pronouncements

In 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This ASU, as amended, provides comprehensive guidance on the recognition of revenue from customers arising from the transfer of goods and services, guidance on accounting for certain contract costs, and new disclosures. The new standard supersedes current revenue recognition requirements in FASB Accounting Standards Codification (ASC) Topic 605, *Revenue Recognition*, and most industry specific guidance. When adopted, the amendments in the ASU must be applied using one of two retrospective methods. ASU No. 2014-09 is effective for nonpublic organizations for annual periods beginning after December 15, 2018. Management is evaluating what impact this new standard will have on its financial statements.

In 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-02, *Leases (Topic 842)*, which is intended to improve financial reporting on leasing transactions. ASU 2016-02 will require lessees to recognize right of use assets and lease obligations for operating and finance leases under terms greater than 12 months. ASU 2016-02 is effective for fiscal years beginning after December 15, 2019, with early adoption permitted. ASU 2016-02 must be applied modified retrospectively. Management is evaluating what impact this new standard will have on its financial statements.

In 2018, the FASB issued ASU No. 2018-08, Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. The amendments in ASU No. 2018-08 will assist entities in evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal) transactions and determining whether a transaction is conditional. The amendments in ASU No. 2018-08 are effective for annual financial statements issued for the fiscal years beginning after December 15, 2019, for transactions in which the entity serves as the resource recipient. Early application of the amendments in ASU No. 2018-08 is permitted. The Association has not elected to early implement the amendments.

Subsequent Events

The Association has evaluated events and transactions for potential recognition or disclosure in the financial statements through May 3, 2019, which is the date the financial statements were available to be issued.

Kishwaukee Family YMCA

Notes to Financial Statements

Note 2 Liquidity and Availability of Financial Assets

The YMCA monitors its liquidity so that it is able to meet its operating needs and other grant commitments while maximizing the investment of its excess operating cash. The YMCA has the following financial assets that could readily be made available within one year of the balance sheet to fund expenses without limitations:

	<u>2018</u>	<u>2017</u>
Cash and cash equivalents	\$150,255	\$185,021
Accounts receivable - operations	<u>20,159</u>	<u>17,106</u>
Total	<u>\$170,414</u>	<u>\$202,127</u>

The YMCA meets general expenditures over the year by collecting sufficient revenues from membership, programs and donations. The statement of cash flows identifies the sources and uses of the YMCA's cash and shows positive cash generated by operations of \$470,958 and \$416,215 for fiscal years ending December 31, 2018 and 2017, respectively.

Note 3 Changes in Fixed Assets

A summary of changes in fixed assets follows:

	<u>December 31, 2017</u>	<u>Additions</u>	<u>Disposals</u>	<u>December 31, 2018</u>
Land	\$ 61,654	\$ -	\$ -	\$ 61,654
Buildings and improvements	9,986,084	99,843	-	10,085,927
Equipment	<u>1,064,485</u>	<u>73,859</u>	-	<u>1,138,344</u>
Total	11,112,223	173,702	-	11,285,925
Less accumulated depreciation and amortization	<u>5,499,851</u>	<u>399,908</u>	-	<u>5,899,759</u>
Total	<u>\$ 5,612,372</u>	<u>\$ (226,206)</u>	<u>\$ -</u>	<u>\$ 5,386,166</u>

Improvements and equipment over \$2,000 are capitalized at cost. Purchases under \$2,000 are expensed as maintenance and repair. Donated assets are capitalized at fair market value as of the date received. Depreciation and amortization is provided over the estimated useful lives of the assets on the straight-line method. Buildings and improvements are depreciated over 15 - 40 years, equipment is depreciated over 3 - 10 years, and leasehold improvements are amortized over 20 years.

Depreciation expense for December 31, 2018 and 2017 was \$399,908 and \$394,180, respectively.

Kishwaukee Family YMCA

Notes to Financial Statements

Note 4 Pledges

Pledges receivable consist of the following as of December 31:

	<u>2018</u>	<u>2017</u>
Less than one year	\$31,040	\$28,098
One to five years	<u>-</u>	<u>25,000</u>
Pledges receivable	<u>\$31,040</u>	<u>\$53,098</u>

Note 5 Notes Payable

On May 2, 2013, the Association obtained a loan from National Bank and Trust Company of Sycamore, Illinois in the amount of \$2,357,000. The note matures on August 2, 2027 with an interest rate of 3.95% until August 2, 2020, at which time it will adjust. Monthly payments of \$14,265.52, including interest, began September 2, 2013. The balance due as of December 31, 2017 was \$2,036,995. The balance due as of December 31, 2018 was \$1,945,642.

During 2011, the Association obtained a \$200,000 Line of Credit from National Bank and Trust Company of Sycamore, Illinois. The Line of Credit matured September 10, 2018 with an interest rate of 4.25%. The Line of Credit was renewed on that date and matures on September 10, 2019. The balance due as of December 31, 2018 and 2017 was \$0.

Estimated annual principal payments for each of the next five years are:

2019	\$ 94,865
2020	98,527
2021	102,753
2022	106,945
2023	111,307
Thereafter	<u>1,431,245</u>
Total	<u>\$1,945,642</u>

Kishwaukee Family YMCA

Notes to Financial Statements

Note 6 Leases

Capital Leases

The Association has capital lease agreements with an imputed interest rate ranging from 3.78% to 5.297%. Monthly payments of principal and interest range from \$625 to \$5,104 with a balloon payment of \$25,000 scheduled in 2019 funded by a contribution. The assets and liabilities under capital leases are recorded at the lower of the present value of minimum lease payments or the fair value of the asset. The net capitalized cost of the leased property at December 31, 2018 and 2017 was \$114,293 and \$157,967, respectively. Assets are amortized over their estimated productive lives, for leases that transfer ownership or contain bargain purchase clauses. Amortization expense on capital leases is included in depreciation expense. Accumulated amortization was \$163,091 and \$103,064 as of December 31, 2018 and 2017, respectively.

Operating Leases

The Association leases various office and fitness equipment. These leases are accounted for as operating leases. Rent expense on the operating leases was \$13,111 and \$14,102 for the years ended December 31, 2018 and 2017, respectively.

The following is a schedule of future minimum lease payments under all leases with an initial term in excess of one year at December 31, 2018:

	<u>Capital Leases</u>	<u>Operating Leases</u>
2019	\$ 41,475	\$6,970
2020	9,100	6,970
2021	7,500	6,970
2022	-	6,970
2023	-	5,809
Total future minimum lease payments	<u>\$58,075</u>	<u>\$33,690</u>
Less – Amount representing interest	<u>(2,111)</u>	
Present value of future minimum lease payments	55,964	
Less – current portion	<u>(41,475)</u>	
Long-term capital lease obligation	<u>\$ 14,489</u>	

Kishwaukee Family YMCA

Notes to Financial Statements

Note 7 Fees to National Office

In accordance with the affiliation agreement between the Association and its National Office, \$62,113 and \$64,334 from the General Operating funds was remitted to the National Office for support of national research and other activities during 2018 and 2017, respectively.

Note 8 Pension Plan

The Association is a participant in the YMCA Retirement Fund. The Fund provides defined contribution, money purchase pension plans and serves YMCA Associations only. Each employee who has worked over 1,000 hours during the year, has been employed for two full years, and is 21 years of age or older is required to participate by contributing a minimum of 5% of their wages to the plan. The Association is required to contribute 7% of each qualified employee's wages. Normal retirement is at age 60 with early retirement at age 55 with five years of service.

For the years ending December 31, 2017, the Association contributed \$58,590 to the plan on wages of \$837,000. For the year ending December 31, 2018, the Association contributed \$55,984 to the plan on wages of \$799,771.

Note 9 Concentration of Credit Risk

At various times during the year ended December 31, 2018, the bank balances exceeded FDIC insurance.

Note 10 Investments

The investments of the YMCA are handled by the Investment Advisors of the Dekalb County Community Foundation (DCCF). The YMCA funds are accounted for separately on the books of the DCCF and have an annual review of their records. YMCA funds are invested along with other entities that are part of DCCF. The Association's investments are presented in the financial statements in the aggregate at their fair market value as determined by the recognized exchanges. The following were the investment balances as of December 31:

	2018	
	<u>Cost</u>	<u>Market Value</u>
Investments	<u>\$33,986</u>	<u>\$33,986</u>
	2017	
	<u>Cost</u>	<u>Market Value</u>
Investments	<u>\$34,223</u>	<u>\$34,223</u>

Kishwaukee Family YMCA

Notes to Financial Statements

Note 11 Fair Value

Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy under *Fair Value Measurements* are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Association has the ability to access.

Level 2: Inputs to the valuation methodology include; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable market data by correlation or other means.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018.

Money market funds are valued at the net asset value (NAV) of shares held by the Association at year end.

The following table presents the Association's approximate fair value hierarchy for the assets measured at fair value on a recurring basis at December 31:

2018				
<u>Description</u>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Assets measured at fair value on a recurring basis:				
Money market funds	<u>\$33,986</u>	<u>\$33,986</u>	<u>\$ -</u>	<u>\$ -</u>

Kishwaukee Family YMCA

Notes to Financial Statements

Note 11 Fair Value (Continued)

<u>Description</u>	<u>2017</u>			
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Assets measured at fair value on a recurring basis:				
Money market funds	<u>\$34,223</u>	<u>\$34,223</u>	<u>\$ -</u>	<u>\$ -</u>

Note 12 Net Assets with Donor Restrictions

Net assets with donor restrictions consist of the following as of December 31:

	<u>2018</u>	<u>2017</u>
Subject to expenditure for specified purpose:		
Scholarship fund	\$5,000	\$ 5,000
Day care center	20,000	-
Subject to the passage of time:		
	2,003	4,503
Not subject to spending policy or appropriation:		
Initial contribution of the Dekalb County		
Community Foundation into the charitable fund	<u>7,500</u>	<u>7,500</u>
Net assets with donor restrictions	<u>\$34,503</u>	<u>\$17,003</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the year ended December 31:

	<u>2018</u>	<u>2017</u>
Expirations of time restrictions	<u>\$2,500</u>	<u>\$18,892</u>
Net assets released from donor restrictions	<u>\$2,500</u>	<u>\$18,892</u>

