

CRAFT, WANINGER, NOBLE & COMPANY, PLLC
1018 IVAL JAMES BLVD STE B
RICHMOND, KY 40475
859-623-4027

October 18, 2023

CONFIDENTIAL

TELFORD COMMUNITY CENTER YMCA
1100 EAST MAIN STREET
RICHMOND, KY 40475

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

CRAFT, WANINGER, NOBLE & COMPANY, PLLC

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

61-6000619

TELFORD COMMUNITY CENTER YMCA

Net Asset / Fund Balance at Beginning of Year 1,774,087

Revenue

Contributions	582,624
Program service revenue	833,825
Investment income	2,519
Capital gain / loss	_____
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	26,307

Total revenue 1,445,275

Expenses

Program services	1,026,193
Management and general	320,879
Fundraising	6,551

Total expenses 1,353,623

Excess / (deficit) 91,652

Changes _____

Net Asset / Fund Balance at End of Year 1,865,739

Reconciliation of Revenue

Total revenue per financial statements 1,445,275

Less:

Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____

Total revenue per return 1,445,275

Reconciliation of Expenses

Total expenses per financial statements 1,353,623

Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____

Total expenses per return 1,353,623

Balance Sheet

	Beginning	Ending	Differences
Assets	3,084,026	3,058,225	
Liabilities	1,309,939	1,192,486	
Net assets	1,774,087	1,865,739	<u>91,652</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23
 Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning 2022, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Name of filer

TELFORD COMMUNITY CENTER YMCA

EIN or SSN

61-6000619

Name and title of officer or person subject to tax **ERIN JONES ROTH**

Executive Director

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,445,275
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

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

PIN: check one box only

I authorize **CRAFT, WANINGER, NOBLE & COMPANY, P** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date **10/20/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61423923456

Do not enter all zeros

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

ERO's signature **SAMUEL L. WANINGER** Date **10/20/23**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Form **990**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 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	C Name of organization <p align="center">TELFORD COMMUNITY CENTER YMCA</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">1100 EAST MAIN STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">RICHMOND KY 40475</p>	D Employer identification number <p align="center">61-6000619</p> E Telephone number <p align="center">859-623-9356</p> G Gross receipts\$ 1,445,275
F Name and address of principal officer: <p>ERIN JONES ROTH 1100 EAST MAIN STREET RICHMOND KY 40475</p>		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
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		H(c) Group exemption number
J Website: WWW.TELFORDYMCA.ORG		L Year of formation: 1937
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">WITHIN THE AVAILABLE RESOURCES OF THE TELFORD YMCA, THE YMCA WILL PROVIDE SERVICES FOR ANY YOUTH OR ADULT WHO DESIRES TO PARTICIPATE, REGARDLESS OF THEIR ABILITY TO PAY THE PRESCRIBED MEMBERSHIP, CLASS OR PROGRAM FEES.</p>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	136		
	6 Total number of volunteers (estimate if necessary)	6	150		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0	
Revenue		Prior Year		Current Year	
	8 Contributions and grants (Part VIII, line 1h)	967,141		582,624	
	9 Program service revenue (Part VIII, line 2g)	766,102		833,825	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,501		2,519	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	168,407		26,307	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,905,151		1,445,275	
Expenses					
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	694,008		662,849	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
	b Total fundraising expenses (Part IX, column (D), line 25)	6,551			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	513,498		690,774	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,207,506		1,353,623	
	19 Revenue less expenses. Subtract line 18 from line 12	697,645		91,652	
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	3,084,026		3,058,225	
	21 Total liabilities (Part X, line 26)	1,309,939		1,192,486	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,774,087		1,865,739	

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 ERIN JONES ROTH Type or print name and title		Date Executive Director
Paid Preparer Use Only	Print/Type preparer's name SAMUEL L. WANINGER	Preparer's signature SAMUEL L. WANINGER	Date 10/18/23
	Firm's name CRAFT, WANINGER, NOBLE & COMPANY, PLLC	Firm's EIN 38-3658083	Check <input type="checkbox"/> if self-employed PTIN P01654967
	Firm's address 1018 IVAL JAMES BLVD STE B RICHMOND, KY 40475	Phone no. 859-623-4027	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WITHIN THE AVAILABLE RESOURCES OF THE TELFORD YMCA, THE YMCA WILL PROVIDE SERVICES FOR ANY YOUTH OR ADULT WHO DESIRES TO PARTICIPATE, REGARDLESS OF THEIR ABILITY TO PAY THE PRESCRIBED MEMBERSHIP, CLASS OR PROGRAM FEES.

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 \$ **1,026,193** including grants of\$) (Revenue \$ **833,825**)
HEALTH AND WELLNESS PROGRAM. We reach out to all regardless of their ability to pay. Presently we are providing financial assistance and discounts to over 2,250 families or individuals in order that they can participate in the YMCA fitness programs. Many of these were single parent families and all qualified for financial assistance. Over a period of a year over 600 individuals received special arrangements or financial assistance. Beyond this we provide many therapeutic programs including water exercise, pain management, work with blind and wheelchair individuals, healthy back classes, etc.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

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

4e Total program service expenses **1,026,193**

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> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on 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 on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	136		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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			
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 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O.		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 on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
12c			
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	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
15b			
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
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 **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

PAM RUCHKA
RICHMOND

1100 EAST MAIN ST

KY 40475

859-623-9356

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIN JONES ROTH Executive Director	40.00 0.00			X			62,500	0	0	
(2) PAM RUCHKA Business Manager	40.00 0.00			X			39,037	0	0	
(3) Felecia Ballard Director	2.00 0.00	X					0	0	0	
(4) Pat Ballinger Treasurer/Secretary	2.00 0.00	X		X			0	0	0	
(5) Bud Carr Director	2.00 0.00	X					0	0	0	
(6) Walt Ecton Director	2.00 0.00	X					0	0	0	
(7) Travis Flickinger Director	2.00 0.00	X					0	0	0	
(8) Jamie Ford Director	2.00 0.00	X					0	0	0	
(9) Chris Freeman Director	2.00 0.00	X					0	0	0	
(10) Jerry Gilbert Chair	2.00 0.00	X		X			0	0	0	
(11) Joslyn Glover Director	2.00 0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jerry Goble	2.00									
Vice-Chair	0.00	X		X			0	0	0	
(13) Mike Huguely	2.00									
Director	0.00	X					0	0	0	
(14) Connie Kirby	2.00									
Director	0.00	X					0	0	0	
(15) Karen Mayo	2.00									
Director	0.00	X					0	0	0	
(16) Howard Miller	2.00									
Director	0.00	X					0	0	0	
(17) Chris Minter	2.00									
Director	0.00	X					0	0	0	
(18) Dr. Dannie Moore	2.00									
Director	0.00	X					0	0	0	
(19) Iddah Otieno	2.00									
Director	0.00	X					0	0	0	
1b Subtotal							101,537			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							101,537			

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 **0**

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

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 Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	22,217			
	d Related organizations	1d				
	e Government grants (contributions)	1e	305,580			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	254,827			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		582,624			
Program Service Revenue	2a MEMBERSHIPS	Business Code	532,467	532,467		
	b AFTER SCHOOL & DAY CARE		195,155	195,155		
	c PROGRAM FEES		106,203	106,203		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		833,825			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,519		2,519	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal	13,550			
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	13,550			
	d Net rental income or (loss)		13,550	13,550		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 22,217 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	12,757		12,757	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		12,757			
12 Total revenue. See instructions		1,445,275	847,375	0	15,276	

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	101,537	31,250	70,287	
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	515,528	483,138	32,390	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,959	1,497	4,462	
9 Other employee benefits	5,407	2	5,405	
10 Payroll taxes	34,418	26,577	7,841	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,692	6,845	6,847	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,551			6,551
12 Advertising and promotion	6,191		6,191	
13 Office expenses	22,170	148	22,022	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,886	1,832	54	
20 Interest	48,688	38,950	9,738	
21 Payments to affiliates	20,603		20,603	
22 Depreciation, depletion, and amortization	160,118	128,095	32,023	
23 Insurance	22,218	11,110	11,108	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Utilities and telephone	149,211	141,750	7,461	
b Program supplies	134,562	125,960	8,602	
c Repairs and maintenance	102,003	28,616	73,387	
d Miscellaneous	2,881	423	2,458	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,353,623	1,026,193	320,879	6,551
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	937,667	1	838,133
	2 Savings and temporary cash investments	87,372	2	89,845
	3 Pledges and grants receivable, net	2,750	3	2,500
	4 Accounts receivable, net	66,446	4	82,848
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	263	9	263
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,728,355		
	b Less: accumulated depreciation	10b 3,683,719	1,989,528	10c 2,044,636
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		3,084,026	16	3,058,225
Liabilities	17 Accounts payable and accrued expenses	23,698	17	33,181
	18 Grants payable		18	
	19 Deferred revenue	2,976	19	3,715
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,281,487	23	1,155,590
	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	1,778	25	
	26 Total liabilities. Add lines 17 through 25	1,309,939	26	1,192,486
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,575,003	27	1,705,830
	28 Net assets with donor restrictions	199,084	28	159,909
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,774,087	32	1,865,739
33 Total liabilities and net assets/fund balances	3,084,026	33	3,058,225	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,445,275
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,353,623
3	Revenue less expenses. Subtract line 2 from line 1	3	91,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,774,087
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,865,739

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Carl Palmer	2.00									
Director	0.00	X						0	0	0
(21) Harold Richardson	2.00									
Director	0.00	X						0	0	0
(22) Jack Rutherford	2.00									
Director	0.00	X						0	0	0
(23) Laura Steidle	2.00									
Director	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

TELFORD COMMUNITY CENTER YMCA

Employer identification number

61-6000619

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

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

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

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

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

Schedule A (Form 990) 2022

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,327	190,399	221,505	967,141	582,624	2,139,996
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	984,215	1,093,960	809,222	924,662	847,375	4,659,434
3 Gross receipts from activities that are not an unrelated trade or business under section 513	17,978	19,167	15,766	9,847	12,757	75,515
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	1,180,520	1,303,526	1,046,493	1,901,650	1,442,756	6,874,945
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						6,874,945

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,180,520	1,303,526	1,046,493	1,901,650	1,442,756	6,874,945
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	465	3,884	3,697	3,501	2,519	14,066
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	465	3,884	3,697	3,501	2,519	14,066
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,180,985	1,307,410	1,050,190	1,905,151	1,445,275	6,889,011

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.80 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

TELFORD COMMUNITY CENTER YMCA

Employer identification number

61-6000619

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

TELFORD COMMUNITY CENTER YMCA

Employer identification number

61-6000619

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF THE BLUEGRASS 2480 FORTUNE DR LEXINGTON KY 40509	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE TELFORD FOUNDATION POST OFFICE 413005 NAPLES FL 34101-3005	\$ 194,923	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	YMCA OF THE USA 101 N WACKER DRIVE CHICAGO IL 60606	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CABINET FOR HEALTH AND FAMILY SERVICES 275 EAST MAIN STREET 3C-F FRANKFORT KY 40621	\$ 205,580	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CABINET FOR ECONOMIC DEVELOPMENT 300 WEST BROADWAY FRANKFORT KY 40601	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

TELFORD COMMUNITY CENTER YMCA

Employer identification number

61-6000619

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- 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		27,088		27,088
b Buildings		254		254
c Leasehold improvements				
d Equipment		28,116	26,848	1,268
e Other		5,672,897	3,656,871	2,016,026
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,044,636

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. (Column (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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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.

1. (a) Description of liability	(b) Book value
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

TELFORD COMMUNITY CENTER YMCA

Employer identification number

61-6000619

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

2a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL BANQUET (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	22,217			22,217
	2 Less: Contributions	22,217			22,217
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

TELFORD COMMUNITY CENTER YMCA

Employer identification number

61-6000619

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE RETURN IS REVIEWED AND APPROVED BY THE BOARD.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

COMPENSATION WAS DETERMINED BY THE BOARD WHO ARE ALL INDEPENDENT.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. A COPY OF FORM 990

IS AVAILABLE AT WWW.GUIDESTAR.ORG.

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

Attachment
Sequence No. **179**

TELFORD COMMUNITY CENTER YMCA

Identifying number
61-6000619

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	160,114

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	160,114
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

61-6000619

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	PHASE I	12/31/91	1,160,577				1,160,577	30	MO S/L	1,160,577	0
2	CAPITALIZED INTEEST	12/31/91	38,677				38,677	20	MO S/L	38,677	0
3	ADDITIONS	12/31/92	134,282				134,282	30	MO S/L	129,806	4,476
4	COMPUTER	12/31/92	3,072				3,072	5	MO S/L	3,072	0
5	ADDITIONS	12/31/92	29,925				29,925	30	MO S/L	28,430	997
6	ADDITIONS PHASE II	12/31/92	75,503				75,503	30	MO S/L	69,212	2,516
7	EQUIPMENT	12/31/95	40,784				40,784	7	MO S/L	40,784	0
8	MULTI-PURPOSE CENTER	12/31/95	52,711				52,711	30	MO S/L	46,562	1,757
9	BUILDING IMPROVEMENT	12/31/95	6,854				6,854	20	MO S/L	6,854	0
10	FURNITURE & FIXTURES	12/31/95	2,888				2,888	7	MO S/L	2,888	0
11	EQUIPMENT	12/31/96	75,395				75,395	7	MO S/L	75,395	0
12	BUILDING IMPROVEMENT	12/31/96	23,001				23,001	20	MO S/L	23,001	0
13	LEASE FINANCE COSTS	12/31/96	2,517				2,517	7	MO S/L	2,517	0
14	EQUIPMENT	12/31/97	6,308				6,308	7	MO S/L	6,308	0
15	BUILDING IMPROVEMENT	12/31/97	18,099				18,099	20	MO S/L	18,099	0
16	EQUIPMENT	12/31/98	18,350				18,350	7	MO S/L	18,350	0
17	FURNITURE & FIXTURES	12/31/98	740				740	7	MO S/L	740	0
18	BUILDING-MITCHELL PROP	12/31/99	43,000				43,000	30	MO S/L	31,653	1,433
19	EQUIPMENT	12/31/99	32,028				32,028	7	MO S/L	32,028	0
20	FURNITURE & FIXTURES	12/31/99	8,610				8,610	7	MO S/L	8,610	0
21	BUILDING IMPROVEMENT	12/31/99	42,318				42,318	20	MO S/L	42,318	0
22	EQUIPMENT	12/31/00	25,993				25,993	7	MO S/L	25,993	0
23	FURNITURE & FIXTURES	12/31/00	4,055				4,055	7	MO S/L	4,055	0
24	BUILDING IMPROVEMENT	12/31/00	12,219				12,219	20	MO S/L	12,219	0
25	EQUIPMENT	12/31/01	44,836				44,836	7	MO S/L	44,836	0
26	FURNITURE & FIXTURES	12/31/01	4,736				4,736	7	MO S/L	4,736	0
27	BUILDING IMPROVEMENT	12/31/01	36,236				36,236	20	MO S/L	36,236	0
28	EQUIPMENT	12/31/02	12,096				12,096	7	MO S/L	12,096	0
29	FURNITURE & FIXTURES	12/31/02	741				741	7	MO S/L	741	0
30	BUILDING IMPROVEMENT	12/31/02	86,634				86,634	20	MO S/L	80,136	4,332
31	EQUIPMENT	12/31/03	33,329				33,329	7	MO S/L	33,329	0
32	FURNITURE & FIXTURES	12/31/03	23,642				23,642	7	MO S/L	23,642	0
33	BUILDING IMPROVEMENT	12/31/03	89,499				89,499	20	MO S/L	82,786	4,475
34	LAND IMPROVEMENTS	12/31/03	10,400				10,400	30	MO S/L	6,413	347
35	EQUIPMENT	12/31/04	23,432				23,432	7	MO S/L	23,432	0
36	FURNITURE & FIXTURES	12/31/04	1,480				1,480	7	MO S/L	1,480	0
37	BUILDING IMPROVEMENT	12/31/04	18,930				18,930	20	MO S/L	16,564	947
38	LAND IMPROVEMENTS	12/31/04	8,218				8,218	30	MO S/L	4,794	274
39	EQUIPMENT	12/31/05	57,930				57,930	7	MO S/L	57,930	0
40	FURNITURE & FIXTURES	12/31/05	550				550	7	MO S/L	550	0
41	BUILDING IMPROVEMENT	12/31/05	55,664				55,664	20	MO S/L	45,923	2,783
42	EQUIPMENT	12/31/06	127,777				127,777	7	MO S/L	127,777	0
43	FURNITURE & FIXTURES	12/31/06	2,109				2,109	7	MO S/L	2,109	0
44	BUILDING IMPROVEMENT	12/31/06	18,595				18,595	20	MO S/L	14,411	930
45	BUILDING ADDITION	12/31/06	837,469				837,469	30	MO S/L	446,650	27,916
46	EQUIPMENT	12/31/07	4,410				4,410	3	MO S/L	4,410	0
47	EQUIPMENT	12/31/07	15,241				15,241	7	MO S/L	15,241	0
48	FURNITURE & FIXTURES	12/31/07	10,136				10,136	7	MO S/L	10,136	0
49	BUILDING IMPROVEMENT	12/31/07	87,397				87,397	20	MO S/L	63,363	4,370
50	COMPUTER	7/01/08	3,664				3,664	7	MO S/L	3,664	0
51	OFFICE EQUIPMENT	7/01/08	24,802				24,802	7	MO S/L	24,802	0
52	FURNITURE & FIXTURES	7/01/08	1,649				1,649	7	MO S/L	1,649	0
53	BUILDING IMPROVEMENT	7/01/09	1,217				1,217	20	MO S/L	760	61
54	BUILDING & IMPROVEMENTS	6/30/91	220,153				220,153	7	MO S/L	4,400	0
	Retired										
55	BACKBOARD	10/13/10	1,195				1,195	7	MO S/L	1,195	0
56	SECURITY CAMERA	11/02/10	1,957				1,957	7	MO S/L	1,957	0
57	PRECOR TREADMILLS	3/10/10	20,250				20,250	7	MO S/L	20,250	0
58	POOL PUMP	2/04/10	1,475				1,475	7	MO S/L	1,475	0
59	TREADMILLS, BIKES	1/14/11	16,175				16,175	7	MO S/L	16,175	0
60	POOL TUBE HEATERS	11/21/11	9,898				9,898	7	MO S/L	9,898	0
61	FURNITURE & FIXTURES	9/04/12	2,208				2,208	7	MO S/L	2,208	0
62	FURNITURE & FIXTURES	9/07/12	1,097				1,097	7	MO S/L	1,097	0
63	DECTRON UNIT	11/05/12	113,131				113,131	7	MO S/L	113,131	0
64	CAMERAS	11/21/12	2,071				2,071	7	MO S/L	2,071	0
65	LEASEHOLD IMPROVEMENTS	7/26/12	35,811				35,811	20	MO S/L	16,861	1,791
66	LEASEHOLD IMPROVEMENTS	7/31/12	9,490				9,490	20	MO S/L	4,468	475
67	LEASEHOLD IMPROVEMENTS	9/13/12	41,225				41,225	20	MO S/L	19,238	2,061

61-6000619

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
68	BICYCLE EQUIPMENT	8/13/12	3,937			3,937	7 MO S/L	3,937	0
69	DEFRIBILLATOR	7/29/11	1,850			1,850	7 MO S/L	1,850	0
70	TREADMILLS	10/19/11	4,774			4,774	7 MO S/L	4,774	0
71	HVAC UNIT	6/12/12	1,360			1,360	7 MO S/L	1,360	0
72	EQUIPMENT	3/31/13	11,387			11,387	7 MO S/L	11,387	0
73	POOL DECK	10/02/13	1,900			1,900	7 MO S/L	1,900	0
74	FRONT DESK COUNTERTOP	10/09/13	1,064			1,064	7 MO S/L	1,064	0
75	SECURITY SYSTEM	6/20/13	6,602			6,602	7 MO S/L	6,602	0
76	NEW SIGN	5/23/13	630			630	7 MO S/L	630	0
77	POOL LIFE	4/03/13	3,444			3,444	7 MO S/L	3,444	0
78	HVAC UNITS	6/17/13	5,525			5,525	7 MO S/L	5,525	0
79	ROOF REPAIRS	9/24/13	600			600	7 MO S/L	600	0
80	MESH NET	4/18/13	5,000			5,000	7 MO S/L	5,000	0
81	COMPUTER	2/17/14	565			565	7 MO S/L	565	0
82	TVS	7/24/14	654			654	7 MO S/L	654	0
83	EQUIPMENT	1/07/14	3,600			3,600	7 MO S/L	3,600	0
84	LAPTOP	7/21/15	912			912	7 MO S/L	836	76
85	POOL LIGHTS	9/09/15	848			848	7 MO S/L	767	81
86	HOT TUB EQUIPMENT	7/16/15	676			676	7 MO S/L	620	56
87	HVAC REPAIRS	6/25/15	4,007			4,007	7 MO S/L	3,721	286
88	POOL LIGHTS	7/07/15	1,596			1,596	7 MO S/L	1,482	114
89	POOL START SYSTEM	6/30/15	1,100			1,100	7 MO S/L	1,021	79
90	LEARN AND PLAY KIT	2/20/15	2,148			2,148	7 MO S/L	2,097	51
91	WATER ROWER	8/28/15	1,748			1,748	7 MO S/L	1,581	167
92	WORKOUT EQUIPMENT	10/31/15	19,783			19,783	7 MO S/L	17,428	2,355
93	POOL REPAIRS	12/11/15	872			872	7 MO S/L	758	114
94	STEAMROOM REPAIRS	5/29/15	1,294			1,294	7 MO S/L	1,217	77
95	GARDEN SHED	4/09/15	570			570	20 MO S/L	192	29
96	BUILDING IMPROVEMENTS	8/06/15	5,000			5,000	20 MO S/L	1,604	250
97	UNDERWATER TREADMILL	1/08/15	4,081			4,081	7 MO S/L	4,081	0
98	LAP POOL BOILER	3/30/16	15,850			15,850	7 MO S/L	13,020	2,264
99	HEATERS	2/29/16	6,270			6,270	7 MO S/L	5,225	896
100	AIR CONDITIONER	5/31/16	832			832	5 MO S/L	832	0
101	PRINTER	5/31/16	2,500			2,500	5 MO S/L	2,500	0
102	OCTANE XT-ONE	9/21/16	5,164			5,164	7 MO S/L	3,873	738
103	ROOF REPAIRS	3/16/16	1,695			1,695	7 MO S/L	1,392	242
104	POOL REPAIRS	8/03/16	550			550	7 MO S/L	426	78
105	WORKOUT EQUIPMENT	3/31/17	22,500			22,500	7 MO S/L	15,268	3,214
106	POOL PUMP	9/20/17	1,478			1,478	7 MO S/L	897	211
107	FITNESS & CYCLING EQUIPMENT	10/04/17	4,490			4,490	7 MO S/L	2,726	642
108	HOT WATER HEATHER	1/17/17	6,000			6,000	7 MO S/L	4,214	857
109	POOL PUMP	4/28/17	4,578			4,578	7 MO S/L	3,052	654
110	NEW PHONE SYSTEM	5/15/17	3,470			3,470	7 MO S/L	2,313	496
111	DONATED OFFICE FURNITURE	1/09/17	9,305			9,305	7 MO S/L	9,305	0
112	BUILDING RENOVATIONS	9/30/19	1,117,756			1,117,756	30 MO S/L	83,832	37,258
113	STEAM ROOM GENERATOR	2/06/18	869			869	7 MO S/L	486	125
114	TREADMILLS	3/07/18	4,690			4,690	7 MO S/L	2,568	670
115	WALL BALLS	4/30/18	944			944	7 MO S/L	495	135
116	ROGUE ECHO BIKE	5/30/18	750			750	7 MO S/L	384	107
117	NUSTEP RECUMBENT T4R	6/22/18	3,794			3,794	7 MO S/L	1,897	542
118	FLOATING SWIM MATS	8/24/18	2,587			2,587	7 MO S/L	1,232	370
119	THERACYLE 300	9/07/18	4,500			4,500	7 MO S/L	2,143	643
120	ROBOTIC POOL CLEANER	9/21/18	2,511			2,511	7 MO S/L	1,166	359
121	CHEMTROL CH PUMP	9/21/18	2,150			2,150	7 MO S/L	998	307
122	RUBBER BUMPER PLATES	11/06/18	3,470			3,470	7 MO S/L	1,570	495
123	APPLE COMPUTER	11/23/18	1,699			1,699	5 MO S/L	1,048	340
124	122 N MAPLE ST	5/31/19	27,088			27,088	0 -- Land	0	0
125	WORKOUT EQUIPMENT (JULES)	3/08/19	24,598			24,598	7 MO S/L	9,956	3,514
126	APPLE COMPUTER	1/24/19	1,299			1,299	5 MO S/L	758	260
127	APPLE COMPUTER	2/08/19	1,299			1,299	5 MO S/L	758	260
128	APPLE COMPUTER	2/19/19	1,307			1,307	5 MO S/L	741	261
129	LIFE GUARD CHAIR	4/15/19	689			689	7 MO S/L	271	98
130	CHEMTROL CH 250	7/08/19	2,150			2,150	7 MO S/L	768	307
131	POWER TOWER	6/13/19	3,150			3,150	7 MO S/L	1,162	450
132	POOL PUMP MOTOR	11/25/19	2,602			2,602	7 MO S/L	774	372
133	LED FLOOD LIGHTS	12/06/19	5,000			5,000	7 MO S/L	1,488	714
134	POOL HEATER	12/13/19	4,500			4,500	7 MO S/L	1,339	643
135	STORAGE SHED	11/14/19	878			878	7 MO S/L	272	125
136	PORTABLE POOL LIFT	12/07/19	6,641			6,641	7 MO S/L	1,976	949
137	LOWER GYM FLOOR	5/06/19	15,974			15,974	20 MO S/L	2,130	799
138	SEAL COATED PARKING LOT	10/17/19	1,300			1,300	10 MO S/L	282	130

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
139	REPLACEMENT HEATER	11/20/19	6,651			6,651	7 MO S/L	1,979	951
140	VENTS	10/28/19	900			900	7 MO S/L	279	128
141	FRONT EXERCISE HVAC	11/15/20	16,785			16,785	7 MO S/L	2,798	2,397
142	SPA CHEMTROL	8/20/20	2,150			2,150	7 MO S/L	410	307
143	REFRIDGERATOR	11/24/20	1,572			1,572	5 MO S/L	341	314
144	SOCCER EQUIPMENT	1/30/20	11,465			11,465	7 MO S/L	3,139	1,638
145	INDOOR/ OUTDOOR THETHERBALL SI	11/02/20	725			725	7 MO S/L	121	103
146	GAGA COURT	11/02/20	1,780			1,780	7 MO S/L	297	254
147	PICKLE BALL ITEMS	11/06/20	1,345			1,345	7 MO S/L	224	192
148	POOL VOLLEYBALL NET	11/06/20	749			749	7 MO S/L	125	107
149	WATER STATION	1/07/20	890			890	7 MO S/L	254	127
150	HEATING UNIT	1/16/20	4,434			4,434	7 MO S/L	1,214	634
151	FENCE	10/19/20	3,500			3,500	20 MO S/L	204	175
152	POOL PUMP	10/22/20	1,000			1,000	7 MO S/L	167	142
153	GYM TRACK REPAIR	9/22/20	9,986			9,986	20 MO S/L	624	499
154	POOL 50 GAL WATER HEATER	3/23/31	1,230			1,230	7 MO S/L	176	176
155	BW CHLORINATOR	3/29/21	850			850	7 MO S/L	91	122
156	SERESCO UNIT	5/29/21	19,953			19,953	7 MO S/L	1,663	2,850
157	STEAM ROOM GENERATOR	10/09/21	2,647			2,647	7 MO S/L	95	378
158	FIRE ALARM	10/29/21	776			776	7 MO S/L	18	111
159	ELECTRIC CAR CHARGER	12/06/21	7,500			7,500	7 MO S/L	89	1,072
160	100 GAL WATER HEATER	12/06/21	9,500			9,500	7 MO S/L	113	1,357
161	1BW CHLORINATOR	8/03/21	648			648	7 MO S/L	39	92
162	POOL HEATER CIRCULATING PUMP	9/09/21	3,000			3,000	7 MO S/L	143	428
163	SPRACERAY GAS HEATER	4/13/22	4,034			4,034	7 MO S/L	0	432
164	AAON POOL UNIT	4/13/22	154,660			154,660	7 MO S/L	0	16,571
165	HOT WATER HEATER	10/04/22	800			800	7 MO S/L	0	29
166	POOL LED LIGHTS	10/19/22	4,975			4,975	7 MO S/L	0	118
167	GYM LED LIGHTS	11/16/22	4,525			4,525	7 MO S/L	0	54
168	WATER HEATER KIT CARSON	11/16/22	1,785			1,785	7 MO S/L	0	21
169	TOILETS KIT CARSON	12/08/22	2,183			2,183	7 MO S/L	0	26
170	WATER FOUNTAIN	12/19/22	1,301			1,301	7 MO S/L	0	0
171	GYM FLASHING	3/31/22	4,580			4,580	20 MO S/L	0	172
172	WARM WATER PAINTING	9/15/22	9,434			9,434	20 MO S/L	0	157
173	BIG ASS FANS	7/08/22	21,692			21,692	7 MO S/L	0	1,549
174	ICE MAKER	8/18/22	4,831			4,831	7 MO S/L	0	230
Total Other Depreciation			<u>5,728,101</u>			<u>5,728,101</u>		<u>3,523,605</u>	<u>160,114</u>
Total ACRS and Other Depreciation			<u>5,728,101</u>			<u>5,728,101</u>		<u>3,523,605</u>	<u>160,114</u>
Grand Totals			5,728,101			5,728,101		3,523,605	160,114
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>5,728,101</u>			<u>5,728,101</u>		<u>3,523,605</u>	<u>160,114</u>

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
50	COMPUTER	7/01/08	3,664			X	1,832	7	HY 200DB	3,664	0
51	OFFICE EQUIPMENT	7/01/08	24,802			X	12,401	7	HY 200DB	24,802	0
			<u>28,466</u>				<u>14,233</u>			<u>28,466</u>	<u>0</u>
Other Depreciation:											
1	PHASE I	12/31/91	0					0	0 HY	0	0
2	CAPITALIZED INTEEST	12/31/91	0					0	0 HY	0	0
3	ADDITIONS	12/31/92	0					0	0 HY	0	0
4	COMPUTER	12/31/92	0					0	0 HY	0	0
5	ADDITIONS	12/31/92	0					0	0 HY	0	0
6	ADDITIONS PHASE II	12/31/92	0					0	0 HY	0	0
7	EQUIPMENT	12/31/95	0					0	0 HY	0	0
8	MULTI-PURPOSE CENTER	12/31/95	0					0	0 HY	0	0
9	BUILDING IMPROVEMENT	12/31/95	0					0	0 HY	0	0
10	FURNITURE & FIXTURES	12/31/95	0					0	0 HY	0	0
11	EQUIPMENT	12/31/96	0					0	0 HY	0	0
12	BUILDING IMPROVEMENT	12/31/96	0					0	0 HY	0	0
13	LEASE FINANCE COSTS	12/31/96	0					0	0 HY	0	0
14	EQUIPMENT	12/31/97	0					0	0 HY	0	0
15	BUILDING IMPROVEMENT	12/31/97	0					0	0 HY	0	0
16	EQUIPMENT	12/31/98	0					0	0 HY	0	0
17	FURNITURE & FIXTURES	12/31/98	0					0	0 HY	0	0
18	BUILDING-MITCHELL PROP	12/31/99	0					0	0 HY	0	0
19	EQUIPMENT	12/31/99	0					0	0 HY	0	0
20	FURNITURE & FIXTURES	12/31/99	0					0	0 HY	0	0
21	BUILDING IMPROVEMENT	12/31/99	0					0	0 HY	0	0
22	EQUIPMENT	12/31/00	0					0	0 HY	0	0
23	FURNITURE & FIXTURES	12/31/00	0					0	0 HY	0	0
24	BUILDING IMPROVEMENT	12/31/00	0					0	0 HY	0	0
25	EQUIPMENT	12/31/01	0					0	0 HY	0	0
26	FURNITURE & FIXTURES	12/31/01	0					0	0 HY	0	0
27	BUILDING IMPROVEMENT	12/31/01	0					0	0 HY	0	0
28	EQUIPMENT	12/31/02	0					0	0 HY	0	0
29	FURNITURE & FIXTURES	12/31/02	0					0	0 HY	0	0
30	BUILDING IMPROVEMENT	12/31/02	0					0	0 HY	0	0
31	EQUIPMENT	12/31/03	0					0	0 HY	0	0
32	FURNITURE & FIXTURES	12/31/03	0					0	0 HY	0	0
33	BUILDING IMPROVMENT	12/31/03	0					0	0 HY	0	0
34	LAND IMPROVEMENTS	12/31/03	0					0	0 HY	0	0
35	EQUIPMENT	12/31/04	0					0	0 HY	0	0
36	FURNITURE & FIXTURES	12/31/04	0					0	0 HY	0	0
37	BUILDING IMPROVEMENT	12/31/04	0					0	0 HY	0	0
38	LAND IMPROVEMENTS	12/31/04	0					0	0 HY	0	0
39	EQUIPMENT	12/31/05	0					0	0 HY	0	0
40	FURNITURE & FIXTURES	12/31/05	0					0	0 HY	0	0
41	BUILDING IMPROVEMENT	12/31/05	0					0	0 HY	0	0
42	EQUIPMENT	12/31/06	0					0	0 HY	0	0
43	FURNITURE & FIXTURES	12/31/06	0					0	0 HY	0	0
44	BUILDING IMPROVEMENT	12/31/06	0					0	0 HY	0	0
45	BUILDING ADDITION	12/31/06	0					0	0 HY	0	0
46	EQUIPMENT	12/31/07	0					0	0 HY	0	0
47	EQUIPMENT	12/31/07	0					0	0 HY	0	0
48	FURNITURE & FIXTURES	12/31/07	0					0	0 HY	0	0
49	BUILDING IMPROVEMENT	12/31/07	0					0	0 HY	0	0
52	FURNITURE & FIXTURES	7/01/08	1,649				1,649	7	MO S/L	1,649	0
53	BUILDING IMPROVEMENT	7/01/09	0				0	0	HY	0	0
54	BUILDING & IMPROVEMENTS	6/30/91	0				0	0	HY	0	0
	Retired										
55	BACKBOARD	10/13/10	0				0	0	HY	0	0
56	SECURITY CAMERA	11/02/10	0				0	0	HY	0	0
57	PRECOR TREADMILLS	3/10/10	0				0	0	HY	0	0
58	POOL PUMP	2/04/10	0				0	0	HY	0	0
59	TREADMILLS, BIKES	1/14/11	0				0	0	HY	0	0
60	POOL TUBE HEATERS	11/21/11	0				0	0	HY	0	0
61	FURNITURE & FIXTURES	9/04/12	0				0	0	HY	0	0
62	FURNITURE & FIXTURES	9/07/12	0				0	0	HY	0	0
63	DECTRON UNIT	11/05/12	0				0	0	HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv	Meth	Prior	Current
64	CAMERAS	11/21/12	0			0	0	HY	0	0
65	LEASEHOLD IMPROVEMENTS	7/26/12	0			0	0	HY	0	0
66	LEASEHOLD IMPROVEMENTS	7/31/12	0			0	0	HY	0	0
67	LEASEHOLD IMPROVEMENTS	9/13/12	0			0	0	HY	0	0
68	BICYCLE EQUIPMENT	8/13/12	0			0	0	HY	0	0
69	DEFRIBILLATOR	7/29/11	0			0	0	HY	0	0
70	TREADMILLS	10/19/11	0			0	0	HY	0	0
71	HVAC UNIT	6/12/12	0			0	0	HY	0	0
72	EQUIPMENT	3/31/13	0			0	0	HY	0	0
73	POOL DECK	10/02/13	0			0	0	HY	0	0
74	FRONT DESK COUNTERTOP	10/09/13	0			0	0	HY	0	0
75	SECURITY SYSTEM	6/20/13	0			0	0	HY	0	0
76	NEW SIGN	5/23/13	0			0	0	HY	0	0
77	POOL LIFE	4/03/13	0			0	0	HY	0	0
78	HVAC UNITS	6/17/13	0			0	0	HY	0	0
79	ROOF REPAIRS	9/24/13	0			0	0	HY	0	0
80	MESH NET	4/18/13	0			0	0	HY	0	0
81	COMPUTER	2/17/14	0			0	0	HY	0	0
82	TVS	7/24/14	0			0	0	HY	0	0
83	EQUIPMENT	1/07/14	0			0	0	HY	0	0
84	LAPTOP	7/21/15	0			0	0	HY	0	0
85	POOL LIGHTS	9/09/15	0			0	0	HY	0	0
86	HOT TUB EQUIPMENT	7/16/15	0			0	0	HY	0	0
87	HVAC REPAIRS	6/25/15	0			0	0	HY	0	0
88	POOL LIGHTS	7/07/15	0			0	0	HY	0	0
89	POOL START SYSTEM	6/30/15	0			0	0	HY	0	0
90	LEARN AND PLAY KIT	2/20/15	0			0	0	HY	0	0
91	WATER ROWER	8/28/15	0			0	0	HY	0	0
92	WORKOUT EQUIPMENT	10/31/15	0			0	0	HY	0	0
93	POOL REPAIRS	12/11/15	0			0	0	HY	0	0
94	STEAMROOM REPAIRS	5/29/15	0			0	0	HY	0	0
95	GARDEN SHED	4/09/15	0			0	0	HY	0	0
96	BUILDING IMPROVEMENTS	8/06/15	0			0	0	HY	0	0
97	UNDERWATER TREADMILL	1/08/15	0			0	0	HY	0	0
98	LAP POOL BOILER	3/30/16	0			0	0	HY	0	0
99	HEATERS	2/29/16	0			0	0	HY	0	0
100	AIR CONDITIONER	5/31/16	0			0	0	HY	0	0
101	PRINTER	5/31/16	0			0	0	HY	0	0
102	OCTANE XT-ONE	9/21/16	0			0	0	HY	0	0
103	ROOF REPAIRS	3/16/16	1,695			1,695	7	MO S/L	1,392	242
104	POOL REPAIRS	8/03/16	550			550	7	MO S/L	426	78
105	WORKOUT EQUIPMENT	3/31/17	22,500			22,500	7	MO S/L	15,268	3,214
106	POOL PUMP	9/20/17	1,478			1,478	7	MO S/L	897	211
107	FITNESS & CYCLING EQUIPMENT	10/04/17	4,490			4,490	7	MO S/L	2,726	642
108	HOT WATER HEATHER	1/17/17	0			0	0	HY	0	0
109	POOL PUMP	4/28/17	0			0	0	HY	0	0
110	NEW PHONE SYSTEM	5/15/17	0			0	0	HY	0	0
111	DONATED OFFICE FURNITURE	1/09/17	9,305			9,305	7	MO S/L	9,305	0
112	BUILDING RENOVATIONS	9/30/19	0			0	0	HY	0	0
113	STEAM ROOM GENERATOR	2/06/18	0			0	0	HY	0	0
114	TREADMILLS	3/07/18	0			0	0	HY	0	0
115	WALL BALLS	4/30/18	0			0	0	HY	0	0
116	ROGUE ECHO BIKE	5/30/18	0			0	0	HY	0	0
117	NUSTEP RECUMBENT T4R	6/22/18	0			0	0	HY	0	0
118	FLOATING SWIM MATS	8/24/18	0			0	0	HY	0	0
119	THERACYCLE 300	9/07/18	0			0	0	HY	0	0
120	ROBOTIC POOL CLEANER	9/21/18	0			0	0	HY	0	0
121	CHEMTROL CH PUMP	9/21/18	0			0	0	HY	0	0
122	RUBBER BUMPER PLATES	11/06/18	0			0	0	HY	0	0
123	APPLE COMPUTER	11/23/18	0			0	0	HY	0	0
124	122 N MAPLE ST	5/31/19	0			0	0	HY	0	0
125	WORKOUT EQUIPMENT (JULES)	3/08/19	0			0	0	HY	0	0
126	APPLE COMPUTER	1/24/19	0			0	0	HY	0	0
127	APPLE COMPUTER	2/08/19	0			0	0	HY	0	0
128	APPLE COMPUTER	2/19/19	0			0	0	HY	0	0
129	LIFE GUARD CHAIR	4/15/19	0			0	0	HY	0	0
130	CHEMTROL CH 250	7/08/19	0			0	0	HY	0	0
131	POWER TOWER	6/13/19	0			0	0	HY	0	0
132	POOL PUMP MOTOR	11/25/19	0			0	0	HY	0	0
133	LED FLOOD LIGHTS	12/06/19	0			0	0	HY	0	0
134	POOL HEATER	12/13/19	0			0	0	HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
135	STORAGE SHED	11/14/19	0			0	0 HY	0	0
136	PORTABLE POOL LIFT	12/07/19	0			0	0 HY	0	0
137	LOWER GYM FLOOR	5/06/19	0			0	0 HY	0	0
138	SEAL COATED PARKING LOT	10/17/19	0			0	0 HY	0	0
139	REPLACEMENT HEATER	11/20/19	0			0	0 HY	0	0
140	VENTS	10/28/19	0			0	0 HY	0	0
141	FRONT EXERCISE HVAC	11/15/20	0			0	0 HY	0	0
142	SPA CHEMTROL	8/20/20	2,150			2,150	7 MO S/L	410	307
143	REFRIDGERATOR	11/24/20	1,572			1,572	5 MO S/L	341	314
144	SOCCER EQUIPMENT	1/30/20	11,465			11,465	7 MO S/L	3,139	1,638
145	INDOOR/ OUTDOOR THETHERBALL SI	11/02/20	725			725	7 MO S/L	121	103
146	GAGA COURT	11/02/20	1,780			1,780	7 MO S/L	297	254
147	PICKLE BALL ITEMS	11/06/20	1,345			1,345	7 MO S/L	224	192
148	POOL VOLLEYBALL NET	11/06/20	749			749	7 MO S/L	125	107
149	WATER STATION	1/07/20	890			890	7 MO S/L	254	127
150	HEATING UNIT	1/16/20	4,434			4,434	7 MO S/L	1,214	634
151	FENCE	10/19/20	3,500			3,500	20 MO S/L	204	175
152	POOL PUMP	10/22/20	1,000			1,000	7 MO S/L	167	142
153	GYM TRACK REPAIR	9/22/20	9,986			9,986	20 MO S/L	624	499
154	POOL 50 GAL WATER HEATER	3/23/31	0			0	0 HY	0	0
155	BW CHLORINATOR	3/29/21	0			0	0 HY	0	0
156	SERESCO UNIT	5/29/21	0			0	0 HY	0	0
157	STEAM ROOM GENERATOR	10/09/21	0			0	0 HY	0	0
158	FIRE ALARM	10/29/21	0			0	0 HY	0	0
159	ELECTRIC CAR CHARGER	12/06/21	0			0	0 HY	0	0
160	100 GAL WATER HEATER	12/06/21	0			0	0 HY	0	0
161	1BW CHLORINATOR	8/03/21	0			0	0 HY	0	0
162	POOL HEATER CIRCULATING PUMP	9/09/21	0			0	0 HY	0	0
163	SPRACERAY GAS HEATER	4/13/22	0			0	0 HY	0	0
164	AAON POOL UNIT	4/13/22	0			0	0 HY	0	0
165	HOT WATER HEATER	10/04/22	0			0	0 HY	0	0
166	POOL LED LIGHTS	10/19/22	0			0	0 HY	0	0
167	GYM LED LIGHTS	11/16/22	0			0	0 HY	0	0
168	WATER HEATER KIT CARSON	11/16/22	0			0	0 HY	0	0
169	TOILETS KIT CARSON	12/08/22	0			0	0 HY	0	0
170	WATER FOUNTAIN	12/19/22	0			0	0 HY	0	0
171	GYM FLASHING	3/31/22	0			0	0 HY	0	0
172	WARM WATER PAINTING	9/15/22	0			0	0 HY	0	0
173	BIG ASS FANS	7/08/22	0			0	0 HY	0	0
174	ICE MAKER	8/18/22	0			0	0 HY	0	0
Total Other Depreciation			<u>81,263</u>			<u>81,263</u>		<u>38,783</u>	<u>8,879</u>
Total ACRS and Other Depreciation			<u>81,263</u>			<u>81,263</u>		<u>38,783</u>	<u>8,879</u>
Grand Totals			109,729			95,496		67,249	8,879
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>109,729</u>			<u>95,496</u>		<u>67,249</u>	<u>8,879</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	PHASE 1	12/31/91	1,160,577	0	0
2	CAPITALIZED INTEEST	12/31/91	38,677	0	0
3	ADDITIONS	12/31/92	134,282	0	0
4	COMPUTER	12/31/92	3,072	0	0
5	ADDITIONS	12/31/92	29,925	498	0
6	ADDITIONS PHASE II	12/31/92	75,503	2,517	0
7	EQUIPMENT	12/31/95	40,784	0	0
8	MULTI-PURPOSE CENTER	12/31/95	52,711	1,757	0
9	BUILDING IMPROVEMENT	12/31/95	6,854	0	0
10	FURNITURE & FIXTURES	12/31/95	2,888	0	0
11	EQUIPMENT	12/31/96	75,395	0	0
12	BUILDING IMPROVEMENT	12/31/96	23,001	0	0
13	LEASE FINANCE COSTS	12/31/96	2,517	0	0
14	EQUIPMENT	12/31/97	6,308	0	0
15	BUILDING IMPROVEMENT	12/31/97	18,099	0	0
16	EQUIPMENT	12/31/98	18,350	0	0
17	FURNITURE & FIXTURES	12/31/98	740	0	0
18	BUILDING-MITCHELL PROP	12/31/99	43,000	1,433	0
19	EQUIPMENT	12/31/99	32,028	0	0
20	FURNITURE & FIXTURES	12/31/99	8,610	0	0
21	BUILDING IMPROVEMENT	12/31/99	42,318	0	0
22	EQUIPMENT	12/31/00	25,993	0	0
23	FURNITURE & FIXTURES	12/31/00	4,055	0	0
24	BUILDING IMPROVEMENT	12/31/00	12,219	0	0
25	EQUIPMENT	12/31/01	44,836	0	0
26	FURNITURE & FIXTURES	12/31/01	4,736	0	0
27	BUILDING IMPROVEMENT	12/31/01	36,236	0	0
28	EQUIPMENT	12/31/02	12,096	0	0
29	FURNITURE & FIXTURES	12/31/02	741	0	0
30	BUILDING IMPROVEMENT	12/31/02	86,634	2,166	0
31	EQUIPMENT	12/31/03	33,329	0	0
32	FURNITURE & FIXTURES	12/31/03	23,642	0	0
33	BUILDING IMPROVEMENT	12/31/03	89,499	2,238	0
34	LAND IMPROVEMENTS	12/31/03	10,400	347	0
35	EQUIPMENT	12/31/04	23,432	0	0
36	FURNITURE & FIXTURES	12/31/04	1,480	0	0
37	BUILDING IMPROVEMENT	12/31/04	18,930	946	0
38	LAND IMPROVEMENTS	12/31/04	8,218	274	0
39	EQUIPMENT	12/31/05	57,930	0	0
40	FURNITURE & FIXTURES	12/31/05	550	0	0
41	BUILDING IMPROVEMENT	12/31/05	55,664	2,784	0
42	EQUIPMENT	12/31/06	127,777	0	0
43	FURNITURE & FIXTURES	12/31/06	2,109	0	0
44	BUILDING IMPROVEMENT	12/31/06	18,595	930	0
45	BUILDING ADDITION	12/31/06	837,469	27,915	0
46	EQUIPMENT	12/31/07	4,410	0	0
47	EQUIPMENT	12/31/07	15,241	0	0
48	FURNITURE & FIXTURES	12/31/07	10,136	0	0
49	BUILDING IMPROVEMENT	12/31/07	87,397	4,370	0
50	COMPUTER	7/01/08	3,664	0	0
51	OFFICE EQUIPMENT	7/01/08	24,802	0	0
52	FURNITURE & FIXTURES	7/01/08	1,649	0	0
53	BUILDING IMPROVEMENT	7/01/09	1,217	61	0
54	BUILDING & IMPROVEMENTS	6/30/91	220,153	0	0
55	BACKBOARD	10/13/10	1,195	0	0
56	SECURITY CAMERA	11/02/10	1,957	0	0
57	PRECOR TREADMILLS	3/10/10	20,250	0	0
58	POOL PUMP	2/04/10	1,475	0	0
59	TREADMILLS, BIKES	1/14/11	16,175	0	0
60	POOL TUBE HEATERS	11/21/11	9,898	0	0
61	FURNITURE & FIXTURES	9/04/12	2,208	0	0
62	FURNITURE & FIXTURES	9/07/12	1,097	0	0
63	DECTRON UNIT	11/05/12	113,131	0	0
64	CAMERAS	11/21/12	2,071	0	0
65	LEASEHOLD IMPROVEMENTS	7/26/12	35,811	1,790	0
66	LEASEHOLD IMPROVEMENTS	7/31/12	9,490	474	0
67	LEASEHOLD IMPROVEMENTS	9/13/12	41,225	2,062	0

Asset	Description	Date In Service	Cost	Tax	AMT
68	BICYCLE EQUIPMENT	8/13/12	3,937	0	0
69	DEFIBILLATOR	7/29/11	1,850	0	0
70	TREADMILLS	10/19/11	4,774	0	0
71	HVAC UNIT	6/12/12	1,360	0	0
72	EQUIPMENT	3/31/13	11,387	0	0
73	POOL DECK	10/02/13	1,900	0	0
74	FRONT DESK COUNTERTOP	10/09/13	1,064	0	0
75	SECURITY SYSTEM	6/20/13	6,602	0	0
76	NEW SIGN	5/23/13	630	0	0
77	POOL LIFE	4/03/13	3,444	0	0
78	HVAC UNITS	6/17/13	5,525	0	0
79	ROOF REPAIRS	9/24/13	600	0	0
80	MESH NET	4/18/13	5,000	0	0
81	COMPUTER	2/17/14	565	0	0
82	TVS	7/24/14	654	0	0
83	EQUIPMENT	1/07/14	3,600	0	0
84	LAPTOP	7/21/15	912	0	0
85	POOL LIGHTS	9/09/15	848	0	0
86	HOT TUB EQUIPMENT	7/16/15	676	0	0
87	HVAC REPAIRS	6/25/15	4,007	0	0
88	POOL LIGHTS	7/07/15	1,596	0	0
89	POOL START SYSTEM	6/30/15	1,100	0	0
90	LEARN AND PLAY KIT	2/20/15	2,148	0	0
91	WATER ROWER	8/28/15	1,748	0	0
92	WORKOUT EQUIPMENT	10/31/15	19,783	0	0
93	POOL REPAIRS	12/11/15	872	0	0
94	STEAMROOM REPAIRS	5/29/15	1,294	0	0
95	GARDEN SHED	4/09/15	570	28	0
96	BUILDING IMPROVEMENTS	8/06/15	5,000	250	0
97	UNDERWATER TREADMILL	1/08/15	4,081	0	0
98	LAP POOL BOILER	3/30/16	15,850	566	0
99	HEATERS	2/29/16	6,270	149	0
100	AIR CONDITIONER	5/31/16	832	0	0
101	PRINTER	5/31/16	2,500	0	0
102	OCTANE XT-ONE	9/21/16	5,164	553	0
103	ROOF REPAIRS	3/16/16	1,695	61	61
104	POOL REPAIRS	8/03/16	550	46	46
105	WORKOUT EQUIPMENT	3/31/17	22,500	3,214	3,214
106	POOL PUMP	9/20/17	1,478	211	211
107	FITNESS & CYCLING EQUIPMENT	10/04/17	4,490	641	641
108	HOT WATER HEATHER	1/17/17	6,000	858	0
109	POOL PUMP	4/28/17	4,578	654	0
110	NEW PHONE SYSTEM	5/15/17	3,470	496	0
111	DONATED OFFICE FURNITURE	1/09/17	9,305	0	0
112	BUILDING RENOVATIONS	9/30/19	1,117,756	37,259	0
113	STEAM ROOM GENERATOR	2/06/18	869	124	0
114	TREADMILLS	3/07/18	4,690	670	0
115	WALL BALLS	4/30/18	944	134	0
116	ROGUE ECHO BIKE	5/30/18	750	107	0
117	NUSTEP RECUMBENT T4R	6/22/18	3,794	542	0
118	FLOATING SWIM MATS	8/24/18	2,587	369	0
119	THERACYCLE 300	9/07/18	4,500	643	0
120	ROBOTIC POOL CLEANER	9/21/18	2,511	358	0
121	CHEMTROL CH PUMP	9/21/18	2,150	307	0
122	RUBBER BUMPER PLATES	11/06/18	3,470	496	0
123	APPLE COMPUTER	11/23/18	1,699	311	0
124	122 N MAPLE ST	5/31/19	27,088	0	0
125	WORKOUT EQUIPMENT (JULES)	3/08/19	24,598	3,514	0
126	APPLE COMPUTER	1/24/19	1,299	259	0
127	APPLE COMPUTER	2/08/19	1,299	259	0
128	APPLE COMPUTER	2/19/19	1,307	261	0
129	LIFE GUARD CHAIR	4/15/19	689	99	0
130	CHEMTROL CH 250	7/08/19	2,150	307	0
131	POWER TOWER	6/13/19	3,150	450	0
132	POOL PUMP MOTOR	11/25/19	2,602	372	0
133	LED FLOOD LIGHTS	12/06/19	5,000	715	0
134	POOL HEATER	12/13/19	4,500	643	0
135	STORAGE SHED	11/14/19	878	126	0
136	PORTABLE POOL LIFT	12/07/19	6,641	949	0
137	LOWER GYM FLOOR	5/06/19	15,974	798	0
138	SEAL COATED PARKING LOT	10/17/19	1,300	130	0

Asset	Description	Date In Service	Cost	Tax	AMT
139	REPLACEMENT HEATER	11/20/19	6,651	950	0
140	VENTS	10/28/19	900	129	0
141	FRONT EXERCISE HVAC	11/15/20	16,785	2,398	0
142	SPA CHEMTROL	8/20/20	2,150	307	307
143	REFRIDGERATOR	11/24/20	1,572	314	314
144	SOCCER EQUIPMENT	1/30/20	11,465	1,638	1,638
145	INDOOR/ OUTDOOR THETHERBALL SET	11/02/20	725	104	104
146	GAGA COURT	11/02/20	1,780	254	254
147	PICKLE BALL ITEMS	11/06/20	1,345	193	193
148	POOL VOLLEYBALL NET	11/06/20	749	107	107
149	WATER STATION	1/07/20	890	128	128
150	HEATING UNIT	1/16/20	4,434	633	633
151	FENCE	10/19/20	3,500	175	175
152	POOL PUMP	10/22/20	1,000	143	143
153	GYM TRACK REPAIR	9/22/20	9,986	500	500
154	POOL 50 GAL WATER HEATER	3/23/31	1,230	175	0
155	BW CHLORINATOR	3/29/21	850	121	0
156	SERESCO UNIT	5/29/21	19,953	2,851	0
157	STEAM ROOM GENERATOR	10/09/21	2,647	378	0
158	FIRE ALARM	10/29/21	776	111	0
159	ELECTRIC CAR CHARGER	12/06/21	7,500	1,071	0
160	100 GAL WATER HEATER	12/06/21	9,500	1,357	0
161	1BW CHLORINATOR	8/03/21	648	93	0
162	POOL HEATER CIRCULATING PUMP	9/09/21	3,000	429	0
163	SPRACERAY GAS HEATER	4/13/22	4,034	577	0
164	AAON POOL UNIT	4/13/22	154,660	22,094	0
165	HOT WATER HEATER	10/04/22	800	114	0
166	POOL LED LIGHTS	10/19/22	4,975	711	0
167	GYM LED LIGHTS	11/16/22	4,525	646	0
168	WATER HEATER KIT CARSON	11/16/22	1,785	255	0
169	TOILETS KIT CARSON	12/08/22	2,183	312	0
170	WATER FOUNTAIN	12/19/22	1,301	186	0
171	GYM FLASHING	3/31/22	4,580	229	0
172	WARM WATER PAINTING	9/15/22	9,434	472	0
173	BIG ASS FANS	7/08/22	21,692	3,099	0
174	ICE MAKER	8/18/22	4,831	690	0
Total Other Depreciation			<u>5,728,101</u>	<u>154,435</u>	<u>8,669</u>
Total ACRS and Other Depreciation			<u>5,728,101</u>	<u>154,435</u>	<u>8,669</u>
Grand Totals			<u>5,728,101</u>	<u>154,435</u>	<u>8,669</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

TELFORD COMMUNITY CENTER YMCA**61-6000619**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	230,783	277,044	46,261
	2. Membership dues and assessments			
	3. Government contributions and grants	736,358	305,580	-430,778
	4. Program service revenue	766,102	833,825	67,723
	5. Investment income	3,501	2,519	-982
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	168,407	26,307	-142,100
	12. Total revenue. Add lines 1 through 11	1,905,151	1,445,275	-459,876
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	82,655	101,537	18,882
	16. Salaries, other compensation, and employee benefits	611,353	561,312	-50,041
	17. Professional fundraising fees			
	18. Other professional fees	14,792	20,243	5,451
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	140,162	160,118	19,956
	21. Other expenses	358,544	510,413	151,869
	22. Total expenses. Add lines 13 through 21	1,207,506	1,353,623	146,117
23. Excess or (Deficit). Subtract line 22 from line 12	697,645	91,652	-605,993	
Other Information	24. Total exempt revenue	1,905,151	1,445,275	-459,876
	25. Total unrelated revenue			
	26. Total excludable revenue	938,010	862,651	-75,359
	27. Total assets	3,084,026	3,058,225	-25,801
	28. Total liabilities	1,309,939	1,192,486	-117,453
	29. Retained earnings	1,774,087	1,865,739	91,652
	30. Number of voting members of governing body	23	21	
31. Number of independent voting members of governing body	23	21		
32. Number of employees	136	136		
33. Number of volunteers	150	150		

Form 990	Tax Return History	2022
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Name TELFORD COMMUNITY CENTER YMCA	Employer Identification Number 61-6000619
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	178,327	190,399	446,730	967,141	582,624	
Membership dues						
Program service revenue	957,432	1,071,196	801,192	766,102	833,825	
Capital gain or loss						
Investment income	465	3,884	3,697	3,501	2,519	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	44,761	41,931	23,796	168,407	26,307	
Total revenue	1,180,985	1,307,410	1,275,415	1,905,151	1,445,275	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	60,705	97,773	94,559	82,655	101,537	
Other compensation	559,159	614,789	665,786	611,353	561,312	
Professional fees	14,889	14,412	16,313	14,792	20,243	
Occupancy costs						
Depreciation and depletion	150,392	160,983	177,965	140,162	160,118	
Other expenses	340,222	369,849	320,575	358,544	510,413	
Total expenses	1,125,367	1,257,806	1,275,198	1,207,506	1,353,623	
Excess or (Deficit)	55,618	49,604	217	697,645	91,652	
Total exempt revenue	1,180,985	1,307,410	1,275,415	1,905,151	1,445,275	
Total unrelated revenue						
Total excludable revenue	1,002,658	1,117,011	828,685	938,010	862,651	
Total Assets	1,527,534	2,492,477	2,564,360	3,084,026	3,058,225	
Total Liabilities	500,913	1,416,252	1,487,918	1,309,939	1,192,486	
Net Fund Balances	1,026,621	1,076,225	1,076,442	1,774,087	1,865,739	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 2,519		1		X	
Total	<u>\$ 2,519</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
ANNUAL BANQUET	\$	\$	\$	\$
Other Fees	6,551			6,551
Total	\$ 6,551	\$ 0	\$ 0	\$ 6,551

Federal Statements**Schedule A, Part III, Line 1(e)**

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS	\$ 27,404
UNITED WAY OF THE BLUEGRASS	
Cash Contribution	7,500
THE TELFORD FOUNDATION	
Cash Contribution	194,923
YMCA OF THE USA	
Cash Contribution	25,000
CABINET FOR HEALTH AND FAMILY	
Cash Contribution	205,580
CABINET FOR ECONOMIC DEVELOPMENT	
Cash Contribution	100,000
ANNUAL BANQUET	
Cash Contribution	22,217
Total	<u>\$ 582,624</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
AFTER SCHOOL & DAY CARE	\$ 195,155
PROGRAM FEES	106,203
MEMBERSHIPS	532,467
ANNUAL BANQUET	
RENTALS	13,550
Total	<u>\$ 847,375</u>

Schedule A, Part III, Line 3(e)

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 12,757
Total	<u>\$ 12,757</u>

Federal Statements

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST	\$ 2,519
Total	\$ 2,519