

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 <u>TURKEY TROT</u> (event type)	(b) Event #2 <u>GOLF OUTING</u> (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	103,681	40,425		144,106
	2 Less: Contributions	20,000	20,000		40,000
	3 Gross income (line 1 minus line 2)	83,681	20,425	0	104,106
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	42,659	11,267		53,926
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				53,926
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				50,180	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE IOWA MISSISSIPPI VALLEY

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

42-0703278

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		
1b		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>		
2		
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		<input checked="" type="checkbox"/>
4a		<input checked="" type="checkbox"/>
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	<input checked="" type="checkbox"/>	
4b	<input checked="" type="checkbox"/>	
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p>		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	<input checked="" type="checkbox"/>	
5a	<input checked="" type="checkbox"/>	
<p>b Any related organization?</p>		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
<p>b Any related organization?</p>		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	BRAD MARTELL	(i)	219,201	13,170	0	35,959	0	268,330	0
	PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
2	JOSHUA WHITSON	(i)	119,033	15,000	0	29,820	0	163,853	0
	COO	(ii)	0	0	0	0	0	0	0
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE ORGANIZATON HAS ADOPTED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR ITS CEO EFFECTIVE JANUARY 1ST 2018. THE ORGANIZATION BEGAN FUNDING THE PLAN IN 2019.
SCHEDULE J, PART I, LINE 5A - COMPENSATION CONTINGENT ON REVENUES OF THE ORGANIZATION	THE ORGANIZATION HAS AN ANNUAL INCENTIVE PLAN WHICH EMPHASIZES OVERALL PERFORMANCE BASED ON PRIORITIES IN THE ORGANIZATION'S STRATEGIC PLAN. CERTAIN KEY MANAGEMENT MEMBERS ARE ELIGIBLE FOR A PERFORMANCE BONUS IF CERTAIN SPECIFIED TARGETS ARE REACHED. THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS AND APPROVES ANY INCENTIVE BONUS.

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE IOWA MISSISSIPPI VALLEY

Employer Identification Number
42-0703278

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CARING, HONESTY, RESPECT, AND RESPONSIBILITY. THE YMCA IS COMMITTED TO INCLUSIVENESS AND RELATIONSHIP BUILDING WITH INDIVIDUALS THROUGHOUT OUR DIVERSE COMMUNITY
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>DECEMBER OF 2021.</p> <p>SENIOR MEMBERSHIP SUBSIDIES HAVE BECOME AN IMPORTANT COMPONENT OF OUR SERVICE LINE TO OUR COMMUNITY. ON AVERAGE, WE COVER HALF OF THE MONTHLY CHARGES FOR OLDER ADULTS WHO RECEIVE MEMBERSHIP THROUGH THEIR INSURANCE PROVIDERS. IN 2021, WE PROVIDED \$190,920 IN DIRECT SUBSIDY TO ENSURE THAT THE OLDER ADULTS OF OUR COMMUNITY HAD A SAFE AND CARING ENVIRONMENT TO BE HEALTHY.</p> <p>PARTICIPATIONS IN GROUP EXERCISE AND ANOTHER 3,000 PER MONTH IN WATER EXERCISE, WE STILL HAD 64,896 PARTICIPATIONS IN GROUP EXERCISE THROUGHOUT THE YEAR, AND 9,091 PARTICIPATIONS IN WATER EXERCISE. WE ALSO FIND IT TO BE MISSION-CRITICAL THAT WE NOT ONLY SELL MEMBERSHIPS TO FAMILIES IN OUR COMMUNITY, BUT THAT WE ALSO ALIGN OUR MEMBERSHIP DELIVERY TO INCREASE USAGE. A PRIMARY TOOL TO ACCOMPLISH THIS COMPONENT OF OUR MEMBERSHIP IS TO COVER THE COSTS (UP TO \$100 PER MEMBER) SO EACH NEW MEMBER WILL RECEIVE TWO SESSIONS OF FACE-TO-FACE COACHING AND TRAINING BY A CERTIFIED TRAINER. OUR DATA SHOWS THAT BY THIS INVESTMENT IN A TRAINER, MEMBERS USAGE INCREASES AND RETENTION NEARLY DOUBLES SO THAT THE MEN, WOMEN AND CHILDREN IN OUR COMMUNITY ARE GETTING HEALTHIER BECAUSE OF THE PRESENCE OF OUR Y. ALTHOUGH WE STARTED ON PACE TO PROVIDE 3,840 SESSIONS WITH A TRAINER, WE STILL PROVIDED 940 SESSIONS, DESPITE MEMBERSHIP SALES DECREASING DRAMATICALLY. OVER 37% OF NEW MEMBERS ARE ABLE TO TAKE ADVANTAGE OF OUR MYFIT PROGRAM AND MEET WITH A TRAINER TO START THEIR FITNESS JOURNEYS.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>ALTHOUGH STAFFING LEVELS CONTINUED TO BE A CHALLENGE THAT LIMITED OUR CAPACITY, OUR CHILDCARE AND PRESCHOOL PROGRAMS WERE ABLE TO MAINTAIN OPERATIONS AT TWO EARLY LEARNING CENTERS, AS OPPOSED TO THE ONE WE OFFERED THE PREVIOUS YEAR. BEFORE THE PANDEMIC, WE OFFERED PROGRAMS AT THREE LOCATIONS.</p> <p>AS BEFORE AND AFTER SCHOOL PROGRAMMING NEEDS INCREASED AND BEGAN TO APPROACH THE LEVELS PRE-PANDEMIC, WE PROVIDED SAFE PROGRAMMING TO 641 ELEMENTARY SCHOOL STUDENTS IN THREE DISTRICTS.</p> <p>THE PANDEMIC AFFECTED THE SOCIAL, MENTAL AND INTELLECTUAL WELL-BEING OF A VAST MAJORITY - IF NOT ALL - OF THE STUDENTS IN THE SCHOOL DISTRICTS WE SERVE. THEREFORE, THE NEED FOR THE YMCA OUTREACH PROGRAMS BECAME MORE CRITICAL THAN EVER. THE Y'S OUTREACH PROGRAMS ARE COMPRISED OF TWO, TARGETED POPULATION-BASED PROGRAMS, EACH LED BY A FULL-TIME PROFESSIONAL WHO HAS BEEN RAISED AND EDUCATED HERE IN OUR COMMUNITY, AND HAVE LIVED EXPERIENCES THAT COMPARE WELL TO WHAT THE AT-RISK STUDENTS AND FAMILIES ARE EXPERIENCING.</p> <p>THE YMCA SOLUTIONS PROGRAM IS DESIGNED FOR ELEMENTARY AND JUNIOR HIGH-AGED STUDENTS AND THEIR FAMILIES. IN 2021, 116 STUDENTS BENEFITED FROM THE YMCA SOLUTIONS PROGRAM. YMCA SOLUTIONS FOCUSES ON MEASURABLE OUTCOMES, WHICH INCLUDE 83% IMPROVEMENT IN GPA, 72% INCREASE IN MATH SCORES, 62% INCREASE IN READING SKILLS.</p> <p>THE YMCA ACHIEVERS PROGRAM IS DESIGNED FOR HIGH SCHOOL-AGED STUDENTS, OR POST-SECONDARY YOUNG ADULTS FOCUSED ON RECEIVING THEIR G.E.D.S OR ON COLLEGE EDUCATION OR CAREERS. SINCE THE START OF THE 2021 SCHOOL YEAR, 88 YOUNG ADULTS HAVE PARTICIPATED. WE SAW AN 88% GRADUATION RATE, 90% OF REFERRALS FROM OUR POLICE AND JUVENILE JUSTICE PARTNERS DID NOT RE-OFFEND, 84% WERE SUCCESSFUL FINDING JOBS, AND 100% TOOK THE SOCIAL EMOTIONAL LEARNING SURVEY.</p> <p>OUR YMCA, WITH STAFF LEADERSHIP, DONOR SUPPORT AND THE TRUST OF THE FAMILIES WE SERVE, WAS ABLE TO OFFER SAFE SUMMER CAMP PROGRAMS AT 6 LOCATIONS, INCLUDING YMCA CAMP ABE LINCOLN, OUR 250-ACRE NATURE PROGRAMMING AREA. WE HAD 1,255 CHILDREN PARTICIPATE IN DAY AND RESIDENT CAMPS, WHICH INCLUDED NEARLY 500 STUDENTS WHO WERE ABLE TO ATTEND ON SCHOLARSHIP.</p> <p>IN TOTAL, 3,418 CHILDREN USED SPORTS PROGRAMS AT OUR YMCA TO LEARN CONFIDENCE AND SOCIAL SKILLS AND TO BE HEALTHIER. OVER 3,500 KIDS PARTICIPATED IN OUR SPORTS PROGRAMS, AND 742 REGISTRATIONS TOOK PLACE IN OUR GYMNASTICS PROGRAM, AS WE ADDED A NINJA ZONE TO INCREASE PARTICIPATION BY BOYS.</p> <p>WE PROVIDED 1,993 SWIM LESSONS, AND EVEN HAD OVER 2,100 CHILDREN UNDER THE AGE OF SEVEN PLAY AND INTERACT TOGETHER IN OUR CHILD WATCH PROGRAM WHILE THEIR PARENTS EXERCISED.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>DIFFERENT ASPECTS OF BUSINESS, EDUCATION, NONPROFIT AND FAITH-BASED COMMUNITIES. FROM 2020 TO 2021, WE INCREASED PARTICIPATION IN OUR VOLUNTEER BOARDS FROM 161 TO 210, WHICH IS A 23% INCREASE.</p> <p>VOLUNTEERS ALSO PROVIDE GREAT RESOURCES TO DELIVER YOUTH SPORTS AS WELL AS HAVING AN OPPORTUNITY FOR THOSE IN THE COMMUNITY TO ENGAGE WITH A DIVERSE POPULATION OF KIDS AND FAMILIES. IN 2021, 238 VOLUNTEERS PARTICIPATED IN OUR PROGRAMS TO MAKE OUR MISSION HAPPEN.</p> <p>OUR VOLUNTEERS AND BOARDS ALSO PROVIDE LEADERSHIP IN ADVOCACY AND FUNDRAISING. MAKING DIRECT GIFTS THROUGH DONATION CONTINUES TO BE A LEADING INDICATOR OF THE COMMUNITY ENGAGEMENT WE WORK HARD AT ALL LEVELS OF OUR ASSOCIATION TO CULTIVATE. OUR ANNUAL FUNDRAISING CAMPAIGN GREW BY 19%. IN 2021 WE ADDED 118 NEW DONORS, AND WE INCREASED OUR AMOUNT RAISED TO \$826,180.</p> <p>FINALLY, WE ARE HONORED TO BE RECOGNIZED BY THE LARGEST, INDEPENDENT EVALUATOR OF CHARITIES IN OUR COUNTRY. THIS YEAR, FOR THE 11TH-CONSECUTIVE YEAR, WHICH PLACES US IN THE TOP 2% OF NONPROFITS FOR FINANCIAL DILIGENCE AND ACCOUNTABILITY IN AMERICA.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>DIRECTOR ED CARROLL IS A PARTNER AT LANE & WATERMAN LLP - BUSINESS RELATIONSHIP</p> <p>DIRECTOR KENT PILCHER OWNER OF ESTES CONSTRUCTION - BUSINESS RELATIONSHIP</p> <p>DIRECTOR JIM RUSSELL OWNER OF RUSSELL CONSTRUCTION - BUSINESS RELATIONSHIP</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>AFTER REVIEW AND APPROVAL OF THE ANNUAL AUDIT BY YMCA OF THE IOWA MISSISSIPPI VALLEY AUDIT COMMITTEE, FINANCE COMMITTEE, AND EXECUTIVE COMMITTEE, AND ACCEPTANCE OF THE AUDIT BY THE FULL BOARD OF DIRECTORS, THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE ALSO REVIEW THE ANNUAL 990 TAX RETURN. ONCE THAT RETURN IS APPROVED BY THOSE COMMITTEES, COPIES ARE ELECTRONICALLY TRANSMITTED TO THE FULL MEMBERSHIP OF THE SCOTT COUNTY FAMILY Y'S BOARD OF DIRECTORS, PRIOR TO FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE GOVERNANCE COMMITTEE OF THE YMCA OF THE IOWA MISSISSIPPI VALLEY BOARD OF DIRECTORS ENSURES THAT ALL BOARD MEMBERS HAVE BEEN GIVEN OUR CONFLICT OF INTEREST POLICY, AND HAVE COMPLETED AND SIGNED THEIR CONFLICT OF INTEREST DISCLOSURE FORM. THAT COMMITTEE THEN REVIEWS EACH OF THE DISCLOSURE FORMS FROM EACH OF THE BOARD MEMBERS AND ADDRESSES ANY SITUATION THAT MIGHT ARISE PERTAINING TO ANY POTENTIAL CONFLICT. THEY THEN REPORT TO OUR EXECUTIVE COMMITTEE WHO REVIEWS THE INFORMATION AND THEN RECOMMENDS ACCEPTANCE OF THE REPORT TO THE OVERALL BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>A PERFORMANCE REVIEW/COMPENSATION COMMITTEE MADE UP OF THE PREVIOUS TWO BOARD CHAIRMEN, THE CURRENT BOARD CHAIRMAN, AND THE INCOMING BOARD CHAIRMAN ANNUALLY CONDUCT THE FOLLOWING PROCESS: THE CEO PROVIDES A MANAGEMENT LETTER DETAILING MUTUALLY AGREED UPON GOALS AND OBJECTIVES WITH THE PERFORMANCE RESULTS DETAILED. THE PERFORMANCE REVIEW/COMPENSATION COMMITTEE CONTACTS THE YMCA OF THE USA STAFF TO GET A SALARY/COMPENSATION ANALYSIS FOR YMCA CEO'S AND KEY STAFF IN SIMILAR SIZED YMCAS IN OUR MIDWEST GEOGRAPHIC REGION WITH BUDGETS OF COMPARABLE SIZE. THEY REVIEW THIS INFORMATION TO ENSURE THAT OUR CEO AND KEY EMPLOYEES' COMPENSATION FALLS WITHIN THE RANGE EVIDENCED IN THE SALARY/COMPENSATION ANALYSIS. THE COMMITTEE THEN REVIEWS PERFORMANCE, DETERMINES ANY SALARY OR COMPENSATION ADJUSTMENTS (BASED ON THE INFORMATION IN THE SALARY/COMPENSATION ANALYSIS), AND RECOMMENDS THESE CHANGES TO THE EXECUTIVE COMMITTEE OF OUR BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE THEN REPORTS THE COMPLETION OF THE PROCESS TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>A PERFORMANCE REVIEW/COMPENSATION COMMITTEE MADE UP OF THE PREVIOUS TWO BOARD CHAIRMEN, THE CURRENT BOARD CHAIRMAN, AND THE INCOMING BOARD CHAIRMAN ANNUALLY CONDUCT THE FOLLOWING PROCESS: THE CEO PROVIDES A MANAGEMENT LETTER DETAILING THEY MUTUALLY AGREED UPON GOALS AND OBJECTIVES WITH THE PERFORMANCE RESULTS DETAILED. THE PERFORMANCE REVIEW/COMPENSATION COMMITTEE CONTACTS THE YMCA OF THE USA STAFF TO GET A SALARY/COMPENSATION ANALYSIS FOR YMCA CEO'S AND KEY STAFF IN SIMILAR SIZED YMCAS IN OUR MIDWEST GEOGRAPHIC REGION WITH BUDGETS OF COMPARABLE SIZE. THEY REVIEW THIS INFORMATION TO ENSURE THAT OUR CEO AND KEY EMPLOYEES' COMPENSATION FALLS WITHIN THE RANGE EVIDENCED IN THE SALARY/COMPENSATION ANALYSIS. THE COMMITTEE THEN REVIEWS PERFORMANCE, DETERMINES ANY SALARY OR COMPENSATION ADJUSTMENTS (BASED ON THE INFORMATION IN THE SALARY/COMPENSATION ANALYSIS), AND RECOMMENDS THESE CHANGES TO THE EXECUTIVE COMMITTEE OF OUR BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE THEN REPORTS THE COMPLETION OF THE PROCESS TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE DONOR PRIVACY POLICY, LIST OF BOARD MEMBERS AND KEY STAFF, FORM 990 TAX RETURN, AND AUDIT REPORT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.</p>

Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or tax year beginning _____, 2021, and ending _____, 20____
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

2021

Name of filer YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE IOWA MISSISSIPPI VALLEY	EIN or SSN 42-0703278
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Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-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 of 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-). 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	13,933,643
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 of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2021 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.

Sign Here | 9-14-22 | **PRESIDENT/CEO**
Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name BARRY L. ANDERSON	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00115583
	Firm's name	ANDERSON, LOWER, WHITLOW, P.C.			Firm's EIN
	Firm's address	1805 STATE STREET, STE. 201, BETTENDORF, IA 52722			Phone no. (563) 359-4757