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Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE MCGAW YMCA IS AN OPEN CHARITABLE, MEMBERSHIP ASSOCIATION THAT PROMOTES GROWTH IN SPIRIT, MIND AND BODY THROUGH PROGRAMS AND SERVICES FOR ALL IN OUR DIVERSE COMMUNITY THE YMCA IS A CAUSE-DRIVEN, CHARITABLE ORGANIZATION COMMITTED TO BUILDING THE FOUNDATIONS OF COMMUNITY WE SEEK TO UNDERSTAND AND ADDRESS COMMUNITY NEEDS IN ORDER TO EFFECT LASTING PERSONAL AND SOCIAL CHANGE IN OUR THREE AREAS OF FOCUS YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY

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 and section 4947(a)(1) trusts 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 \$ 3,805,248 including grants of \$ 427,718) (Revenue \$ 3,891,621)

CHILDREN'S CENTER THE MCGAW YMCA CHILDREN'S CENTER SEEKS TO PROVIDE ACCESSIBLE, HIGH QUALITY, COMPREHENSIVE CARE AND EDUCATION FOR A DIVERSE COMMUNITY IN A SAFE, NURTURING ENVIRONMENT TO ENSURE HIGHEST QUALITY, WE MAINTAIN NAEYC, THE NATION'S LEADING ORGANIZATION OF EARLY CHILDHOOD PROFESSIONALS ACCREDITATION THE PARTNERSHIP OF CHILD, PARENT AND DEDICATED STAFF, SUPPORTS CHILDREN IN OUR CARE TO BECOME RESPONSIBLE, RESPECTFUL AND CARING INDIVIDUALS THIS PARTNERSHIP STRIVES TO NOURISH THE CHILDREN'S PHYSICAL, INTELLECTUAL, EMOTIONAL AND SOCIAL DEVELOPMENT BY PROVIDING WELL-ROUNDED, FUN, CREATIVE AND ENRICHING PROGRAMS AND EXPERIENCES WE CURRENTLY SERVED OVER 350 CHILDREN-INFANTS THROUGH SCHOOL AGE AND PROVIDE MORE THAN \$427,000 IN SCHOLARSHIPS TO ENABLE FAMILIES THE NECESSARY SUBSIDIES TO PARTICIPATE IN OUR PROGRAMS

4b

(Code) (Expenses \$ 3,732,672 including grants of \$ 71,396) (Revenue \$ 1,402,135)

HEALTH & WELLNESS AND YOUTH DEVELOPMENT PROGRAMS THE YMCA FOCUSES ON HEALTHY LIVING BY ADVOCATING HEALTH AND WELL-BEING FROM THE INSIDE OUT- THE SPIRIT, MIND AND BODY THE MCGAW YMCA PROVIDES OVER 12,450 MEMBERS WITH THE SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS THEY NEED FOR THEIR SUCCESSFUL PURSUIT OF HEALTH AND WELL-BEING THIS IS PARTICULARLY IMPORTANT AS OUR NATION AND OUR COMMUNITY STRUGGLE WITH AN OBESITY EPIDEMIC AND WITH WORK/LIFE BALANCE AS INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT WE BRING FAMILIES TOGETHER AND OFFER SPORT, RECREATIONAL AND SOCIAL NETWORKS THAT BUILD RELATIONSHIPS AND STRENGTHEN BONDS INCLUDED IN THE TOTAL EXPENSE IN THIS AREA OF FOCUS, ARE \$1,588,587 OF GENERAL HEALTH AND WELLNESS, \$1,303,860 OF AQUATICS AND SPORTS PROGRAMS AND \$768,829 OF YOUTH SERVICES INCLUDING PROJECT SOAR MENTORING PROGRAM WITH 92 ADULT VOLUNTEERS PAIRED WITH EVANSTON AREA YOUTH AGES 9-14, TUTORING WITH 93 LOCAL CHILDREN RECEIVING FREE OR LOW-COST SUPPLEMENTAL LITERACY AND TUTORING SERVICES AND FOSTER READING CENTER SERVING 50 KINDERGARTEN THROUGH SECOND GRADE STUDENTS

4c

(Code) (Expenses \$ 2,020,460 including grants of \$ 649,746) (Revenue \$ 4,077,772)

MEMBERSHIP EACH YEAR WE STRIVE TO FULFILL OUR MISSION OF SERVICE THROUGH OUR INCOME-BASED MEMBERSHIP FOR ALL PRICING THAT SETS MEMBERSHIP FEES BASED ON HOUSEHOLD INCOME AND THE NUMBER OF INDIVIDUALS IN THE HOUSEHOLD WITH OVER 12,450 MEMBERS FROM INFANTS TO 90+ YEAR OLDS, OUR COMMUNITY GREW BY 4% FROM THE PREVIOUS FISCAL YEAR AND 9% SINCE 2010 34% OF MEMBERS WERE ABLE TO ENGAGE IN ACTIVITIES AND SERVICES AND DEVELOP THE FEELING OF BELONGING TO OUR YMCA COMMUNITY BY ENJOYING RATES ADJUSTED FOR THEIR CIRCUMSTANCES, AND WE PROVIDED NEARLY \$650,000 TO SUPPORT NEED-BASED FEE REDUCTION FOR MEMBERSHIP ALONE IN ADDITION, WE DONATED NUMEROUS MEMBERSHIPS DURING 2012 FISCAL YEAR TO LOCAL BUSINESSES AND CHARITIES TO USE IN SILENT AUCTIONS OR EVENTS

(Code) (Expenses \$ 1,678,597 including grants of \$ 156,679) (Revenue \$ 1,825,445)

CAMP ECHO THE MCGAW YMCA IS A RECOGNIZED LEADER IN NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN EVERY DAY THROUGH PROGRAMS THAT HELP YOUNG PEOPLE DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND MOTIVATION TO LEARN CAMP ECHO'S GOAL IS TO OPERATE A FUN, ENGAGING PROGRAM WHILE FOSTERING THE PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING OF ITS PARTICIPANTS WE PROMOTE CHARACTER DEVELOPMENT, CELEBRATE DIVERSITY, ENCOURAGE SERVICE LEARNING AND TEACH OUR TEEN PARTICIPANTS LEADERSHIP SKILLS DURING OUR SUMMER CAMP IN 2012, WE HAD OVER 1,400 CAMPERS EXPERIENCE CAMP IN 1,358 SESSION SPOTS, THE LARGEST TOTAL EVER 610 ADULTS AND CHILDREN ATTENDED OUR FAMILY CAMP PROGRAMS, REPRESENTING OVER 130 FAMILIES AT YEAR END OVER \$156,000 WAS PROVIDED TO 212 YOUTH FOR FULL OR PARTIAL SCHOLARSHIPS ALLOWING MORE CHILDREN, YOUTH AND FAMILIES THE OPPORTUNITY TO PARTICIPATE IN CAMP PROGRAMMING

(Code) (Expenses \$ 1,053,965 including grants of \$ 87,025) (Revenue \$ 1,056,678)

RESIDENT MEMBER PROGRAM WITH 172 ROOMS, OUR MEN'S RESIDENCE PROGRAM IS THE LARGEST SINGLE SOURCE OF AFFORDABLE HOUSING IN EVANSTON AND ONE OF THE FEW REMAINING IN YMCAS IN THE COUNTRY THIS YEAR 154 MEN FOUND A SAFE PLACE TO CALL HOME, WITH 47 OF THE LOW- AND VERY LOW-INCOME RESIDENT MEMBERS RECEIVING OVER \$87,000 IN FEE ASSISTANCE AND SUBSIDIES 85% OF RESIDENT MEMBERS HAVE LIVED IN THE MCGAW YMCA LONGER THAN A YEAR, WITH 48% RESIDING HERE FOR SIX YEARS OR MORE ABOUT ONE QUARTER OF RESIDENT MEMBERS WERE HOMELESS PRIOR TO COMING THE MCGAW YMCA AND WERE REFERRED TO US BY PARTNER AGENCIES IN THE COMMUNITY WE CONTINUE TO EXPAND OUR SERVICES WITHIN OUR COMMUNITY TO SUPPORT OUR MEMBER RESIDENTS WITH HEALTHY LIVING AND WELLNESS INITIATIVES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,732,562 including grants of \$ 243,704) (Revenue \$ 2,882,123)









4e

Total program service expenses

\$ 12,290,942

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
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? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 	10	Yes
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? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		No
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	38		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. .	2a	622		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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?	6a			No
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	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
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	Yes		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	Nancy Petrillo 1000 Grove Street Evanston, IL 60201 (847) 475-7400

Check if Schedule O contains a response to any question in this Part VII ☐

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	494,439	0	79,132

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4	Yes
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>	5	No

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0	1,560,182			
	b	Membership dues	1b	0				
	c	Fundraising events	1c	161,792				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,398,390				
	g	Noncash contributions included in lines 1a-1f \$ 65,747						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a	MEMBERSHIP	Business Code	713940	4,077,772	4,077,772	0	0
	b	CHILDREN CENTER FEES		624410	3,891,621	3,891,621	0	0
	c	CAMP ECHO FEES		624100	1,825,445	1,825,445	0	0
	d	HEALTH & WELLNESS AND YOUTH DEVELOPMENT PROGRAM FEES		624100	1,402,135	1,402,135	0	0
	e	RESIDENCE MEMBER FEES		531110	1,056,678	1,056,678	0	0
	f	All other program service revenue			0	0	0	0
	g	Total. Add lines 2a-2f			12,253,651			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			136,995	0	0
4		Income from investment of tax-exempt bond proceeds . . .			0	0	0	0
5		Royalties			0	0	0	0
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)		0	0			
d		Net rental income or (loss)			0	0	0	0
7a		(i) Securities		(ii) Other				
b		Less cost or other basis and sales expenses		540,017	406,350			
c		Gain or (loss)		-40,978	1,650			
d		Net gain or (loss)			-39,328	0	0	-39,328
8a		Gross income from fundraising events (not including \$ 161,792 of contributions reported on line 1c) See Part IV, line 18						
		a		70,974				
		b	Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .			-9,911		0	-9,911
9a		Gross income from gaming activities See Part IV, line 19						
		a		0				
	b	Less direct expenses	b	0				
c	Net income or (loss) from gaming activities . . .			0	0	0	0	
10a	Gross sales of inventory, less returns and allowances							
	a		0					
	b	Less cost of goods sold	b					0
c	Net income or (loss) from sales of inventory . . .			0	0	0	0	
Miscellaneous Revenue		Business Code						
11a	USE OF SPACE		532000	105,920	0	0	105,920	
	b	LOCKER RENTAL	532000	46,717	0	0	46,717	
	c	FORGIVENESS OF NOTES PAYABLE	900099	41,700	41,700			
	d	All other revenue		73,216	52,958	0	20,258	
	e	Total. Add lines 11a-11d			267,553			
12	Total revenue. See Instructions			14,169,142	12,348,309	0	260,651	

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,392,564	1,392,564		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	595,156	70,484	354,423	170,249
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	5,808,083	5,577,906	125,458	104,719
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	394,342	384,677	4,969	4,696
9	Other employee benefits	747,772	685,763	40,091	21,918
10	Payroll taxes	459,214	405,578	35,451	18,185
11	Fees for services (non-employees)				
a	Management	0		0	
b	Legal	14,115	4,514	9,601	
c	Accounting	21,450		21,450	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	22,195		22,195	
g	Other	416,053	315,146	100,407	500
12	Advertising and promotion	95,578	61,367	34,211	
13	Office expenses	283,020	235,609	32,087	15,324
14	Information technology	18,781		18,781	
15	Royalties	0			
16	Occupancy	717,458	694,984	22,474	
17	Travel	41,941	25,715	16,226	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	39,907	21,258	18,649	
20	Interest	124,911	117,413	7,498	
21	Payments to affiliates	107,246		107,246	
22	Depreciation, depletion, and amortization	669,349	633,575	35,774	
23	Insurance	65,211	22,907	42,304	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM SUPPLIES	747,766	747,766		
b	REPAIRS AND MAINTENANCE	558,492	522,878	35,614	
c	VEHICLE RENTAL AND EXPENSE	158,145	158,145		
d	DUES AND SUBSCRIPTIONS	39,248	32,101	7,147	
e					
f	All other expenses	289,500	180,592	91,295	17,613
25	Total functional expenses. Add lines 1 through 24f	13,827,497	12,290,942	1,183,351	353,204
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			297,683	1	371,151
	2	Savings and temporary cash investments			1,386,890	2	2,393,137
	3	Pledges and grants receivable, net			224,073	3	154,784
	4	Accounts receivable, net			138,863	4	118,121
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			161,965	9	200,380
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	25,574,244			
	b	Less: accumulated depreciation	10b	11,411,881	14,390,685	10c	14,162,363
	11	Investments—publicly traded securities			4,167,947	11	4,190,225
	12	Investments—other securities. See Part IV, line 11			513,910	12	104,638
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			595,003	15	474,016
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,877,019	16	22,168,815
Liabilities	17	Accounts payable and accrued expenses			873,049	17	960,311
	18	Grants payable				18	
	19	Deferred revenue			1,300,041	19	1,264,298
	20	Tax-exempt bond liabilities			5,600,000	20	5,600,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	
	23	Secured mortgages and notes payable to unrelated third parties			620,415	23	578,715
	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			170,487	25	209,524
	26	Total liabilities. Add lines 17 through 25			8,563,992	26	8,612,848
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			12,077,162	27	12,000,206
	28	Temporarily restricted net assets			465,045	28	769,598
	29	Permanently restricted net assets			770,820	29	786,163
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			13,313,027	33	13,555,967
	34	Total liabilities and net assets/fund balances			21,877,019	34	22,168,815

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,169,142
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,827,497
3	Revenue less expenses Subtract line 2 from line 1	3	341,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,313,027
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-98,705
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,555,967

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 36-2169194
---	--

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) 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 Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2010. 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 IV 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,739,637	6,443,518	5,800,329	5,326,005	5,637,954	27,947,443
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,998,863	6,921,007	7,389,992	7,678,646	8,246,853	36,235,361
3Gross receipts from activities that are not an unrelated trade or business under section 513						0
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5The value of services or facilities furnished by a governmental unit to the organization without charge						0
6Total. Add lines 1 through 5	10,738,500	13,364,525	13,190,321	13,004,651	13,884,807	64,182,804
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	604,586	272,829	324,308	516,054	251,354	1,969,131
bAmounts 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	203,192	1,849,283	99,555	41,825	28,776	2,222,631
cAdd lines 7a and 7b	807,778	2,122,112	423,863	557,879	280,130	4,191,762
8Public Support (Subtract line 7c from line 6.)						59,991,042

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	10,738,500	13,364,525	13,190,321	13,004,651	13,884,807	64,182,804
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	204,932	142,917	131,336	142,691	136,995	758,871
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
cAdd lines 10a and 10b	204,932	142,917	131,336	142,691	136,995	758,871
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	300,439	280,940	322,724	308,837	267,553	1,480,493
13Total support (Add lines 9, 10c, 11 and 12.)	11,243,871	13,788,382	13,644,381	13,456,179	14,289,355	66,422,168
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	90.320 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	89.170 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1.140 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.290 %
19a33 1/3% support tests—2011. 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	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2010. 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	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input checked="" type="checkbox"/>	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
OTHER INCOME, , USE OF SPACE \$105,920 LOCKER RENTAL \$46,717 FORGIVENESS OF NOTES PAYABLE \$41,700 OTHER MISCELLANEOUS REVENUE \$73,216,
OTHER INCOME, SCHEDULE A, PART III, LINE 12, <OTHERINCOME> <INCOME> <DESCRIPTION>MISCELLANEOUS INCOME</DESCRIPTION> <COLUMNA>300439</COLUMNA> <COLUMNB>280940</COLUMNB> <COLUMNC>322724</COLUMNC> <COLUMND>308837</COLUMND> <COLUMNF>267553</COLUMNF> <COLUMNF>1480493</COLUMNF> </INCOME> </OTHERINCOME>,
OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 300439, COLUMN B - 280940, COLUMN C - 322724, COLUMN D - 308837, COLUMN E - 267553, COLUMN F - 1480493,,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 36-2169194
Name: MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 1,678,597 including grants of \$ 156,679) (Revenue \$ 1,825,445) CAMP ECHO THE MCGAW YMCA IS A RECOGNIZED LEADER IN NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN EVERY DAY THROUGH PROGRAMS THAT HELP YOUNG PEOPLE DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND MOTIVATION TO LEARN CAMP ECHO'S GOAL IS TO OPERATE A FUN, ENGAGING PROGRAM WHILE FOSTERING THE PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING OF ITS PARTICIPANTS WE PROMOTE CHARACTER DEVELOPMENT, CELEBRATE DIVERSITY, ENCOURAGE SERVICE LEARNING AND TEACH OUR TEEN PARTICIPANTS LEADERSHIP SKILLS DURING OUR SUMMER CAMP IN 2012, WE HAD OVER 1,400 CAMPERS EXPERIENCE CAMP IN 1,358 SESSION SPOTS, THE LARGEST TOTAL EVER 610 ADULTS AND CHILDREN ATTENDED OUR FAMILY CAMP PROGRAMS, REPRESENTING OVER 130 FAMLIES AT YEAR END OVER \$156,000 WAS PROVIDED TO 212 YOUTH FOR FULL OR PARTIAL SCHOLARSHIPS ALLOWING MORE CHILDREN, YOUTH AND FAMILIES THE OPPORTUNITY TO PARTICIPATE IN CAMP PROGRAMMING
(Code) (Expenses \$ 1,053,965 including grants of \$ 87,025) (Revenue \$ 1,056,678) RESIDENT MEMBER PROGRAM WITH 172 ROOMS, OUR MEN'S RESIDENCE PROGRAM IS THE LARGEST SINGLE SOURCE OF AFFORDABLE HOUSING IN EVANSTON AND ONE OF THE FEW REMAINING IN YMCAS IN THE COUNTRY THIS YEAR 154 MEN FOUND A SAFE PLACE TO CALL HOME, WITH 47 OF THE LOW- AND VERY LOW- INCOME RESIDENT MEMBERS RECEIVIING OVER \$87,000 IN FEE ASSISTANCE AND SUBSIDIES 85% OF RESIDENT MEMBERS HAVE LIVED IN THE MCGAW YMCA LONGER THAN A YEAR, WITH 48% RESIDING HERE FOR SIX YEARS OR MORE ABOUT ONE QUARTER OF RESIDENT MEMBERS WERE HOMELESS PRIOR TO COMING THE MCGAW YMCA AND WERE REFERRED TO US BY PARTNER AGENCIES IN THE COMMUNITY WE CONTINUE TO EXPAND OUR SERVICES WITHIN OUR COMMUNITY TO SUPPORT OUR MEMBER RESIDENTS WITH HEALTHY LIVING AND WELLNESS INITIATIVES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN ISRAELITE TREASURER OF THE BOARD	2 50	X		X				0	0	0
KIRK HOOPINGARNER CHAIR OF THE BOARD	3 00	X		X				0	0	0
SANDRA HILL SECRETARY OF THE BOARD	2 00	X		X				0	0	0
SUZANNE CALDER VICE CHAIR OF THE BOARD	2 00	X		X				0	0	0
BART ROCCA DIRECTOR OF THE BOARD	2 50	X						0	0	0
BETSI BURNS DIRECTOR OF THE BOARD	2 00	X						0	0	0
CAROL REMEN DIRECTOR OF THE BOARD	2 50	X						0	0	0
CASEY LEWIS VARELA DIRECTOR OF THE BOARD	2 50	X						0	0	0
CHAD LUNING DIRECTOR OF THE BOARD	2 50	X						0	0	0
DON TARKINGTON DIRECTOR OF THE BOARD	2 00	X						0	0	0
DOUG HONNOLD DIRECTOR OF THE BOARD	2 50	X						0	0	0
DR ERIC WITHERSPOON DIRECTOR OF THE BOARD	2 00	X						0	0	0
ELENA GARCIA ANSANI DIRECTOR OF THE BOARD	2 50	X						0	0	0
ELIDA GRAVES DIRECTOR OF THE BOARD	2 00	X						0	0	0
EVONDA THOMAS DIRECTOR OF THE BOARD	2 00	X						0	0	0
FREDDI L GREENBERG DIRECTOR OF THE BOARD	2 00	X						0	0	0
KRISTIN BROWN DIRECTOR OF THE BOARD	2 00	X						0	0	0
LOUIS ENGLISH DIRECTOR OF THE BOARD	2 00	X						0	0	0
LOUISE HARTMAN ANDERSON DIRECTOR OF THE BOARD	2 50	X						0	0	0
MARY DOLAN DIRECTOR OF THE BOARD	2 50	X						0	0	0
MATT WALSH DIRECTOR OF THE BOARD	2 50	X						0	0	0
MICHAEL WALKER DIRECTOR OF THE BOARD	2 50	X						0	0	0
MICHELE ROGERS DIRECTOR OF THE BOARD	2 00	X						0	0	0
PAMELA JAMES DIRECTOR OF THE BOARD	2 00	X						0	0	0
PAT MAUNSELL DIRECTOR OF THE BOARD	2 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA VANCE DIRECTOR OF THE BOARD	2 00	X						0	0	0
REJJI HAYES DIRECTOR OF THE BOARD	2 00	X						0	0	0
ROSA MCANDREW DIRECTOR OF THE BOARD	2 50	X						0	0	0
SIDNEY CASELBERRY DIRECTOR OF THE BOARD	2 50	X						0	0	0
TOM WALDER DIRECTOR OF THE BOARD	2 00	X						0	0	0
MATTHEW JOHNSON V P FUND DEVELOPMENT & MARKETING	50 00			X				137,981	0	16,801
MONIQUE PARSONS CHIEF OPERATING OFFICER	50 00			X				92,381	0	20,025
NANCY PETRILLO V P FINANCE & ADMIN	50 00			X				94,039	0	5,560
WILLIAM F GEIGER PRESIDENT/CEO	50 00			X				170,038	0	36,746

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
36-2169194

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds.

Complete if the organization answered "Yes" to 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	770,820	673,139	293,241	293,091
b	Contributions	15,343	97,681	379,898	150
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	786,163	770,820	673,139	293,241

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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		1,015,484		1,015,484
b Buildings		21,056,731	8,436,112	12,620,619
c Leasehold improvements				0
d Equipment		139,466	68,425	71,041
e Other		3,362,563	2,907,344	455,219
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				14,162,363

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,169,142
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,827,497
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	341,645
4	Net unrealized gains (losses) on investments	4	-98,705
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-98,705
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	242,940

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	12,736,563
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-98,705
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	-98,705
3	Subtract line 2e from line 1	3	12,835,268
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,195
b	Other (Describe in Part XIV)	4b	1,311,679
c	Add lines 4a and 4b	4c	1,333,874
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,169,142

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	12,493,623
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	80,885
e	Add lines 2a through 2d	2e	80,885
3	Subtract line 2e from line 1	3	12,412,738
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,195
b	Other (Describe in Part XIV)	4b	1,392,564
c	Add lines 4a and 4b	4c	1,414,759
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,827,497

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	PROVIDE SUPPORT FOR YOUTH AND FAMILY PROGRAMS AND CAMP ECHO
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	EFFECTIVE JULY 1,2009, THE ASSOCIATION ADOPTED THE GUIDANCE IN THE FASB CODIFICATION TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ASSOCIATION HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE ADOPTION OF THE GUIDANCE HAD NO EFFECT ON THE ASSOCIATION'S FINANCIAL STATEMENTS AS OF JULY 1,2009, AND RESULTED IN NO ADJUSTMENT FOR UNRECOGNIZED INCOME TAX BENEFITS FOR THE YEAR ENDED JUNE 30,2010. THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS RETURNS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
36-2169194

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(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			
Total ▶						

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>YOUTH GALA</u>	<u>GOLF OUTING</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	185,676	19,335	27,755	232,766	
	2	Less Charitable contributions	134,676	7,350	19,766	161,792	
3	Gross income (line 1 minus line 2)	51,000	11,985	7,989	70,974		
Direct Expenses	4	Cash prizes				0	
	5	Non-cash prizes				0	
	6	Rent/facility costs	10,317	5,369		15,686	
	7	Food and beverages	31,728	2,359		34,087	
	8	Entertainment	3,446			3,446	
	9	Other direct expenses	10,450	1,713	15,503	27,666	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(80,885)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-9,911

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash 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 Combine lines 1 and 7 in column (d) ▶					

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
36-2169194

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MEMBERSHIP FEE ASSISTANCE	3458	649,746		BOOK	
(2) CHILDREN CENTER TUITION ASSISTANCE	301	427,718		BOOK	
(3) CAMP ECHO FEE ASSISTANCE	216	156,679		BOOK	
(4) RESIDENCE FEE ASSISTANCE	47	87,025		BOOK	
(5) PROGRAM FEE ASSISTANCE	500	71,396		BOOK	

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE ASSOCIATION'S VISION IS TO PROVIDE AN OPPORTUNITY ACROSS OUR DIVERSE COMMUNITY FOR HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY. IN LINE WITH THIS VISION, THE ASSOCIATION HAS DEVELOPED A MEMBERSHIP FEE STRUCTURE THAT PROVIDES ASSISTANCE BASED UPON THE MEMBER'S DOCUMENTED INCOME AND HOUSEHOLD SIZE. APPLICANTS FOR PROGRAM SCHOLARSHIPS WILL BE EVALUATED BASED UPON THEIR CURRENT MEMBERSHIP LEVEL, DETERMINED BY THE ABOVE MENTIONED DOCUMENTED INCOME AND HOUSEHOLD SIZE. NON-MEMBERS APPLYING TO PROGRAMS SUCH AS CAMP ECHO, CHILDREN'S CENTER OR RESIDENCE, ARE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY INCOME. THE MCGAW YMCA CHILDREN'S CENTER PROVIDES A SCHOLARSHIP PROGRAM FOR PARENTS WHO HAVE A NEED. PARENTS MAY APPLY EACH YEAR FOR FEE ASSISTANCE WHICH IS AWARDED BASED UPON THE PARENT'S DOCUMENTED INCOME AND HOUSEHOLD SIZE, USING A SLIDING SCALE AND BUDGET ALLOCATION. AS AN OPEN, CHARITABLE, MEMBERSHIP ORGANIZATION, THE MCGAW YMCA PROVIDES AFFORDABLE HOUSING FOR LOW-INCOME MEN. FEE ASSISTANCE IS AWARDED BASED UPON THE RESIDENT'S DOCUMENTED INCOME ON A SCALE RELATING TO THE PERCENTAGE OF PUBLISHED RENT TO INCOME. RESIDENCE FEES MAY INCLUDE TEMPORARY ALLOWANCES DETERMINED BASED ON SPECIAL NEEDS. THE ASSOCIATION ESTABLISHES PROCEDURES FOR PROGRAM SCHOLARSHIP AND FEE ASSISTANCE BY PROGRAM, WHICH REFLECT APPROPRIATE AUTHORIZATION AND ADMINISTRATION MECHANISMS. A DOCUMENTED BASIS FOR GRANTING CONSISTENT FEE ASSISTANCE BASED ON INCOME AND FAMILY SIZE MUST BE DEVELOPED, UPDATED ANNUALLY, AND USED IN DETERMINING THE AMOUNT TO BE GRANTED TO EACH APPLICANT. THE MAXIMUM ASSISTANCE AWARD AMOUNT IS 75% FOR PROGRAM FEES, 60% FOR CHILD CARE SERVICES, 98% FOR CAMP ECHO SCHOLARSHIPS AND 100% FOR RESIDENCE RENT (ONLY UP TO INITIAL FOUR WEEKS). EXCEPTIONS CAN ONLY BE MADE BY THE PRESIDENT/CEO OR COO IN WRITING. ISSUANCE OF SCHOLARSHIPS FOR PROGRAMS WILL BE FOR ONE PROGRAM SESSION.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
36-2169194

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
36-2169194

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	65,747	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	SECURITIES - PUBLICLY TRADED THE NUMBER OF STOCK CONTRIBUTIONS RECEIVED DURING THE FISCIAL YEAR 2012
Third parties used to solicit, process, or sell noncash contributions	Schedule M, Part I, Line 32b	SECURITIES THAT ARE TRADED ON PUBLIC EXCHANGES, OR OTHER READILY MARKETABLE SECURITIES, SHALL BE ACCEPTED BY THE YMCA IN MOST CASES SUCH SECURITIES WILL BE IMMEDIATELY SOLD BY THE YMCA IF AN INDIVIDUAL OR HIS/HER BROKER INDICATES A WILLINGNESS TO DONATE STOCK OR SECURITIES, THAT PERSON SHOULD BE INFORMED THAT SUCH TRANSFERS ARE HANDLED BY THE YMCA'S INVESTMENT ADVISOR THE BROKER OF RECORD SHALL THEN BE INSTRUCTED TO COMMUNICATE WITH THE DONOR OR DONOR'S BROKER VALUATION OF DONATED SECURITIES WILL BE DETERMINED AS THE MEAN BETWEEN THE HIGH AND THE LOW ON THE DATE OF THE GIFT
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	THE NUMBER OF STOCK CONTRIBUTIONS RECEIVED DURING THE FISCIAL YEAR 2012

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
MCGAW YOUNG MEN'S CHRISTIAN ASSOCIATION**Employer identification number**

36-2169194

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	CAMP ECHO THE MCGAW YMCA IS A RECOGNIZED LEADER IN NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN EVERY DAY THROUGH PROGRAMS THAT HELP YOUNG PEOPLE DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND MOTIVATION TO LEARN CAMP ECHO'S GOAL IS TO OPERATE A FUN, ENGAGING PROGRAM WHILE FOSTERING THE PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING OF ITS PARTICIPANTS WE PROMOTE CHARACTER DEVELOPMENT, CELEBRATE DIVERSITY, ENCOURAGE SERVICE LEARNING AND TEACH OUR TEEN PARTICIPANTS LEADERSHIP SKILLS DURING OUR SUMMER CAMP IN 2012, WE HAD OVER 1,400 CAMPERS EXPERIENCE CAMP IN 1,358 SESSION SPOTS, THE LARGEST TOTAL EVER 610 ADULTS AND CHILDREN ATTENDED OUR FAMILY CAMP PROGRAMS, REPRESENTING OVER 130 FAMILIES AT YEAR END OVER \$156,000 WAS PROVIDED TO 212 YOUTH FOR FULL OR PARTIAL SCHOLARSHIPS ALLOWING MORE CHILDREN, YOUTH AND FAMILIES THE OPPORTUNITY TO PARTICIPATE IN CAMP PROGRAMMING RESIDENT MEMBER PROGRAM WITH 172 ROOMS, OUR MEN'S RESIDENCE PROGRAM IS THE LARGEST SINGLE SOURCE OF AFFORDABLE HOUSING IN EVANSTON AND ONE OF THE FEW REMAINING IN YMCAS IN THE COUNTRY THIS YEAR 154 MEN FOUND A SAFE PLACE TO CALL HOME, WITH 47 OF THE LOW- AND VERY LOW-INCOME RESIDENT MEMBERS RECEIVING OVER \$87,000 IN FEE ASSISTANCE AND SUBSIDIES 85% OF RESIDENT MEMBERS HAVE LIVED IN THE MCGAW YMCA LONGER THAN A YEAR, WITH 48% RESIDING HERE FOR SIX YEARS OR MORE ABOUT ONE QUARTER OF RESIDENT MEMBERS WERE HOMELESS PRIOR TO COMING THE MCGAW YMCA AND WERE REFERRED TO US BY PARTNER AGENCIES IN THE COMMUNITY WE CONTINUE TO EXPAND OUR SERVICES WITHIN OUR COMMUNITY TO SUPPORT OUR MEMBER RESIDENTS WITH HEALTHY LIVING AND WELLNESS INITIATIVES

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE, WHICH IS A STANDING COMMITTEE OF THE BOARD OF DIRECTORS, SHALL CONSIST OF THE ELECTED OFFICERS OF THE ASSOCIATION. THE CHAIR MAY APPOINT ADDITIONAL DIRECTORS TO SERVE ON THE EXECUTIVE COMMITTEE, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS. SUBJECT TO SUCH RESTRICTIONS IMPOSED BY LAW, THE EXECUTIVE COMMITTEE HAS ALL THE POWERS OF THE BOARD OF DIRECTORS DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND MUST REPORT ALL ACTIONS TAKEN AT THE NEXT MEETING OF THE BOARD OF DIRECTORS. A MAJORITY SHALL CONSTITUTE A QUORUM FOR MEETING OF THE EXECUTIVE COMMITTEE, AND ANY ACTION TAKEN BY THE COMMITTEE SHALL BE BY VOTE OF A MAJORITY OF THE COMMITTEE MEMBERS PRESENT AND VOTING AT A MEETING AT WHICH A QUORUM IS PRESENT.

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION FOR PURPOSES OF THE USE OF ITS FACILITIES AND PROGRAMS

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE BOARD OF DIRECTORS IS ELECTED BY MEMBERS AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE ASSOCIATION PROVIDES AN ELECTRONIC COPY OF THE FINAL VERSION OF FORM 990 TO ALL BOARD MEMBERS FOR THEIR REVIEW BEFORE IT IS FILED

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT ALL BOARD MEMBERS MUST SIGN AN ANNUAL STATEMENT THAT THEY HAVE READ AND THAT THEY WILL COMPLY WITH THE POLICY AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE MAY BE ASKED TO LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	<p>ANNUALLY, THE HUMAN RESOURCES TASK FORCE OF THE YMCA OF THE USA SENDS TO ALL Y'S THEIR SALARY ADMINISTRATION GUIDELINE RECOMMENDATION. THE GUIDELINE LISTS SALARY RANGES AND RECOMMENDED MERIT INCREASES. IN ADDITION THEY POST ON THE WEBSITE THE US DEPARTMENT OF LABOR STATISTICS. IN SUPPORT OF THESE GUIDELINES, SALARY RANGES ARE BASED ON SUBJECTIVE CRITERIA, THE ARTHUR ANDERSON "HAY PLAN" DEVELOPED IN 2000. THERE IS A POINT SYSTEM RATING FOR EACH JOB, WHICH INCLUDES TOTAL REVENUE RESPONSIBILITY, MANAGERIAL KNOW-HOW, AND DECISION COMPLEXITY FOR EACH SALARY JOB. THE HUMAN RESOURCES COMMITTEE REVIEWS THE GUIDELINES AND RECOMMENDS TO THE BOARD CHAIR AND THE EXECUTIVE COMMITTEE AN APPROPRIATE MERIT INCREASE FOR THE CEO. THE HR COMMITTEE CONSISTS OF 7 INDIVIDUALS WHO ARE YMCA MEMBERS AND/OR INDEPENDENT VOLUNTEERS. THE BOARD CHAIR COMPLETES AN EMPLOYEE STATUS CHANGE FORM AUTHORIZING THE MERIT RAISE AND THIS FORM IS PERMANENTLY KEPT AS PART OF THE CEO'S PAYROLL RECORDS IN THE FINANCE DEPARTMENT. OFFICERS' AND KEY EMPLOYEES' COMPENSATION AND MERIT INCREASES ARE DETERMINED IN A SIMILAR MANNER USING THE HR COMMITTEE TO GIVE GUIDANCE USING THE "HAY" POINTING SYSTEM FOR COMPENSATION LEVELS WITHIN A SPECIFIED RANGE FOR THE RELATED RESPONSIBILITIES AND EXPERIENCE, AND DEVELOPING RANGES OF INCREASES THAT ADHERE TO SPECIFIC PERFORMANCE APPRAISAL RESULTS AND OVERALL BUDGET GUIDELINES DEVELOPED TO APPLY INCREASES. THE CEO REVIEWS THE PERFORMANCE OF ALL DIRECT REPORTS AS WELL AS JOB SALARY SCALES FOR ALL KEY EMPLOYEES.</p>

Identifier	Return Reference	Explanation
<p>Process used to establish compensation of other officers/key employees</p>	<p>Form 990, Part VI, Section B, Line 15b</p>	<p>ANNUALLY, THE HUMAN RESOURCES TASK FORCE OF THE YMCA OF THE USA SENDS TO ALL Y'S THEIR SALARY ADMINISTRATION GUIDELINE RECOMMENDATION. THE GUIDELINE LISTS SALARY RANGES AND RECOMMENDED MERIT INCREASES. IN ADDITION THEY POST ON THE WEBSITE THE US DEPARTMENT OF LABOR STATISTICS. IN SUPPORT OF THESE GUIDELINES, SALARY RANGES ARE BASED ON SUBJECTIVE CRITERIA. ARTHUR ANDERSON DEVELOPED THE "HAY PLAN" IN 2000. THERE IS A POINT SYSTEM RATING FOR EACH JOB, WHICH INCLUDES TOTAL REVENUE RESPONSIBILITY, MANAGERIAL KNOW-HOW, AND DECISION COMPLEXITY FOR EACH SALARY JOB. THE HUMAN RESOURCES COMMITTEE REVIEWS THE GUIDELINES AND RECOMMENDS TO THE BOARD CHAIR AND THE EXECUTIVE COMMITTEE AN APPROPRIATE MERIT INCREASE FOR THE CEO. THE HR COMMITTEE CONSISTS OF 7 INDIVIDUALS WHO ARE YMCA MEMBERS AND/OR INDEPENDENT VOLUNTEERS. THE BOARD CHAIR COMPLETES AN EMPLOYEE STATUS CHANGE FORM AUTHORIZING THE MERIT RAISE AND THIS FORM IS PERMANENTLY KEPT AS PART OF THE CEO'S PAYROLL RECORDS. IN THE FINANCE DEPARTMENT, OFFICERS' AND KEY EMPLOYEES' COMPENSATION AND MERIT INCREASES ARE DETERMINED IN A SIMILAR MANNER USING THE HR COMMITTEE TO GIVE GUIDANCE USING THE "HAY" POINTING SYSTEM FOR COMPENSATION LEVELS WITHIN A SPECIFIED RANGE FOR THE RELATED RESPONSIBILITIES AND EXPERIENCE, AND DEVELOPING RANGES OF INCREASES THAT ADHERE TO SPECIFIC PERFORMANCE APPRAISAL RESULTS AND OVERALL BUDGET GUIDELINES DEVELOPED TO APPLY INCREASES. THE CEO REVIEWS THE PERFORMANCE OF ALL DIRECT REPORTS AND JOB SALARY SCALE FOR ALL KEY EMPLOYEES.</p>

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -106670, CHANGE IN FMV OF CHARITABLE REMAINDER TRUST - 7965,