

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK % MICHAEL GUARINO Doing business as		<b>D</b> Employer identification number 13-1624228
	Number and street (or P O box if mail is not delivered to street address) Room/suite 5 WEST 63RD STREET 6TH FLOOR		<b>E</b> Telephone number (212) 630-9600
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023		<b>G</b> Gross receipts \$ 206,723,776
	<b>F</b> Name and address of principal officer SHARON GREENBERGER 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: ▶ [www.ymcanyc.org](http://www.ymcanyc.org)

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1852 **M** State of legal domicile NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities YMCA GNY IS A COMMUNITY SVC ORGANIZATION WHICH PROMOTES POSITIVE VALUES THROUGH PROGRAMS THAT BUILD SPIRIT, MIND AND BODY, WELCOMING ALL PEOPLE, WITH A FOCUS ON YOUTH (SEE SCH O)				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	6,871		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,500		
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0			
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>				
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	54,995,556	Current Year	39,465,201
	<b>9</b> Program service revenue (Part VIII, line 2g)		135,429,324		141,200,744
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,291,020		7,064,080
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		196,715,900		187,730,025
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		274,056		273,750
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		93,903,013		97,965,100
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		348,856		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,081,969				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		81,444,845		84,925,550
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		175,970,770		183,164,400	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		20,745,130		4,565,625	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	345,939,392	End of Year	347,649,218
	<b>21</b> Total liabilities (Part X, line 26)		122,056,162		128,220,374
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		223,883,230		219,428,844

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: \_\_\_\_\_ Date: 2016-09-20  
 MICHAEL GUARINO EVP/CFO/TREASURER  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ PricewaterhouseCoopers LLP			Firm's EIN ▶	
	Firm's address ▶ 300 Madison Avenue New York, NY 10017			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 56,942,531 including grants of \$ 0 ) (Revenue \$ 81,002,409 )  
HEALTHY LIFESTYLES (SEE SCHEDULE O)

**4b** (Code ) (Expenses \$ 43,334,455 including grants of \$ 0 ) (Revenue \$ 9,418,228 )  
CHILD DEVELOPMENT (SEE SCHEDULE O)

**4c** (Code ) (Expenses \$ 17,572,597 including grants of \$ 0 ) (Revenue \$ 33,349,640 )  
RESIDENCE PROGRAM (SEE SCHEDULE O)  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 43,618,844 including grants of \$ 273,750 ) (Revenue \$ 17,430,467 )

**4e Total program service expenses** 161,468,427

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	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 <input checked="" type="checkbox"/>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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 <input checked="" type="checkbox"/>	Yes	
<b>5</b>	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 <input checked="" type="checkbox"/>		No
<b>6</b>	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 <input checked="" type="checkbox"/>		No
<b>7</b>	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 <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
<b>10</b>	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 <input checked="" type="checkbox"/>	Yes	
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
<b>b</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 <input checked="" type="checkbox"/>		No
<b>c</b>	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 <input checked="" type="checkbox"/>		No
<b>d</b>	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 <input checked="" type="checkbox"/>	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>		No
<b>f</b>	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 <input checked="" type="checkbox"/>		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV <input checked="" type="checkbox"/>	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV <input checked="" type="checkbox"/>	Yes	
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV <input checked="" type="checkbox"/>		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) <input checked="" type="checkbox"/>		No
<b>18</b>	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 <input checked="" type="checkbox"/>	Yes	
<b>19</b>	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 <input checked="" type="checkbox"/>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	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
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed	CT, NJ, NY
<b>18</b>	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 <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records	MICHAEL GUARINO 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023 (212) 630-9665



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							5,206,744	0	913,715	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **74**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> 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>	Yes	
<b>5</b> 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>		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
PRICEWATERHOUSECOOPERS LLP, PO BOX 7247-8001 PHILADELPHIA, PA 191708001	ACCOUNTING SERVICES	530,607
FUZZ PRODUCTIONS LLC, 136 WEST ST SUITE 104 NORTHAMPTON, MA 01060	MARKETING SERVICES	429,160
MALAPERO PRISCO LLP, 295 MADISON AVE 4TH FLOOR NEW YORK, NY 10017	LEGAL SERVICES	330,740
ROSENBERG ESTIS PC, 733 THIRD AVENUE NEW YORK, NY 10017	LEGAL SERVICES	237,162
GORDON SILBER PC, 355 LEXINGTON AVE 7TH FLOOR NEW YORK, NY 10017	LEGAL SERVICES	235,621

**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 **12**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	262,707				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	28,280,556				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	10,921,938				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	38,594				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	39,465,201				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	MEMBERSHIP DUES & PROGRAM FEES	900099	107,851,105	107,851,105		
	<b>b</b>	RESIDENCE & RELATED SERVICES	900099	32,816,441	32,816,441		
	<b>c</b>	OTHER FEES	900099	533,198	533,198		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		141,200,744			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,618,732		1,618,732	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	23,347,026			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	17,901,678			
			<b>c</b> Gain or (loss)	5,445,348			
	<b>d</b>	Net gain or (loss) . . . . .		5,445,348		5,445,348	
	<b>8a</b>	Gross income from fundraising events (not including \$ 262,707 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	1,092,073			
			<b>b</b> Less direct expenses . . . . . <b>b</b>	1,092,073			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue		Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		187,730,025	141,200,744		7,064,080	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	63,500	63,500		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	179,250	179,250		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	31,000	31,000		
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	4,836,159	1,416,335	3,035,134	384,690
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	75,752,764	67,529,051	7,268,196	955,517
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,487,971	3,292,503	137,031	58,437
<b>9</b>	Other employee benefits . . . . .	6,053,998	5,155,458	782,971	115,569
<b>10</b>	Payroll taxes . . . . .	7,834,208	7,054,548	661,281	118,379
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	407,659	171,577	236,057	25
<b>c</b>	Accounting . . . . .	502,410		502,410	
<b>d</b>	Lobbying . . . . .	84,943		84,943	
<b>e</b>	Professional fundraising services. See Part IV, line 17	0			
<b>f</b>	Investment management fees . . . . .	279,467		279,467	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	18,039,387	15,943,331	1,628,646	467,410
<b>12</b>	Advertising and promotion . . . . .	3,963,025	3,564,607	82,743	315,675
<b>13</b>	Office expenses . . . . .	15,939,267	15,296,290	311,696	331,281
<b>14</b>	Information technology . . . . .	5,006,722	5,006,722		
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	14,569,315	13,449,318	1,119,185	812
<b>17</b>	Travel . . . . .	1,253,662	909,317	312,181	32,164
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,971,924	1,198,749	751,840	21,335
<b>20</b>	Interest . . . . .	3,523,828	3,523,828		
<b>21</b>	Payments to affiliates . . . . .	528,457	528,457		
<b>22</b>	Depreciation, depletion, and amortization . . . . .	14,033,728	12,630,358	1,122,695	280,675
<b>23</b>	Insurance . . . . .	4,500,600	4,203,072	297,528	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
<b>a</b>	BAD DEBTS	321,156	321,156		
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	183,164,400	161,468,427	18,614,004	3,081,969
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

				(A)		(B)	
				Beginning of year		End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		22,062,041	<b>1</b>	16,056,707	
	<b>2</b>	Savings and temporary cash investments . . . . .		2,774,038	<b>2</b>	11,678,298	
	<b>3</b>	Pledges and grants receivable, net . . . . .		4,674,060	<b>3</b>	4,592,636	
	<b>4</b>	Accounts receivable, net . . . . .		14,298,124	<b>4</b>	16,520,615	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		0	<b>8</b>	0	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		2,005,330	<b>9</b>	2,268,664	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	422,664,460			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	190,697,365	234,234,697	<b>10c</b>	231,967,095
	<b>11</b>	Investments—publicly traded securities . . . . .		48,234,466	<b>11</b>	46,524,872	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0	
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		17,656,636	<b>15</b>	18,040,331	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		345,939,392	<b>16</b>	347,649,218		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		30,768,475	<b>17</b>	28,376,498	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		5,779,154	<b>19</b>	5,323,305	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		84,629,208	<b>20</b>	93,539,235	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		879,325	<b>23</b>	981,336	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
<b>25</b>	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 . . . . .		0	<b>25</b>	0		
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		122,056,162	<b>26</b>	128,220,374		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		163,393,213	<b>27</b>	161,164,529	
	<b>28</b>	Temporarily restricted net assets . . . . .		40,771,301	<b>28</b>	38,702,094	
	<b>29</b>	Permanently restricted net assets . . . . .		19,718,716	<b>29</b>	19,562,221	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		223,883,230	<b>33</b>	219,428,844		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		345,939,392	<b>34</b>	347,649,218		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	187,730,025
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	183,164,400
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	4,565,625
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	223,883,230
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-7,859,410
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,160,601
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	219,428,844

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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?	Yes	
<b>3b</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	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1624228

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

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

(Code ) (Expenses \$	12,090,038	including grants of \$	0 ) (Revenue \$	12,482,620 )
CAMPING AND OUTDOOR LIFE				
(Code ) (Expenses \$	13,238,422	including grants of \$	179,250 ) (Revenue \$	3,853,252 )
TEEN WORK				

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

(Code ) (Expenses \$	16,281,903	including grants of \$	0 ) (Revenue \$	1,068,459 )
COMMUNITY DEVELOPMENT				
(Code ) (Expenses \$	2,008,481	including grants of \$	94,500 ) (Revenue \$	26,136 )
INTERNATIONAL/NEW AMERICANS				

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
MAGLIETTA SAL CHAIRMAN	10 ..... 00	X						0	0	0
BLUNT CHRIS VICE CHAIRMAN	10 ..... 00	X						0	0	0
CALDERON NANCY VICE CHAIRMAN	10 ..... 00	X						0	0	0
LIEBER ROBERT VICE CHAIRMAN	10 ..... 00	X						0	0	0
O'CONNOR SANDIE VICE CHAIRMAN	10 ..... 00	X						0	0	0
ALEXANDER SUSAN DIRECTOR	10 ..... 00	X						0	0	0
BENINCASA JOSEPH DIRECTOR	10 ..... 00	X						0	0	0
BRAND JACQUES DIRECTOR THRU 11/16/15	10 ..... 00	X						0	0	0
CARROLL JUSTIN DIR (BRANCH REP) AS OF 1/1/15	10 ..... 00	X						0	0	0
CHEN WELLINGTON DIRECTOR	10 ..... 00	X						0	0	0
CORNELL BRIAN DIRECTOR	10 ..... 00	X						0	0	0
CROSS JAY DIRECTOR	10 ..... 00	X						0	0	0
DELANEY RICHARD DIRECTOR AS OF 2/23/15	10 ..... 00	X						0	0	0
GISCOMBE EUGENE DIRECTOR	10 ..... 00	X						0	0	0
GRAYSON STANLEY DIRECTOR	10 ..... 00	X						0	0	0
HALLIDAY SCOTT DIRECTOR	10 ..... 00	X						0	0	0
KIMBLE STEVEN DIRECTOR	10 ..... 00	X						0	0	0
KNAKAL ROBERT DIRECTOR	10 ..... 00	X						0	0	0
LEVY JEFFREY DIRECTOR	10 ..... 00	X						0	0	0
MASTRO RANDY DIRECTOR THRU 6/23/15	10 ..... 00	X						0	0	0
MCNAMARA JAMES DIRECTOR AS OF 2/23/15	10 ..... 00	X						0	0	0
MCSHANE JOSEPH DIRECTOR	10 ..... 00	X						0	0	0
MONTGOMERY WALTER DIRECTOR	10 ..... 00	X						0	0	0
MURRAY EILEEN DIRECTOR THRU 5/4/15	10 ..... 00	X						0	0	0
NEFF DANIEL DIRECTOR	10 ..... 00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
PEEBLES DONAHUE R DIRECTOR	10 00	X						0	0	0
PULLO PAUL DIR (BRANCH REP) AS OF 1/1/15	10 00	X						0	0	0
QUINLAN THOMAS III DIRECTOR	10 00	X						0	0	0
RODRIGUEZ ELIEZER DIR (BRANCH REP) AS OF 1/1/15	10 00	X						0	0	0
RUECKERT CLEVELAND DIRECTOR	10 00	X						0	0	0
RUTLEDGE ELIZABETH DIRECTOR	10 00	X						0	0	0
SCAMARDELLA ROBERT DIRECTOR	10 00	X						0	0	0
SKALA JUSTIN DIRECTOR	10 00	X						0	0	0
TISCH JESSICA DIRECTOR THRU 2/1/15	10 00	X						0	0	0
WONG JUE DIRECTOR	10 00	X						0	0	0
YU RAYMOND DIRECTOR THRU 2/23/15	10 00	X						0	0	0
LUND JOHN W PRESIDENT/CEO THRU 6/30/15	40 00			X				915,719	0	161,939
GREENBERGER SHARON PRESIDENT/CEO AS OF 7/13/15	40 00			X				275,562	0	5,971
GUARINO MICHAEL EXECUTIVE VP/CFO/TREASURER	40 00			X				432,402	0	123,014
MCGREEVY RENA SVP CHIEF OPERATIONS OFFICER	40 00			X				419,489	0	115,192
CUSTER PAUL D SVP GOVT RELATIONS&CORP SECRET	40 00			X				265,075	0	45,628
LAERMER GARY SVP CHIEF DEVELOPMENT OFFICER	40 00				X			343,846	0	40,844
TSE MELVIN VP OPERATIONS	40 00				X			234,539	0	43,219
COIL GREGORY VP PROPERTIES/OPERATIONS	40 00				X			238,575	0	36,569
FORREST TIFFENY VP OPERATIONS	40 00				X			206,008	0	29,364
BENSON LORI VP HEALTHY LIFESTYLES	40 00				X			200,683	0	34,678
ANDREWS SEAN VP YOUTH DEVELOPMENT	40 00				X			201,113	0	37,701
HARVEY ANITA SR EXECUTIVE DIRECTOR	40 00				X			190,123	0	19,600
RAPPAPORT JOHN SENIOR EXECUTIVE DIRECTOR	40 00				X			192,658	0	26,649
LIVERNOIS HEATHER VP FINANCE	40 00					X		218,585	0	41,915

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
BIANCHI RICHARD ..... VP PROPERTIES	40 0 ..... 0 0					X		202,056	0	34,644
ATWATER JOHN ..... SR EXEC DIR IT&CONNECT	40 0 ..... 0 0					X		193,297	0	39,182
AVILES DIEGO ..... VP FUND DEVELOPMENT	40 0 ..... 0 0					X		187,054	0	38,681
TRAPANI LORETTA ..... SR EXEC DIR/STAFF DEVELOPMENT	40 0 ..... 0 0					X		179,380	0	25,145
O'CONNOR EILEEN ..... VP OPERATIONS THRU 6/5/15	40 0 ..... 0 0						X	110,580	0	13,780

**SCHEDULE A**  
(Form 990 or 990EZ)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

**Employer identification number**  
13-1624228

**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 described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	31,489,336	30,295,121	34,656,493	54,995,556	39,465,201	190,901,707
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	31,489,336	30,295,121	34,656,493	54,995,556	39,465,201	190,901,707
<b>5</b> 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)						0
<b>6 Public support.</b> Subtract line 5 from line 4						190,901,707

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	31,489,336	30,295,121	34,656,493	54,995,556	39,465,201	190,901,707
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,097,706	1,126,311	1,138,589	1,442,431	1,618,732	6,423,769
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	142,500	137,500	0	0	0	280,000
<b>11 Total support.</b> Add lines 7 through 10						197,605,476
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	646,522,084
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.608%
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	90.872%
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

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

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. -Attach to Form 990 or Form 990-EZ.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK) and Employer identification number (13-1624228)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	84,943													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	84,943													
<b>d</b> Other exempt purpose expenditures	161,383,484													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	161,468,427													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	123,179	155,495	150,087	84,943	513,704
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number 13-1624228

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

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

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (b) (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

- a Board designated or quasi-endowment 45.910%
b Permanent endowment 35.730%
c Temporarily restricted endowment 18.360%
The percentages on lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	▶	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER ASSETS	187,692
(2) BENEFICIAL INTEREST IN TRUST	8,165,776
(3) DEBT SERVICE RESERVE	7,047,824
(4) RECOVERABLE PORTION SELF INSUR	2,639,039
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	18,040,331

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	179,375,547
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-7,859,410	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	945,000	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-1,160,601	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		-8,075,011
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>		187,450,558
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	279,467	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		279,467
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>		187,730,025

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	183,829,933
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	945,000	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		945,000
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>		182,884,933
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	279,467	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		279,467
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>		183,164,400

**Part XIII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (\$161,851) PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST \$112,349 LOSS ON DEFEASANCE OF DEBT (\$1,111,099) TOTAL (\$1,160,601)
SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS THE YMCA OF GREATER NEW YORK'S ENDOWMENT FUNDS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY FOR A DONOR-SPECIFIED PERIOD AND PURPOSE, AS WELL AS UNRESTRICTED BOARD DESIGNATED FUNDS THE GOAL OF THE ENDOWMENT IS TO SUPPORT VARIOUS YMCA PROGRAMS IN FURTHERANCE OF ITS MISSION ALL DISTRIBUTIONS ARE MADE AND USED IN STRICT ACCORDANCE WITH DONORS' RESTRICTIONS



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

**Employer identification number**  
13-1624228

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) North America			Program Services	LEADERSHIP TRAINING	10,000
( 2 ) Central America and the Caribbean			Grantmaking		25,000
( 3 ) Sub-Saharan Africa			Grantmaking		5,000
( 4 ) South Asia			Grantmaking		1,000
( 5 )					
<b>3a</b> Sub-total					41,000
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					41,000

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )		Central America and the Caribbean	HAITI SUPPORT	25,000	ACH			
( 2 )								
( 3 )								
( 4 )								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 1

3 Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I LINE 2	PROCEDURES FOR MONITORING GRANTS OUTSIDE OF THE UNITED STATES OVERALL. THERE IS REGULAR MONTHLY MONITORING OF THE OPERATIONS BY THE MANAGEMENT TEAM

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I LINE 3 COLUMN F AND PART II, LINE 1	ACCOUNTING METHOD THE EXPENDITURES WERE RECORDED ON THE ACCRUAL BASIS

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number  
13-1624228

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

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

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 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

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

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

CT, NJ, NY

**Part II Fundraising Events.**

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

		(a)Event #1 <b>DODGE DINNER</b> (event type)	(b)Event #2 <b>BLACK ACHIEVER</b> (event type)	(c)Other events <b>27</b> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	259,845	155,334	939,601	1,354,780
	<b>2</b> Less Contributions . . . . .	50,387	30,121	182,199	262,707
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	209,458	125,213	757,402	1,092,073
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	118,341	83,257	54,730	256,328
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	160,295	95,824	579,626	835,745
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,092,073
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.**

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

.....

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

**b** If "Yes," explain \_\_\_\_\_

.....

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

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

Name ▶ .....

Address ▶ .....

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

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

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

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

Return Reference	Explanation
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**Schedule I  
(Form 990)**

OMB No 1545-0047

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

**2015**

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

▶ **Attach to Form 990.**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number  
13-1624228

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YMCA OF GREATER (1) ROCHESTER 444 E MAIN STREET ROCHESTER, NY 14604	16-0743242	501(C)(3)	50,000				PROGRAM SUPPORT
(2) TANENBAUM CENTER FOR INTERRELIGIOUS STUDIES 254 WEST 31ST STREET NEW YORK, NY 10001	13-3695475	501(C)(3)	10,000				SUPPORT GALA

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 2

**3** Enter total number of other organizations listed in the line 1 table . . . . . 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated 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
BLACK ACHIEVERS IN INDUSTRY (1) COLLEGE SCHOLARSHIPS	54	136,250		BOOK	
(2) VASEY COLLEGE SCHOLARSHIPS	6	15,000		BOOK	
VON DER HEYDEN COLLEGE (3) SCHOLARSHIPS	5	25,000		BOOK	
(4) BEDFORD SCHOLARSHIPS	3	3,000		BOOK	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I LINE 2	PROCEDURES FOR MONITORING GRANTS IN THE UNITED STATES OVERALL THERE IS REGULAR MONTHLY MONITORING OF THE OPERATIONS BY THE MANAGEMENT TEAM
SCHEDULE I, PART IV	SCHOLARSHIP PROGRAMS BLACK ACHIEVERS IN INDUSTRY COLLEGE SCHOLARSHIPS ALL AFRICAN AMERICAN COLLEGE BOUND HIGH SCHOOL SENIORS RESIDING IN THE STATE OF NEW YORK, AND PREVIOUS SCHOLARSHIP RECIPIENTS, CURRENTLY IN THEIR FRESHMAN, SOPHOMORE, AND JUNIOR YEAR OF COLLEGE ARE ELIGIBLE TO APPLY SCHOLARSHIP AWARDS ARE DETERMINED BY THE BLACK ACHIEVERS IN INDUSTRY SCHOLARSHIP COMMITTEE AND RANGE FROM \$2,500 TO \$5,000 THIS IS A ONE-TIME AWARD RECIPIENTS MUST RE-APPLY ANNUALLY TO BE ELIGIBLE FOR FURTHER AWARDS AWARDS ARE SENT DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE, TO BE CREDITED TO THE RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES VASEY COLLEGE SCHOLARSHIPS ALL NEW YORK CITY COLLEGE BOUND HIGH SCHOOL STUDENTS WHO HAVE PARTICIPATED IN YMCA OF GREATER NEW YORK TEEN PROGRAMS, SERVICE PROGRAMS AND HAVE BEEN A MEMBER OF LEADERSHIP GROUPS INCLUDING YMCA OF GREATER NY TEEN COUNCIL, YMCA OF GREATER NEW YORK TEENS TAKE THE CITY AND NEW YORK STATE YOUTH & GOVERNMENT ARE ELIGIBLE TO APPLY \$10,000 SCHOLARSHIP AWARDS ARE DETERMINED BY THE COMMITTEE TO BE PAID OUT OVER A FOUR YEAR PERIOD DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE TO BE CREDITED TO THE RECIPIENT'S TUITION AND/OR ROOM AND BOARD FEES VON DER HEYDEN COLLEGE SCHOLARSHIPS ALL NEW YORK CITY COLLEGE BOUND HIGH SCHOOL STUDENTS RESIDING IN NEW YORK AND INVOLVED IN YMCA OF GREATER NEW YORK TEEN PROGRAMS ARE ELIGIBLE TO APPLY \$10,000 TO \$25,000 SCHOLARSHIP AWARDS ARE DETERMINED BY THE KARL M VON DER HEYDEN SCHOLARSHIP COMMITTEE TO BE PAID OVER A FOUR YEAR PERIOD DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE TO BE CREDITED TO THE RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES BEDFORD SWIM TEAM SCHOLARSHIPS ALL NEW YORK CITY COLLEGE BOUND HIGH SCHOOL SENIORS THAT ARE YMCA MEMBERS IN GOOD STANDING, ARE ON THE PIRANHAS SWIM TEAM, HAVE ACCUMULATED A MINIMUM OF 40 VOLUNTEER COMMUNITY SERVICE HOURS AND HAVE A CUMULATIVE HIGH SCHOOL GRADE POINT AVERAGE BETWEEN 2.5 AND 4.0 ON A 4.0 SCALE ARE ELIGIBLE TO RECEIVE A BEDFORD SWIM TEAM SCHOLARSHIP FROM THE SCHOLARSHIP COMMITTEE OF \$1,000 TO BE PAID DIRECTLY TO THE RECIPIENT'S SCHOOL OF CHOICE TO BE CREDITED TO THE RECIPIENT'S TUITION AND/OR ROOM AND BOARD FEES

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

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

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

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number

13-1624228

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

- 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 of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J	GENERAL COMPENSATION NOTES (A) COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: BASE SALARY, ANNUAL INCENTIVE OPPORTUNITY, DISTRIBUTIONS FROM SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN, SEC 529 QUALIFIED TUITION PLAN, TERM LIFE INSURANCE, VALUE OF INSURANCE (PS58 COSTS) OF WHOLE LIFE INSURANCE IN SEC 457(F) PLAN, SUPPLEMENTAL LONG-TERM DISABILITY INSURANCE, LONG-TERM CARE INSURANCE, AND PAID SEVERANCE PAYMENTS. JOHN LUNDS COMPENSATION ALSO INCLUDED \$95,519 IN PROFESSIONAL FEES FOR PROVIDING OVERALL DEVELOPMENT, ORGANIZATIONAL AND STRATEGIC ADVICE WHILE REPRESENTING THE YMCA OF GREATER NEW YORK WITH GOVERNMENT OFFICIALS, DONORS AND OTHER MEMBERS OF THE COMMUNITY AND PROVIDING OTHER SERVICES IN 2015 SUBSEQUENT TO HIS RETIREMENT. (B) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: CONTRIBUTION TO SEC 403(B) TAX-SHELTERED ANNUITY PLAN, CONTRIBUTIONS TO SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN, AND CONTRIBUTIONS TO WHOLE LIFE INSURANCE IN SEC 457(F) PLAN. PAYMENTS TO WELFARE BENEFIT PLANS ON BEHALF OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES SUCH AS MEDICAL, DENTAL, LIFE INSURANCE, SEVERANCE PAY, DISABILITY, ETC. (C) EXPENSE ACCOUNTS AND OTHER ALLOWANCES INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING: TAXABLE AND NON-TAXABLE FRINGE BENEFITS (OTHER THAN DE MINIMIS FRINGE BENEFITS DESCRIBED IN SEC 132(E)), EXPENSE ALLOWANCES OR REIMBURSEMENTS TO THE EXTENT THEY ARE TAXABLE TO THE RECIPIENT, PAYMENTS MADE UNDER INDEMNIFICATION ARRANGEMENTS, HOUSING, OR OTHER ASSETS OWNED OR LEASED BY THE ORGANIZATION (OR PROVIDED FOR THE ORGANIZATION'S USE WITHOUT CHARGE). ABOVE ALLOWANCES PROVIDED TO OFFICERS HAVE BEEN INCLUDED AS FORM W-2 COMPENSATION.
SCHEDULE J, PART I, LINE 1	OFFICERS ARE ALLOWED TO TRAVEL FIRST CLASS IN VERY LIMITED INSTANCES. ALL EMPLOYEES ON A NONDISCRIMINATORY BASIS RECEIVE, AT NO ADDITIONAL COST TO THE YMCA, MEMBERSHIP TO FACILITIES OF THE YMCA OF GREATER NEW YORK. HOUSE ALLOWANCE OF \$42,000 WAS PAID FOR JOHN LUND. THIS BENEFIT WAS REPORTED ON 2015 W-2 AS COMPENSATION.
SCHEDULE J, PART I LINE 4B	NONQUALIFIED RETIREMENT PLAN. SOME OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES LISTED IN SCHEDULE J, MIGHT CONTRIBUTE IN OTHER NONQUALIFIED RETIREMENT PLAN IN 2015. THE ALLOCATION INFORMATION IS REPORTED ON SCH J PART II COLUMN C.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1624228  
**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
 NEW YORK

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LUND JOHN W PRESIDENT/CEO THRU 6/30/15	(i)	362,515	511,204	42,000	152,608	9,331	1,077,658	0
	(ii)	-	-	-	-	-	-	-
1 GREENBERGER SHARON PRESIDENT/CEO AS OF 7/13/15	(i)	275,562	0	0	0	5,971	281,533	0
	(ii)	-	-	-	-	-	-	-
2 GUARINO MICHAEL EXECUTIVE VP/CFO/TREASURER	(i)	307,442	124,960	0	108,609	14,405	555,416	0
	(ii)	-	-	-	-	-	-	-
3 MCGREEVY RENA SVP CHIEF OPERATIONS OFFICER	(i)	298,337	121,152	0	107,716	7,476	534,681	0
	(ii)	-	-	-	-	-	-	-
4 CUSTER PAUL D SVP GOVT RELATIONS&CORP SECRET	(i)	225,075	40,000	0	26,500	19,128	310,703	0
	(ii)	-	-	-	-	-	-	-
5 LAERMER GARY SVP CHIEF DEVELOPMENT OFFICER	(i)	293,846	50,000	0	26,500	14,344	384,690	0
	(ii)	-	-	-	-	-	-	-
6 TSE MELVIN VP OPERATIONS	(i)	194,539	40,000	0	24,066	19,153	277,758	0
	(ii)	-	-	-	-	-	-	-
7 COIL GREGORY VP PROPERTIES/OPERATIONS	(i)	213,575	25,000	0	24,290	12,279	275,144	0
	(ii)	-	-	-	-	-	-	-
8 O'CONNOR EILEEN VP OPERATIONS THRU 6/5/15	(i)	110,580	0	0	10,198	3,582	124,360	0
	(ii)	-	-	-	-	-	-	-
9 FORREST TIFFENY VP OPERATIONS	(i)	171,008	35,000	0	20,863	8,501	235,372	0
	(ii)	-	-	-	-	-	-	-
10 BENSON LORI VP HEALTHY LIFESTYLES	(i)	192,183	8,500	0	20,666	14,012	235,361	0
	(ii)	-	-	-	-	-	-	-
11 ANDREWS SEAN VP YOUTH DEVELOPMENT	(i)	190,778	10,335	0	18,629	19,072	238,814	0
	(ii)	-	-	-	-	-	-	-
12 HARVEY ANITA SR EXECUTIVE DIRECTOR	(i)	165,123	25,000	0	19,012	588	209,723	0
	(ii)	-	-	-	-	-	-	-
13 RAPPAPORT JOHN SENIOR EXECUTIVE DIRECTOR	(i)	171,177	21,481	0	19,617	7,032	219,307	0
	(ii)	-	-	-	-	-	-	-
14 LIVERNOIS HEATHER VP FINANCE	(i)	200,585	18,000	0	22,755	19,160	260,500	0
	(ii)	-	-	-	-	-	-	-
15 BIANCHI RICHARD VP PROPERTIES	(i)	191,132	10,924	0	20,648	13,996	236,700	0
	(ii)	-	-	-	-	-	-	-
16 ATWATER JOHN SR EXEC DIR IT&CONNECT	(i)	184,297	9,000	0	20,082	19,100	232,479	0
	(ii)	-	-	-	-	-	-	-
17 AVILES DIEGO VP FUND DEVELOPMENT	(i)	176,674	10,380	0	19,606	19,075	225,735	0
	(ii)	-	-	-	-	-	-	-
18 TRAPANI LORETTA SR EXEC DIR/STAFF DEVELOPMENT	(i)	166,380	13,000	0	18,150	6,995	204,525	0
	(ii)	-	-	-	-	-	-	-

**Schedule K  
(Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury

Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number

13-1624228

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	BUILD NYC RESOURCE CORPORATION	45-4040561	12008EKS4	11-04-2015	45,277,393	CONSTRUCTION		X		X		X
<b>B</b>	BUILD NYC RESOURCE CORPORATION	45-4040561	12008EALO	06-28-2012	55,157,276	CONSTRUCTION		X		X		X

**Part II Proceeds**

		A	B	C	D				
<b>1</b>	Amount of bonds retired . . . . .	0	0						
<b>2</b>	Amount of bonds legally defeased . . . . .	0	0						
<b>3</b>	Total proceeds of issue . . . . .	48,235,118	55,160,792						
<b>4</b>	Gross proceeds in reserve funds . . . . .	3,455,713	3,592,111						
<b>5</b>	Capitalized interest from proceeds . . . . .	0	0						
<b>6</b>	Proceeds in refunding escrows . . . . .	33,840,631	0						
<b>7</b>	Issuance costs from proceeds . . . . .	871,150	940,796						
<b>8</b>	Credit enhancement from proceeds . . . . .	0	0						
<b>9</b>	Working capital expenditures from proceeds . . . . .	0	0						
<b>10</b>	Capital expenditures from proceeds . . . . .	0	27,845,891						
<b>11</b>	Other spent proceeds . . . . .	0	22,640,548						
<b>12</b>	Other unspent proceeds . . . . .	9,967,625	140,885						
<b>13</b>	Year of substantial completion . . . . .	2018	2015						
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X	X					
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .	X			X				
<b>16</b>	Has the final allocation of proceeds been made? . . . . .		X		X				
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .								

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 140 %		0 140 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 140 %		0 140 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				

**Part IV Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b>	Name of provider . . . . .	0		0					
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3 COLUMNS (A) & (B)	THE TOTAL PROCEEDS OF ISSUE ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I, COLUMN (E) FOR BOTH BONDS DUE TO INVESTMENT EARNINGS SCHEDULE K, PART III YMCA OF GREATER NEW YORK PERFORMED A PRIVATE BUSINESS USE STUDY AND FOUND MINIMAL PRIVATE BUSINESS USE ASSOCIATED WITH THE INCIDENTAL USE OF SPACE FOR VENDED REFRESHMENTS, SNACKS, MEALS AND OTHER PRODUCTS FOR THE BENEFIT OF MEMBERS

**Return Reference****Explanation**

SCHEDULE K, PART V

THE YMCA OF GREATER NEW YORK HAS WRITTEN PROCEDURES FOR A CORRECTIVE PLAN

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number 13-1624228

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 is filled with 'X', '9', '98,323', and 'FMV ON RECEIPT DATE'.

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution...
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part III Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public  
Inspection**

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number

13-1624228

Return Reference	Explanation
FORM 990, PART III	<p>THE ORGANIZATION'S MISSION AND PROGRAM SERVICE EXPENSES A THE ORGANIZATION'S MISSION THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK, A NEW YORK NOT-FOR-PROFIT 501(C)(3) CORPORATION, IS A COMMUNITY SERVICE ORGANIZATION FOUNDED IN 1852 WHICH PROMOTES POSITIVE VALUES THROUGH PROGRAMS THAT BUILD SPIRIT, MIND AND BODY, WELCOMING ALL PEOPLE, WITH A FOCUS ON YOUTH AND COMMUNITY DEVELOPMENT THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK IS REFERRED TO HEREIN AS THE "YMCA OF GREATER NEW YORK" THE "YMCA OF GNY " NEW YORK CITY'S PREMIER YOUTH-SERVICE ORGANIZATION, THE YMCA OF GNY IS THE LARGEST OF THE YOUNG MEN'S CHRISTIAN ASSOCIATIONS (EACH, A "YMCA") IN THE UNITED STATES AND THE MOST DIVERSE YMCA IN THE WORLD THE YMCA OF GNY IS AN OPEN AND INCLUSIVE ORGANIZATION AND WELCOMES ALL PEOPLE WITHOUT DISCRIMINATION ON THE BASIS OF RACE, ETHNICITY, COLOR, NATIONAL ORIGIN, CITIZENSHIP, CREED, RELIGION, AGE, ABILITIES, SEXUAL ORIENTATION OR INCOME THE STORY OF THE YMCA OF GREATER NEW YORK IS A STORY 163 YEARS IN THE MAKING THAT TODAY REACHES OVER 500,000 NEW YORKERS IT IS A STORY OF MAJOR NEW INITIATIVES AND UNPRECEDENTED GROWTH, INCLUDING THE BUILDING OF NEW FACILITIES IN BEDFORD-STUYVESANT, CONEY ISLAND, THE ROCKAWAYS, CHELSEA, CHINATOWN, DOWNTOWN BROOKLYN, AND PROSPECT PARK IT IS A STORY OF UNPRECEDENTED IMPACT, INCLUDING MORE THAN \$50 MILLION IN SPONSORED, FREE AND SUBSIDIZED PROGRAMS TO THOUSANDS OF MEMBERS AND PROGRAM PARTICIPANTS, ASSURING THEM OF AN EQUAL OPPORTUNITY TO BENEFIT FROM THE YMCA OF GNY'S PROGRAMS AND SERVICES FROM ITS HUMBLE BEGINNINGS IN RENTED ROOMS PROVIDING SHELTER TO YOUNG MEN ON MANHATTAN'S LOWER EAST SIDE, THE YMCA OF GREATER NEW YORK HAS GROWN TO SERVE OVER 500,000 PEOPLE EACH YEAR THROUGH 22 FULL-SERVICE BRANCHES (EACH A "BRANCH") THROUGHOUT THE FIVE BOROUGHES THAT TOTAL MORE THAN 1.4 MILLION SQUARE FEET OF PROGRAM SPACE IN NEW YORK CITY IN ADDITION, THE YMCA OF GREATER NEW YORK OWNS APPROXIMATELY 1,000 ACRES OF UPSTATE NEW YORK WOODLANDS, WHERE IT OPERATES A CAMP WITH THREE DISTINCT UNITS AND A MEETING CENTER, EACH COMMITTED TO FOSTERING PERSONAL GROWTH IN CHILDREN AND TEENS AND TEACHING ENVIRONMENTAL EDUCATION THE YMCA OF GREATER NEW YORK ALSO OPERATES PROGRAMS INCLUDING AFTER-SCHOOL CARE, YOUTH SPORTS AND ADULT EDUCATION AT MORE THAN 110 SITES AT NEW YORK CITY PUBLIC SCHOOLS, PARKS AND COMMUNITY FACILITIES IN NEIGHBORHOODS ACROSS NEW YORK CITY, THE YMCA OF GREATER NEW YORK HAS THE PRESENCE, VISION, LEADERSHIP AND CREDIBILITY TO DELIVER LASTING AND PERSONAL SOCIAL CHANGE, RESULTING IN A BETTER FUTURE FOR ALL NEW YORKERS THE YMCA OF GREATER NEW YORK DEVELOPS NEW YORK CITY'S YOUTH, DELIVERING PROGRAMS TO MORE THAN 250,000 CHILDREN AND TEENS THAT ENGENDER POSITIVE BEHAVIORS, BETTER HEALTH AND IMPROVED EDUCATIONAL ACHIEVEMENT THE YMCA OF GREATER NEW YORK IMPROVES THE HEALTH AND WELL BEING OF NEW YORKERS, LEVERAGING ITS GROWING CAPACITY AND LOCAL REACH TO EXPAND PROGRAMS THAT IMPROVE COMMUNITY HEALTH WITH PROVEN METHODOLOGIES, SUCH AS THE SUCCESSFUL EXPANSION OF ITS DIABETES PREVENTION PROGRAM THE YMCA OF GREATER NEW YORK PROVIDES A STRONG FOCUS ON NEW YORK CITY'S MOST CRITICAL SOCIAL NEEDS, MOST VULNERABLE CITIZENS AND UNDERSERVED POPULATIONS AMONG THE HUNDREDS OF PROGRAMS OFFERED BY THE YMCA OF GREATER NEW YORK ARE YOUTH PROGRAMS, INCLUDING INFANT CARE, UNIVERSAL PRE-KINDERGARTEN, CHILD CARE, DAY CARE AND AFTER-SCHOOL CARE PROGRAMS, SWIMMING AND SPORTS LEAGUES, INSTRUCTIONAL CLASSES, EVENING TEEN CENTERS, COUNSELING AND HEALTH AWARENESS, LIFE/SOCIAL SKILLS, MENTORING, LEADERSHIP TRAINING AND DEVELOPMENT, SERVICE LEARNING, COMPUTER TRAINING, COLLEGE/CAREER PREPARATION, AND DAY CAMPS AND SLEEP-AWAY CAMPS ALL YOUTH PROGRAMS ARE DESIGNED TO NURTURE THE POTENTIAL OF EACH CHILD AND TEEN ALL OF THE YMCA OF GREATER NEW YORK'S PROGRAMS TEACH THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY AND CONTINUE ITS TRADITION OF EMPHASIS UPON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY THE YMCA OF GREATER NEW YORK GIVES THOUSANDS OF YOUNG PEOPLE A PLACE TO COME AFTER SCHOOL FOR SAFE AND PRODUCTIVE ACTIVITIES THAT ENCOURAGE AND SUPPORT ACADEMIC PERFORMANCE AND THAT HELP TO BUILD THEIR SELF-ESTEEM AND DEVELOP HEALTHY LIFESTYLES THE YMCA OF GREATER NEW YORK IS ALSO ONE OF NEW YORK CITY'S LARGEST YOUTH EMPLOYERS, CURRENTLY EMPLOYING MORE THAN 1,800 YOUTH STAFF BETWEEN THE AGES OF 16 AND 24, WORKING MOSTLY IN CITYWIDE CAMPS AND AFTER-SCHOOL PROGRAMS MORE THAN JUST OFFERING JOBS, HOWEVER, THE YMCA OF GREATER NEW YORK PROVIDES AN ENTRYWAY TO YOUTH WORKER TRAINING, PUTTING THEM ON THE PATH TO BECOMING TOMORROW'S TEACHERS, SOCIAL WORKERS, DOCTORS AND ENGINEERS THE YMCA OF GNY HAS ALWAYS GROWN FROM WITHIN ITS COMMUNITY AND IS A REFLECTION OF THE DIVERSITY AND VALUES OF THAT COMMUNITY AT THE YMCA OF GNY, NO ONE IS TURNED AWAY DUE TO AN INABILITY TO PAY TO OFFER THE BROADEST POSSIBLE ACCESS TO ITS PROGRAMS, SERVICES AND FACILITIES AND TO PROVIDE FOR THOSE INDIVIDUALS AND COMMUNITY GROUPS THAT MIGHT NOT BE ABLE TO AFFORD THE FULL COST OF ITS PROGRAMS, SERVICES AND FACILITIES, THE YMCA OF GNY ENGAGES IN FUNDRAISING THROUGH THE ANNUAL CAMPAIGN, SPECIAL EVENTS AT THE CORPORATE AND BRANCH LEVELS, GRANTS, BEQUESTS AND INDIVIDUAL, CORPORATE AND FOUNDATION SUPPORT B PROGRAM SERVICES EXPENSES PROGRAM DESCRIPTION AND PROGRAM SERVICE EXPENSES AND REVENUE CONSISTED OF THE FOLLOWING AT DECEMBER 31, 2015 EXPENSE REVENUE 1) HEALTHY LIFESTYLES \$56,942,531 \$ 81,002,409 2) CHILD DEVELOPMENT \$43,334,455 \$ 9,418,228 3) RESIDENCE PROGRAM \$17,572,597 \$ 33,349,640 4) CAMPING &amp; OUTDOOR LIFE \$12,090,038 \$ 12,482,620 5) TEEN WORK \$13,238,422 \$ 3,853,252 6) COMMUNITY DEVELOPMENT \$16,281,903 \$ 1,068,459 7) INTERNATIONAL/NEW AMERICANS \$ 2,008,481 \$ 26,136 THE TOTAL PROGRAM SERVICE EXPENSES WERE IN THE AMOUNT OF \$161,468,427 FOR 2015 THE PROGRAM SERVICE EXPENSES INCLUDE GRANTS IN THE AMOUNT OF \$273,750 THE TOTAL PROGRAM SERVICE REVENUE WAS IN THE AMOUNT OF \$141,200,744 PLEASE ALSO SEE ABOVE FOR A DESCRIPTION OF THE PROGRAMS RUN BY THE YMCA OF GREATER NEW YORK THE PROGRAM SERVICE EXPENSES INCLUDE SCHOLARSHIPS PAID TO INDIVIDUALS AND SUPPORT TO OVERSEAS YMCA BRANCHES PLEASE SEE SCHEDULE F AND I FOR MORE DETAILS REGARDING GRANTS PAID IN 2015</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 11	REVIEW PROCESS FOR FORM 990 FORM 990 IS FIRST SENT TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND THEN SENT TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	CONFLICT OF INTEREST POLICY YMCA'S CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION YMCA'S BYLAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS THE GOVERNING BOARD IS CHARGED WITH REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES YMCA'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION POLICY AT ITS REGULAR MEETING HELD ON FEBRUARY 5, 2015, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE YMCA OF GREATER NEW YORK CONDUCTED A REVIEW OF THE REASONABLENESS OF THE COMPENSATION BEING PROVIDED TO THE CHIEF EXECUTIVE AND OTHER TOP EXECUTIVE OFFICERS OF THE YMCA OF GREATER NEW YORK, INCLUDING THE EXECUTIVE VP CFO AND THE SR VPS, ALL IN ACCORDANCE WITH TREAS REG S 53 4958-6(C)(2) FOR THIS PURPOSE AND TO SATISFY THE PROFESSIONAL ADVICE REQUIREMENTS OF TREAS REG S 53 4958-1(D)(4)(III), THE COMMITTEE RETAINED SMITH COMPENSATION CONSULTING TO COMPARE THE YMCA OF GREATER NEW YORK'S COMPENSATION AND BENEFITS TO MAJOR NEW YORK CITY NON-PROFITS AND MAJOR U S METROPOLITAN YMCA'S BASED ON THIS DATA AND COMPARATIVE REPORT PREPARED BY SMITH COMPENSATION CONSULTING, THE COMMITTEE CONCLUDED THAT THE COMPENSATION AND BENEFITS PROVIDED TO THE CHIEF EXECUTIVE AND TO THE OTHER TOP EXECUTIVE OFFICERS IS REASONABLE AND COMPETITIVE, IN TERMS OF THE IRS "INTERMEDIATE SANCTIONS" REGULATIONS THE COMMITTEE CONDUCTS A COMPLETE INTERMEDIATE SANCTIONS REVIEW IN ACCORDANCE WITH THE APPLICABLE TREASURY REGULATIONS NO LESS THAN BI-ANNUALLY

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND THE YMCA OF GREATER NEW YORK WEBSITE. OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (\$161,851) PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST \$112,349 LOSS ON DEFEASANCE OF DEBT (\$1,111,099) TOTAL (\$1,160,601)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number  
13-1624228

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)YMCA RETIREMENT FUND 140 BROADWAY  NEW YORK, NY 10005 13-5562401	SUPPORTING	NY	501(C)3	11 TYPE I	NA		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)PERPETUAL TRUST (1)	TRUST DISTRIB	NY	NA	TRUST					

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>	Yes	
<b>1s</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**