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Form **990**

Return of Organization Exempt From Income Tax

DLN: 93493054000437 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service 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

A F	or the	2015 ca	lendar year, or tax year beginning 07-01-2015 , and ending 06-30-2010	5			
		pplicable	C Name of organization Young Mens Christian Assoc McGaw Inc		D Empl	loyer id	dentification number
		change			36-2	1691	94
	ame ch	-	Doing business as				
		cum			E Telep	hone nu	ımber
Initial retum Final retum/terminated Amended return			Number and street (or P O box if mail is not delivered to street address) Room/suit 1000 Grove Street	e	(847	'1475	-7400
		return n pending	City or town, state or province, country, and ZIP or foreign postal code		- (0+7) +/3	7 + 0 0
1 14	piledelo	ii penang	Evanston, IL 60201		G Gross	receipt	ts \$ 16,664,533
			F Name and address of principal officer	H(a) Is	this a grou	ıp retu	rn for
			Mark A Dennis 1000 Grove Street		bordinates	•	☐ Yes 🗸
			Evanston, IL 60201	N N	o e all suborc	dinate	c
I Ta	x-exen	npt status	✓ 501(c)(3)		luded?	umate.	Yes No
J W	ebsite	e:▶ mco	gawymca org		•		t (see instructions)
					oup exemp		
K Fon	n of or	ganization	▼ Corporation	L Year of	formation 1	1885	M State of legal domicile IL
Pa	rt I	Sum	mary				
			scribe the organization's mission or most significant activities				
Activities & Governance	aı to de	nd servic o underst evelopme	iw YMCA is an open charitable, membership association that promotes of the set of all. As a cause-driven, charitable organization, we are committed cand and address community needs in order to effect lasting personal an ent, healthy living, and social responsibility. The McGaw YMCA Vision is ning community.	to building d social cl	g the found nange in ou	ations ir thre	s of community We seek e areas of focus youth
A 0.5							
<u>×</u>	2 (Check th	is box ▶ ☐ if the organization discontinued its operations or disposed o	f more tha	n 25% of r	ts net	assets
	1 s r	Number o	of voting members of the governing body (Part VI, line 1a)			3	24
\ <u>\</u>			of independent voting members of the governing body (Part VI, line 1b)		4	24	
Acti	5 7	Total nun	mber of individuals employed in calendar year 2015 (Part V, line 2a) .		5	742	
	6 7	Total nun	nber of volunteers (estimate if necessary)			6	1,100
			related business revenue from Part VIII, column (C), line 12			7a	0
	b N	et unrela	ated business taxable income from Form 990-T, line 34			7b	(
				P	rior Year		Current Year
Qı	8		butions and grants (Part VIII, line 1h)		2,394	•	2,117,082
Ravenue	9		am service revenue (Part VIII, line 2g)		13,141		12,941,537
Rav	10 11		tment income (Part VIII, column (A), lines 3, 4, and 7d)			,173	114,164
	12		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	12	12)	terende add mes o through II (mast equal) art VIII, column (V), me		15,956	,405	15,578,426
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1–3)		1,971	,597	1,894,230
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)				0
δ	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		8,906	,089	9,184,805
Expenses	16a	,	, ssional fundraising fees (Part IX, column (A), line 11e).......				4,680
d d	ь		indraising expenses (Part IX, column (D), line 25) ▶306,534				.,
ū	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,104	.577	5,294,818
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		15,982		16,378,533
	19		ue less expenses Subtract line 18 from line 12			,858	-800,107
Net Assets or Fund Balances				Beginnin	g of Current	t Year	End of Year
alar	20	Total	assets (Part X, line 16)		22,891	,445	21,418,287
t As	21		liabilities (Part X, line 26)		8,454		7,783,728
ŠĒ	22		ssets or fund balances Subtract line 21 from line 20		14,437		13,634,559
Pa	rt II	Sign	ature Block		·		
Unde my k	r pena nowle	alties of p	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
					2017-02-23		
Sigr		Signa	ature of officer		Date		
Her	е		cy J Petrillo Chief Financial Officer				
		<u> </u>	Print/Type preparer's name Preparer's signature Da	te T		PTIN	1
Paid	4		Arcy Steindler Marcy Steindler	(Check if self-employed	P005	573131
		\r F	irm's name ► Mann Weitz & Associates LLC		irm's EIN ►	•	3131
	pare On	1 -	irm's address ▶ 111 Deer Lake Rd Suite 125	F	Phone no (84	17) 267	-3400
USE	. UII	'Y	Deerfield, IL 600159578				
Mav	the IR	S discus	ss this return with the preparer shown above? (see instructions)				. Ves No

Form 990 (2015) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission The McGaw YMCA is an open charitable, membership association that promotes growth in spirit, mind and body through programs and services for all in our diverse community. The YMCA is a cause-driven, charitable organization committed to building the foundations of community We seek to understand and address community needs in order to effect lasting personal and social change in our three areas of focus youth development, healthy living and social responsibility 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 $\hbox{Did the organization cease conducting, or make significant changes in how it conducts, any program \\$ If "Yes," describe these changes on Schedule O 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 (Code) (Expenses \$ 5,247,757 including grants of \$ 800,418) (Revenue \$ 5,425,572) HEALTHY LIVING With over 12,000 members, the McGaw YMCA has a long-standing policy that no one is turned away from our Y due to the inability to afford membership Each year we strive to fulfill our mission of service through our income-based "membership for all" princing that sets membership fees based on household income and the number of individuals in the household. Our goal is to open the doors of the McGaw Y to everyone using an affordable pricing structure. This helps keep our Health and Wellness facilities accessible to the vast majority of those living and working in Evanston and the surrounding communities. In order to increase accessibility, we supply a free child care drop in center for members using the facility. To remain true to our commitment to serving our entire community, our scholarships and fee assistance goes far beyond memberships. We offer scholarships to reduce tution and fees on youth sports, swim lessons, day and residential camp, child care, fee-based programs, and rental assistance for the mem's residence. In FY2016 we provided nearly \$1.9 million in Scholarships and other fee assistance in total 6043 youth, families and adults benefited from scholarships and other fee assistance from the McGaw YMCA. In McGaw YMCA is approach to healthy living focuses on caning for oneself from the inside out, including the spirit, mind and body. At the McGaw YMCA, we aim to improve the health outcomes and lifestyles of youth, adults and families in our community. We provide members with the supportive relationships and community they need to create a healthy life style. This is particularly important as our nation and community struggle with an obesity epidemic and work/life balance as individuals search for personal fulfillment. We bring families together and offer sport, recreational and social networks that build relationships and strengthen bonds. This area of focus contains general and targeted health and well 4a (Code) (Expenses \$ 5,247,757 including grants of \$ 800,418) (Revenue \$ 5.425.572) 4b) (Expenses \$ 1,151,741 including grants of \$ 99,089) (Revenue \$ (Code) (Expenses \$ 1,151,741 including grants of \$ 99,089) (Revenue \$ 1,157,289) SOCIAL RESPONSBILITY At the McGaw YMCA, a diverse population of individuals and families who live and work in Evanston and neighboring communities come together every day. The McGaw YMCA membership base and program participants reflect the diversity in income, race and ethnicity, age, and ability - found in the region as whole. This is particularly true for our men's residence program, which provides affordable rental housing, supportive services and a caring community for low-income men at various stages of their lives. The Men's residence includes 172 Single Room Occupancy units on three floors of the McGaw YMCA's main building at 1000 Grove Street. Of our long term resident members, 85% are classified as very or extremely low income by the U.S. Department of Housing and Urban Development. 65% of Resident Members live at the McGaw YMCA for 3 or more years and 65% of the Resident Members are over 50 years old. During fiscal year 2016 we served nearly 260 men and awarded \$99,000 in fee assistance and subsidies to 59 of these low-income resident members. As SRO housing faces conversion to higher income apartments and condominiums in other parts of the region, McGaw YMCA's Men's Residence is a stable fixture in the community. On average 94% of our 172 single rooms for men remained occupied in fiscal year 2016, signaling the continued demand for affordable, accessible housing in Evanston. The McGaw YMCA is much more than a landlord. A highly skilled and trained staff provides ongoing case management, wellness checks, and referrals to community partners and services. Through a holistic housing structure, resident members not only have a place to sleep but have the resources and support system to help stabilize their housing and live their most productive lives.) (Expenses \$ 8,223,676 including grants of \$ 993,973) (Revenue \$

(Code) (Expenses s 8,223,676 including grants of s 993,973) (Revenue s 6,358,676)

VOLTH DEVELOPMENT From ax weeks old to high school senors, the McGair YMCA serves youth at every stage of development by nutturing the plosithal of every child and been. Our am is to ensure youth realize their potential to become active, engaged and thriving members of the community. We nutture their score-montonal, completely, and physical development from profit and the provides a selle, active, simulating, and creative learning environment that addresses the whole child To instance and support. The YMCA in Evanston has been offering child care services for working parents for more than 60 years. The McGair YMCA Children's Center (a stand-sions called specific provides a selle, active, stimulating, and creative learning environment that addresses the whole child To instance the highest quality was mentare accerdated some string of the provides a selle, active, stimulating, and creative learning environment that addresses the whole child To instance the highest quality was mentare accerdated some string to receive the provides a selle, active, and the sellength of the provides and the provides

d	Other program	services (De	scribe in Scl	nedule O)

4e

including grants of \$ (Expenses \$

Total program service expenses ▶

) (Revenue \$

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $^{\bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-197$ If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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	14 b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than $$15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e$? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	n 990 (2015)			Page 4
Pai	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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instructions for applicable filing thresholds, conditions, and exceptions)

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

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Yes

Form 990 (2015)

Yes

Part V	Statements	Regarding	Other	IRS Filinas	and '	Tax Com	plianc

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance					_
		Check if Schedule O contains a response or note to any line in this	rart '	v	•	Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	25		1 62	140
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1 b	0			
		L le organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
	gamın	g (gambling) winnings to prize winners?	٠,		1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	742			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loyme	ent tax returns?	2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the	/ear?	3a		Νo
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye See in (FBA R	s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank ()	and I	Financial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			_		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement th			6b		
7		izations that may receive deductible contributions under section 170(c).					
a		ne organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	ovide	d?	7 b	Yes	
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	٠.	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		Νo
_	requir				7 g		
	Form	organization received a contribution of cars, boats, airplanes, or other vehicles	, did 1	the organization file a	7h		No
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	siness •	s holdings at any time	8		
9 a	Did th	e sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		
10		on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b			l	
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11 b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12 b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	organization licensed to issue qualified health plans in more than one state? N o Nonal information the organization must report on Schedule O	ote.S	ee the instructions for	13a		
	ın whi	the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13 b				
		the amount of reserves on hand	13c				
		ie organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> .	•		14a 14b		No_

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			[
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			

10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Se	Cti	on	C.	DISCI	osi	ıre	

17	List the States	with which a	copy of this	Form 990 is	s required to	be filed ►	T
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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

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records ▶Nancy Petrillo 1000 Grove Street Evanston, IL 60201 (847) 475-7400 Part VII

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han o	one I both	box, and	heck unless officer stee)	:	(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
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

art VII	Section A. Officers, D	irectors, Trustees,	Key Employees,	and Highest (Compensated E	mployees (continued)	
---------	------------------------	---------------------	----------------	---------------	---------------	----------------------	--

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	tion (han c n is l	ne tooth	oox, an o	unless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Institutional Trustee Individual trustee or director		Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheets	s to Part VII, Se	ection A				•				
d Total (add lines 1b and 1c) .				•	•	•		617,625	0	100,326
2 Total number of individuals (inc	cluding but not !	limited t	o the	se I	ister	labov	e) wh	no received more th	an	

- Total number of individuals (including but not limited to those listed above) who received more tha \$100,000 of reportable compensation from the organization ► 4

(A)

- Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee
- on line 1a? If "Yes," complete Schedule J for such individual

 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

5 No

Yes

Yes

3

(B)

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.

Name and Dusiness address	Description of services	Compensation

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

orm 99	0 (20	15)					Page 9
Part V	1111	Statement of Revenue					
		Check if Schedule O contains a respo	onse or note to any lir	ne in this Part VIII	<u> </u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
လ လ	1a	Federated campaigns 1a	0				
ant	ь	Membership dues 18	0				
يَ ق	С	Fundraising events 10	82,446				
ffs.	d	Related organizations 10	0				
ອ ເ⊵ື	e	Government grants (contributions) 16	415,891				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
tribu Othe	g	Noncash contributions included in lines	293,552				
ng m	h	Total. Add lines 1a-1f		2,117,082			
			Business Code				
Program Service Revenue	2a	Youth Development	813410	6,358,676	6,358,676		
٠ ۲	ь	Healthy Living	813410	5,425,572	5,425,572		
υ CE	c	Social Responsibility	813410	1,157,289	1,157,289		
2	d		313 110	1,137,203	1,137,203		
3g	e						
ran	f	A II other program service revenue		0	0	0	0
¥ og							, and the second
	g	Total. Add lines 2a-2f		12,941,537			
	3	Investment income (including divider and other similar amounts)		114,166			114,166
	4	Income from investment of tax-exempt bond	I proceeds ►				
	5	Royalties	•				
	6a	(1) Real Gross rents	(II) Personal				
	b	Less rental					
		expenses	0				
	C	Rental income 0 or (loss)	0				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory (1) Securities (1) Securities 950,000	(II) Other				
	ь	Less cost or other basis and 950,002					
	c	sales expenses Gain or (loss) -2	0				
	d	Net gain or (loss)		-2			-2
Other Revenue	8a	events (not including \$82,446 of contributions reported on line 1c) See Part IV, line 18					
ë E	ь	Less direct expenses b	163,510				
ō	c	Less direct expenses b Net income or (loss) from fundraising	/	97,555			97,555
		Gross income from gaming activities See Part IV, line 19		·			
		a	1				
	b	Less direct expenses b					
	С	Net income or (loss) from gaming act					
	10a	Gross sales of inventory, less returns and allowances .	105 222				
		a	106,223				
	Ь	Less cost of goods sold b Net income or (loss) from sales of inv	50,344	55,879			55,879
	С	Miscellaneous Revenue	Business Code	33,079	-		33,079
	11a	Use of Space	813410	128,326			128,326
	b	Locker Rental	813410	38,478			38,478
	c	Parking Lot Income	813410	12,830			12,830
	d	All other revenue		72,575	0	0	
	e	Total. Add lines 11a-11d	•		-		, -
	12	Total revenue. See Instructions .		252,209			
	**	TOTAL TEVELINE. See Tristructions .	· · · · •	15,578,426	12,941,537	0	519,807

12,941,537

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)

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,893,480	1,893,480		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	750	750		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	837,856	419,803	321,093	96,960
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,573,590	6,198,948	260,627	114,015
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	377,088	326,088	43,194	7,806
9	Other employee benefits	863,405	772,480	82,473	8,452
10	Payroll taxes				
		532,866	460,798	61,037	11,031
11	Fees for services (non-employees)				
a	Management				
Ь	Legal	15,546		15,546	
С	Accounting	24,769		24,769	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	4,680			4,680
f	Investment management fees	14,838		14,838	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	338,050	174,825	158,316	4,909
12	Advertising and promotion	111,046	50,620	36,014	24,412
13	Office expenses	319,507	277,230	36,723	5,554
14	Information technology	173,003	137,754	21,753	13,496
15	Royalties				
16	Occupancy	1,599,788	1,533,410	66,378	
17	Travel	38,087	26,673	11,347	67
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	103,660	52,916	47,331	3,413
20	Interest	5,485	5,485		
21	Payments to affiliates	144,506	0	144,506	0
22	Depreciation, depletion, and amortization	986,358	944,067	42,291	
23	Insurance	89,506	74,371	15,135	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Direct Program Expenses	857,999	857,999		
b	Bad Debt for Program	97,600	97,600		
c	Vehicle Rental & Expenses	225,338	225,338		
d	Dues and Subscription	27,824	23,121	4,703	
e	All other expenses	121,908	69,418	40,751	11,739
25	Total functional expenses. Add lines 1 through 24e	16,378,533	14,623,174	1,448,825	306,534
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

		P-I Ch					1 age 💵
Раг	t X	Balance Sheet Check if Schedule O contains a response or note to any I	ine in th	ıs Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			205,418	1	83,109
	2	Savings and temporary cash investments			570,815	2	10,645
	3	Pledges and grants receivable, net			106,336	3	73,809
	4	Accounts receivable, net			401,218	4	397,559
	5	Loans and other receivables from current and former of					
		key employees, and highest compensated employees (Schedule L					
					0	5	0
ts	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	3(c)(3)(l f sectior	3), and 1501(c)(9)			
Assets					0	6	
As	7	Notes and loans receivable, net			0	7	0
-	8	Inventories for sale or use			18,955	8	43,138
	9	Prepaid expenses and deferred charges			147,552	9	206,787
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	29,854,288			
	ь	Less accumulated depreciation	10 b	14,408,152	15,436,465	10c	15,446,136
	11	Investments—publicly traded securities			5,742,123	11	4,909,948
	12	Investments—other securities See Part IV, line 11 .			26,183	12	6,166
	13	Investments—program-related See Part IV, line 11 .		•	0	13	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			236,380	15	240,990
	16	Total assets.Add lines 1 through 15 (must equal line 34	4)		22,891,445	16	21,418,287
	17	Accounts payable and accrued expenses			1,102,502	17	1,281,835
	18	Grants payable				18	
	19	Deferred revenue			1,635,478	19	1,644,386
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV				21	
bilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o					
<u>.</u>		persons Complete Part II of Schedule L				22	
<u> </u>	23	Secured mortgages and notes payable to unrelated thir	d parties	S	5,681,085	23	4,804,314
	24	Unsecured notes and loans payable to unrelated third p	arties		0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,			
					35,025	25	53,193
	26	Total liabilities.Add lines 17 through 25			8,454,090	26	7,783,728
ses		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ▶	and complete			
ä	27	Unrestricted net assets			12,936,195	27	12,205,423
Bal	28	Temporarily restricted net assets			615,687	28	528,711
פ	29	Permanently restricted net assets			885,473	29	900,425
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check he	ere ►	333,113		330,123
(S (30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipmen	t fund			31	
As	32	Retained earnings, endowment, accumulated income, o				32	
let	33	Total net assets or fund balances			14,437,355	33	13,634,559
_	34	Total liabilities and net assets/fund balances			22,891,445	34	21,418,287
	1 - 1	. Tta. Rabinetos ana nec assecs/rana balanees 1 1	· · ·	· · ·	22,001,440		5

15,578,426

16,378,533

14,437,355

-800,107

-10,906

8,217

No

Νo

Reconcilliation of Net Assets

Che	ck ıf Schedule	O contain	s a resp	onse or	note to	any line	ın thıs F	art XI							. [<u>√</u>
		_														

Total revenue (must equal Part VIII, column (A), line 12)

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Cash ✓ Accrual COther

Both consolidated and separate basis

1

2

3

4

13,634,559

2a

2b

Yes

Yes Nο

2c Yes 3a 3b Form 990 (2015)

Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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

Software ID: 15000238

Software Version: 2015v3.0

EIN: 36-2169194

Name: Young Mens Christian Assoc McGaw Inc

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

Compensated Employees, an	d Independ	ent Co	ntra	cto	rs	,				
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han d on is l	ne b both ctor	oox, an o	officer stee)	r	(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
			नः			ated				
Dan Israelite	3 0	V		V					0	,
Chair of the Board		X		X				0	0	
Pat Maunsell	2 5	,,		.,						_
Vice Chair of the Board		×		Х				0	0	C
Michael Walker	2 5	.,		v						_
Treasurer of the Board		×		X				0	0	C
Vilma Bell	2 5	.,		v						_
Secretary of the Board		×		X				0	0	
Mary Dolan	2 5	V							0	
Director of the Board		×						0	0	
Freddı Greenberg	2 5	V							0	(
Director of the Board		×						0	0	
Jaban Porter	2 5	×						0	0	,
Director of the Board		^						0	U	(
Matt Walsh	2 5	×						0	0	,
Director of the Board		^								
Carey Bartell	2 0	V								,
Director of the Board		×						0	0	
Marcus Campbell	2 0	v						_		,
Director of the Board		×						0	0	
	-		•			-	-	•	•	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Em Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and hours per more than one box, compensation compensation amount of Title week (list unless person is both an from the from related other officer and a any hours organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the individual trustee or director organizations MISC) MISC) organization Former X O emplovee Highest compensat below Institutional Trustee and related dotted line) employee organizations Ē Janet 20 Crawford Χ 0 0 Director of the Board Bill Gifford 20 Χ 0 0 Director of the Board Janine Hill 2 0 0 0 Χ Director of the Board Chala M 20 Holland Χ 0 0 Director of the Board Geralyn R 2.0 Hurd Χ 0 0 Director of the Board Gilo Logan 20 Χ 0 0 Director of the Board Chad 20 Luning 0 0 Χ Director of the Board Casey 20 Miller Χ 0 Director of the Board Susan 2 0 Patel Χ 0 0 Director of the Board Anne 20 Reusche Х Director of

the Board

								icers, Directo		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersoi cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
Sean Reynolds Director of the Board	2 0	×			_			0	0	C
Sharon Robinson Director of the Board	2 0	x						0	0	d
Lynn Ryan Director of the Board	2 0	×						0	0	C
Mark Teasdale Director of the Board	2 0	×						0	0	C
Mark A Dennis Jr President/CEO	50 0			×				215,288	0	8,311
Monique Parsons Chief Operating Officer	50 0			x				112,562	. 0	27,208
Nancy Petrillo Chief Administrator & Financial Officer	50 0			x				107,150	0	20,330
Bruce Carmichael Chief Human Capital Development Officer	50 0			x				100,355	0	13,118
Tanille Smith Chief Shared Services Officer	50 0			×				82,270	0	31,359
Scott Lorenz V P Philanthropy & Leadership gifts	50 0			x				0	0	C

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

DLN: 93493054000437 OMB No 1545-0047

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.

Open to Public

Department of the Treasury Internal Revenue Service

Part I

1

2 3

11

990EZ)

SCHEDULE A

Name of the organization

(Form 990 or

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Inspection www.irs.gov/form990. Employer identification number Young Mens Christian Assoc McGaw Inc 36-2169194 **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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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.

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. 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.

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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or

integrated, or Type III non-functionally integrated supporting organization

Provide the following information about the supported organization(s)

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

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (d)2014 (a)2011 (b)2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

18

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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ ${\sf Gifts,grants,contributions,and}$ membership fees received (Do 5,637,954 5,424,010 5,435,147 2,394,757 2,117,082 21,008,950 not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished 8,246,853 8,097,070 8,728,775 13,410,074 13,231,076 51,713,848 in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the Ω organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a 0 governmental unit to the organization without charge 13,884,807 13,521,080 14,163,922 15,804,831 15,348,158 72,722,798 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 251,354 141,881 136,798 124,212 136,170 790,415 and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 136,798 124,212 136,170 Add lines 7a and 7b 251,354 141,881 790,415 **Public support.** (Subtract line 7c 71,932,383 from line 6) Section B. Total Support Calendar year (a)2011 (b)2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) ▶ 13,884,807 13,521,080 15,804,831 15,348,158 72,722,798 14,163,922 9 A mounts from line 6 Gross income from interest, 10a dividends, payments received 136,995 161,206 190,428 140,210 114,166 743,005 on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 136,995 161,206 190,428 140,210 114,166 743,005 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of 267,553 244,751 287,833 168,846 252,209 1,221,192 capital assets (Explain in Part VI) Total support. (Add lines 9, 13 14,289,355 13,927,037 14,642,183 16,113,887 15,714,533 74,686,995 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage -- 6-- 2015 (1--- 0 --1---- (6 1---1-1 1--- 12 --1---- (6)

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	96 31 %
16	Public support percentage from 2014 Schedule A. Part III. line 15	16	95.55%

Section D. Computation of Investment Income Percentage	
17 Investment in a new part of the 2015 (line 10 and line 10 declared to line 12 and line 16)	

- Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 0 99 %
- 1 07 % 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

Investment income percentage from 2014 Schedule A, Part III, line 17

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

Se	I, complete Sections A and D, and complete Part V) action A. All Supporting Organizations			
	caton of an eappointing organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," evaluation in Part V7 what controls the organization put in place to ensure such use.	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use 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	4a		
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	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(8)$ purposes	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	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 Part VI .	6		
7	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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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 Part VI .	9 b		
С	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 Part VI .	9 c		
0a	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	10a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11 b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	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	2a		
	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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

engaged in these activities but for the organization's involvement

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

each of the supported organizations? Provide details in Part VI

2b

3a

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on	Nov 20, 1970 See inst i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	Sections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	integrat	ed Type III supporting c	organization (see

12	Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Se	ection D - Distributions			Current Year
1	A mounts paid to supported organizations to accom	plish exempt purposes		
2	A mounts paid to perform activity that directly further excess of income from activity			
3	Administrative expenses paid to accomplish exemp			
4	A mounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval rec	quired)		
6	Other distributions (describe in Part VI) See instru	uctions		
	Total annual distributions. Add lines 1 through 6			
<u> </u>	Total aimaa distributions. Add imes 1 timough o			
8	Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
10	Line 8 amount divided by Line 9 amount			
			/::x	/:::\
	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
<u>c</u>				
	From 2013			
	From 2014 Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 [Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 33 and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013			
d	From 2014			
	From 2015			
				(F 000 000 F7) (201 F

Facts And Circumstances Test
and 6. Also complete this part for any additional information. (See instructions).
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,

Return Reference	Explanation
Schedule A. Part III. Line 12 Other	Use of Space \$94.273 Locker Rental \$42.767 Parking Lot Income \$9.465 Miscellaneous

Schedule A, Part III, Line 12 Other Income

Income

Schedule A, Part III, Line 12 Other Revenue \$22,341

Schedule A, Part III, Line 12 Other Income

OCUMN C - 287833 0, COLUMN D - 168846 0, COLUMN E - 252209 0, COLUMN F -

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>. OMB No 1545-0047

DLN: 93493054000437

Open to Public Inspection

	nal Revenue Service		1	
	me of the organization Ing Mens Christian Assoc McGaw Inc		Empl	oyer identification number
				169194
Pā	ITT Organizations Maintaining Dono Complete if the organization answer	r Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6	Funds o	or Accounts.
		(a) Donor advised funds		Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to			sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Pa	rt III Conservation Easements. Compl	ete if the organization answered "Yes	" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by t	he organization (check all that apply)		
	Preservation of land for public use (e.g., rec		fan bistor	ically important land area
	education) Protection of natural habitat	<u>. </u>		d historic structure
	Preservation of open space	Treservation e	n a certific	a mistoric structure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	ın the form	of a conservation
_	easement on the last day of the tax year	nela a quamica conservation contribution		or a compervation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easem		2b	
c d	Number of conservation easements on a certifier Number of conservation easements included in (• •	2c	
u	historic structure listed in the National Register	c) acquired after 6/17/00, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termin	ated by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy rega violations, and enforcement of the conservation	5 ,	andling of	□ Yes □ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	orcing cons	ervation easements during the
	^			*
7	A mount of expenses incurred in monitoring, insp \$ \(\)	ecting, nandling of violations, and emotern	y conserva	tion easements during the year
В	Does each conservation easement reported on I (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of	section 17	0 (h)(4) Yes No
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financ		
Par		ctions of Art, Historical Treasure		er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education	venue stat on, or resea	arch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its reven r assets held for public exhibition, education	ue stateme	ent and balance sheet
((i) Revenue included on Form 990, Part VIII, line		> \$	

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

> \$ _

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	storica	al Tre	asures, or (Other Similar	Assets
3		g the organization's acquisition, according to the organization's acquisition, according to the control of the	ession, and other reco	ords, c	heck an	y of the	e following that	are a significant u	ise of its
а		Public exhibition		d	Г	Loan oi	r exchange prog	grams .	
Ь	_ :	Scholarly research		e		Other			
c		Preservation for future generations							
4	Provide Part >	de a description of the organization' KIII	s collections and exp	laın ho	w they f	urther t	the organization	n's exempt purpos	e in
5		g the year, did the organization soli							
Do	asset rt IV	s to be sold to raise funds rather th		s part	of the o	rganıza	tion's collection	1? Y	es No
I-G	LIV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, P	art IV	, line 9, or re	ported an amou	ınt on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nediary	for cor	ntributio	ons or other ass	sets not	es No
b	If"	'Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	table		A	mount
c	Ве	ginning balance					1 c		
d	A d	ditions during the year					1d		
е	Dis	stributions during the year					1e		
f		ding balance					1f		
2a	Did th	ne organization include an amount o	n Form 990, Part X, lı	ne 21,	foresc	row or o	custodial accou	nt liability? T	es No
b	If "Va	os " avalain the arrangement in Bart	VIII Chack bara if th		lanation	hac bo	on provided in	D > ++ VIII	
	rt V	es," explain the arrangement in Part Endowment Funds. Comple							
			(a)Current year		or year)Two years back	(d)Three years back	1
1a	Begir	nning of year balance	885,473		826,9	58	819,974	786,16	3 770,820
b	Contr	ributions	14,952		58,5	15	6,984	33,81	1 15,343
c	Net II losse	· · · · · · · · · · · · · · · · · · ·	0				0	(0 0
d	Grant	ts or scholarships	0				0	(0 0
e		r expenditures for facilities programs	0			0	0	(0 0
f	A dmı	nistrative expenses							
g	End o	of year balance	900,425		885,4	73	826,958	819,974	786,163
2	Provi	de the estimated percentage of the	current year end bala	nce (III	ne 1g, c	olumn	(a)) held as		
а	Board	l designated or quasi-endowment 🕨	0 %						
b	Perm	anent endowment ▶ 100 %							
C		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	0 % should equal 100%						
За		here endowment funds not in the pos	ssession of the organi	ızatıon	that are	e held a	nd admınıstere	d for the	[,
	_	ilization by irelated organizations						Гз	Yes No Ba(i) Yes
		elated organizations			· . · .				Ba(ii) No
b		es" on 3a(II), are the related organiz						[3b
4		ribe in Part XIII the intended uses of		ndown	nent fun	ds			
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		orm 9	90, Pa	rt IV,	line 11a.See	Form 990, Part	X, line 10.
		Description of property			(a) ost or oth (investm	er basıs	(b) Cost or other bas (other)	Accumulated	d (d)Book value
1a	Land						1,142,5	12	1,142,512
b	Buildin	ngs 					23,271,9	28 10,546,1	12,725,751
c	Leasel	nold improvements		· [214,6	56 45,2	226 169,430
		nent		· _			677,8	63 535,0	072 142,791
е	Other						4,547,3	29 3,281,6	577 1 ,265,652
Tota	I. A dd	lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, colu	ımn (B),	line 10			15,446,136

(a) Description of security or catego (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of the of year market vale
(2)Closely-held equity interests (3)Other			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Tinvestments—Program Related. Complete if the organization answere	ed 'Yes' on Form 99	0, Part IV, line 11c. _S	ee Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
			Cost of the of year market vale
			I
Total (Column (h) must equal Form 990, Part Y, col (R) line 13.)	•		
Part IX Other Assets. Complete if the organization		ı Form 990, Part IV , line	
Part IX Other Assets. Complete if the organization		ı Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	ı Form 990, Part IV , line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	ı Form 990, Part IV , line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	ı Form 990, Part IV , line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	ı Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	ı Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	ı Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	ı Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' or	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization (a) Des	tion answered 'Yes' or		(b) Book value
(a) Des	tion answered 'Yes' or cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of the property of the pr	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of the property of the pr	tion answered 'Yes' or cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15) ganization answere (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	tion answered 'Yes' or cription e 15)		(b) Book value

Schedule D (Form 990) 2015

1

2

c

Part XIII

information

13,803,524

-1,896,169

1,908,318

16,378,533

3	Subtract line 2e from line 1	3	15,699,693
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 14,838		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	-121,26
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	15,578,420
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	Return.
1	Total expenses and losses per audited financial statements	1	14,606,320
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	136,10
3	Subtract line 2e from line 1	3	14,470,21
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 14,838		
b	Other (Describe in Part XIII)		

2a

2b

2c

2d

-2,689

-1,893,480

2e

4c

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

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

Explanation

Provide support for youth and family programs and Camp Echo

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Add lines 4a and 4b . .

Return Reference

Schedule D, Part V, Line 4 Intended

uses of endowment funds

Supplemental Information

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Info	ormation <i>(continued)</i>	
Return Reference	Explanation	
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Fee Assistance1893480	
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Special Event Expense85761 Cost of good Sold50344	
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Special Event Expense - 85761 Cost of Good Sold - 50344	
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Fee Assistance - 1893480	

Schedule D (Form 990) 2015

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DLN: 93493054000437

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization oung Mens Christian Assoc M	cGaw Inc					Employer ide	ntification number
						36-2169194	1
Part I Fundraising Ac Form 990-EZ file			_	ation answered "Yes" his part.	on Form	1 990, Part IV	/, line 17.
Indicate whether the orga	nızatıon raısed fun	ds throug	h any of th	ne following activities C	heck all t	hat apply	
a Mail solicitations				e Solicitation of n	ion-goverr	nment grants	
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g	sing event	S	
d In-person solicitation	ıs						
Did the organization have or key employees listed in services?							es No
b If "Yes," list the ten high to be compensated at lea				isers) pursuant to agree	ements un	der which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	ount paid to stained by) ser listed in sol (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal			•				
List all states in which the oregistration or licensing	organization is regi	stered or	licensed t	o solicit contributions o	or has bee	n notified it is a	exempt from

Part II	Fundraising	Events

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

	fundraising event contribution receipts greater than \$5,000		on Form 990-EZ, line	s 1 and 6b. List even	ts with gross		
		(a)Event #1 Youth Program Gala (event type)	(b)Event #2 Youth Triathlons (event type)	(c)Other events 7 (total number)	(d) Total events (add col (a) through col (c))		
Direct Expenses Revenue	1 Gross receipts	226,651 65,751 160,900 0 2,920 3,911 34,777 11,305 17,293	16,395 8,307 0 0 0 0 0	14,408 300 14,108 0 0 0 0 3,153	82,446 183,315 0 2,920 3,911 34,777 11,305		
Dat	11 Net income summary Subtract line 1	.0 from line 3, column (c	1)		97,554		
	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on		
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>~</u>	1 Gross revenue						
Direct Expenses	2 Cash prizes						
	6 Volunteer labor	☐ Yes%	│	☐ Yes%_			
	7 Direct expense summary Add lines a 8 Net gaming income summary Subtra	,		<u>*</u>			
9 a b	Enter the state(s) in which the organiza Is the organization licensed to conduct If "No," explain	gaming activities in eac	ch of these states?				
10a	Were any of the organization's gaming l				Yes No		
b	If "Yes," explain						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments of the Complete if the organization of the Org

Treasury

Internal Revenue Service

Name of the organization

Young Mens Christian Assoc McGaw Inc

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493054000437

2015

Open to Public Inspection

Employer identification number

36-2169194

Part I General Information	on on Grants an	d Assistance				'	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes No
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 53 Enter total number of other org	anızatıons listed in t	he line 1 table					
For Paperwork Reduction Act Notice, se	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	(f)Description of non-cash assistance	
YOUTH DEVELOPMENT FEE _(1) ASSISTANCE	765	993,800		Book	Fee Assistance to the Youth members for the various programs	
(2) HEALTHY LIVING FEE ASSISTANCE	5219	800,591		Book	Fee Assistance with the membership and other programs for the low income family and adults	
SOCIAL RESPONSIBILITY FEE (3) ASSISTANCE	59	99,089		Book	Fee assistance for the Low Income single men living in YMCA residence area	
-						
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	THE ASSOCIATION'S VISION IS TO PROVIDE AN OPPORTUNITY ACROSS OUR DIVERSE COMMUNITY FOR HEALTHY LIVING, YOUTH
Procedures for monitoring use of	DEVELOPMENT AND SOCIAL RESPONSIBILITY IN LINE WITH THIS VISION, THE ASSOCIATION HAS DEVELOPED A MEMBERSHIP FEE
grant funds	STRUCTURE THAT PROVIDES ASSISTANCE BASED UPON THE MEMBER'S DOCUMENTED INCOME AND HOUSEHOLD SIZE APPLICANTS FOR
	PROGRAM SCHOLARSHIPS WILL BE EVALUATED BASED UPON THEIR CURRENT MEMBERSHIP LEVEL, DETERMINED BY THE ABOVE
	MENTIONED DOCUMENTED INCOME AND HOUSEHOLD SIZE NON-MEMBERS APPLYING TO PROGRAMS SUCH AS CAMP ECHO, CHILDREN'S
	CENTER OR RESIDENCE, ARE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY INCOME THE MCGAWYMCA CHILDREN'S CENTER
	PROVIDES A SCHOLARSHIP PROGRAM FOR PARENTS WHO HAVE A NEED PARENTS MAY APPLY EACH YEAR FOR FEE ASSISTANCE WHICH
	IS AWARDED BASED UPON THE PARENT'S DOCUMENTED INCOME AND HOUSEHOLD SIZE, USING A SLIDING SCALE AND BUDGET
	ALLOCATION AS AN OPEN, CHARITABLE, MEMBERSHIP ORGANIZATION, THE MCGAW YMCA PROVIDES AFFORDABLE HOUSING FOR LOW-
	INCOME MEN FEE ASSISTANCE IS AWARDED BASED UPON THE RESIDENT'S DOCUMENTED INCOME ON A SCALE RELATING TO THE
	PERCENTAGE OF PUBLISHED RENT TO INCOME RESIDENCE FEES MAY INCLUDE TEMPORARY ALLOWANCES DETERMINED BASED ON
	SPECIAL NEEDS THE ASSOCIATION ESTABLISHS PROCEDURES FOR PROGRAM SCHOLARSHIP AND FEE ASSISTANCE BY PROGRAM, WHICH
	REFLECT APPROPRIATE AUTHORIZATION AND ADMINISTRATION MECHANISMS A DOCUMENTED BASIS FOR GRANTING CONSISTENT FEE
	ASSISTANCE BASED ON INCOME AND FAMILY SIZE MUST BE DEVELOPED, UPDATED ANNUALLY, AND USED IN DETERMINING THE
	AMOUNT TO BE GRANTED TO EACH APPLICANT THE MAXIMUM ASSISTANCE AWARD AMOUNT IS 75% FOR PROGRAM FEES, 60% FOR
	CHILD CARE SERVICES, 98% FOR CAMP ECHO SCHOLARSHIPS AND 100% FOR RESIDENCE RENT (ONLY UP TO INITIAL FOUR WEEKS)
	EXCEPTIONS CAN ONLY BE MADE BY THE PRESIDENT/CEO OR COO IN WRITING ISSUANCE OF SCHOLARSHIPS FOR PROGRAMS WILL BE
	FOR ONE PROGRAM SESSION
	Schedule I (Form 990) 2015

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Schedule J (Form 990)

Compensation Information

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

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

DLN: 93493054000437 OMB No 1545-0047

2015

tment of the ury	► Information about Schedule J (Form	990) and its instructions is at <u>www.irs</u> .	<u>.gov/form990</u> .			
me of the organiz				Employer identificat	ion nur	nber	
ng Mens Christian As	soc McGaw Inc			36-2169194			
rt I Questi	ons Regarding Compensation			SC ETCSTS.			
						Yes	No
First-clas	s or charter tra vel	Г	Housing allowance or residence fo	r personal use			
Travel for	companions	Г	Payments for business use of pers	onal residence			
Tax idemr	nification and gross-up payments	Г	Health or social club dues or initia	tion fees			
Discretion	nary spending account	Γ	Personal services (e g , maid, cha	uffeur, chef)		 	
					1b		
_	·						
directors, trust	ees, officers, including the CEO/Executr	ve D	irector, regarding the items checked	l in line 1a?	2		
organization's (CEO/Executive Director Check all that a	apply	Do not check any boxes for metho	ds			
✓ Compensa	ation committee	Г	Written employment contract				
Independe	ent compensation consultant	~	Compensation survey or study				
Form 990	of other organizations	√	Approval by the board or compens	ation committee			
		t V I I	I, Section A, line 1a with respect to	the filing organization			
Receive a seve	rance payment or change-of-control pay	men	t?		4a		Νo
Participate in, o	or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
Participate in, o	or receive payment from, an equity-base	d cor	mpensation arrangement?		4c		Νo
If "Yes" to any	of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item	ın Part III			
For persons list	ted on Form 990, Part VII, Section A, lir			any			
The organizatio	n?				5a		Νo
,					5b		No
For persons list	ted on Form 990, Part VII, Section A, lir	ne 1 a	, did the organization pay or accrue	any			
'					_		١
-					-		No
,					PP		No
•	•	1 ~	did the organization provide and a	an fivad			
payments not d	escribed in lines 5 and 6? If "Yes," desc	rıbe	in Part III		7		No
•			,		8		No
	Iny al Revenue Service me of the organization Mens Christian As Travel for Tr	any any any and Revenue Service The of the organization and Mens Christian Assoc McGaw Inc The image of the organization and gross Christian Assoc McGaw Inc Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to First-class or charter travel Travel for companions Tax idemnification and gross-up payments Discretionary spending account If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses described the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation. To compensation committee Independent compensation consultant Form 990 of other organizations During the year, did any person listed on Form 990, Part or a related organization Receive a severance payment or change-of-control pay Participate in, or receive payment from, a supplemental Participate in, or receive payment from, an equity-base If "Yes" to any of lines 4a-c, list the persons and provided on the organization? Only 501(c)(3), 501(c)(4), and 501(c)(29) organization for persons listed on Form 990, Part VII, Section A, Incompensation contingent on the revenues of The organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, Incompensation contingent on the net earnings of The organization? Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, Incompensation to described in lines 5 and 6? If "Yes," described in Payments not described in lines 5 and 6? If "Yes," described any amounts reported on Form 990, Part VII, Section A, Incompensation to the initial contract exception described in Re	any any any and Revenue Service me of the organization and Mens Christian Assoc McGaw Inc rt I Questions Regarding Compensation Check the appropriate box(es) if the organization provided are 990, Part VII, Section A, line 1a Complete Part III to provide and 990, Part VII, Section A, line 1a Complete Part III to provide and provided in the provid	al Revenue Service me of the organization me of the organization me of the organization me of the organization Check the appropriate box(es) if the organization provided any of the following to or for a person in 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding. First-class or charter travel First-class or charter travel First-class or charter travel Travel for companions Payments for business use of person. Tax idemnification and gross-up payments Health or social club dues or initia. Discretionary spending account Personal services (e.g., maid, chail or business uses of person). If any of the boxes in line 1a are checked, did the organization follow a written policy regarding preimbursement or provision of all of the expenses described above? If "No," complete Part III to Did the organization reprovision of all of the expenses described above? If "No," complete Part III to Did the organization for provision of all of the expenses described above? If "No," complete Part III to Did the organization organization of the CEO/Executive Director, regarding the items checked. Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for methor used by a related organization to establish compensation of the CEO/Executive Director, but exit in	are which 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 are checked, did the organization provided above? If "No in the expension of the following or a related organization regarding these tiems are the provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a are checked, did the organization flow a written policy regarding payment or rembursement or provision of all of the expenses described above? If "No," complete Part III to explain organization requires substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the tiems checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization of the capacities or a substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the tiems checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III organization to establish compensation of the CEO/Executive Director, but explain in Part III organization or a related organization in establish compensation or an elated organization. Form 990 of other organizations 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. Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Prives' 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. Any related	any and Revenue Service 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 Pirist-class or charter travel Travel for companions Payments for business use of personal use Travel for companions Payments for business use of personal residence Tax ideminification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personals services (e.g., maid, chaiffeur, chef) 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 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? 2 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 cheek any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Unung 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. Form 990 of other organizations Compensation contract Acceives a severance payment from, an equity-based compensation arrangement? 4a Participate in, or receive payment from, an equity-based compensation arrangement? 5b Participate in, or receive payment from, an equity-based compensation arrangement? 6c Participate in, or receive payment from, an equit	A large members between the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1 a received partition of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1 a complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence First-class or charter travel Housing allowance or residence for personal used on Form 990, Part VII, Section A, line 1 a received, did the organization follow a written policy regarding payment or components Payments for business use of personal residence First identification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Parsonal services (e.g., mand, chauffeur, cher) If any of the boxes in line 1 a 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 Did the organization of organization follow a written policy regarding payment or indicate which, if any, of the following the filing organization used to establish the componention of the organizations CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish componention or file CEO/Executive Director, but explain in Part III Indicate which, if any, of the following the filing organization used to establish the componention or file organization or a related organization. Form 990 of the following the filing organization will be componentiated organization or a related organization. Form 990 of the organization organization organization provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Sect

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Page 2

6.042

Schedule J (Form 990) 2015

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	(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable	(E) Total of columns	(F) Compensation in	
	Base	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported	

23,000

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

8.311

223,599

,	 	

192.288

1 Mark A Dennis Ir

President/CEO

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	chedule J (Form 990) 2015							
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 (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

DLN: 93493054000437 OMB No 1545-0047

2015

Treası	tment of the ury al Revenue Service	►Information a	oout Scheal	lie M (Form 990) and its ins	structions is at <u>www.irs.g</u> .	ov/Torm:	<u>990</u>	Open to Inspe		
	e of the organiza	ı tıon				Employe	r identifi	cation nu	mber	
Young	Mens Christian Asso	oc McGaw Inc								
Pa	rt I Types	of Property				36-216	9194			
	.,,,,	<u>.</u>	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line			(d) of determi tribution a	_	ts
1	Art—Works of a	t			19					
	Art—Historical t					1				
3	Art—Fractional	interests								
4	Books and publi	cations								
5	Clothing and ho goods									
6	Cars and other	vehicles								
7	Boats and plane	s								
8	Intellectual prop	perty								
9	Securities—Pub	licly traded .	Х	8	171,282	2 Market	value			
10	Securities—Clos	sely held stock .								
11	Securities—Part or trust interest									
		cellaneous								
13	Qualified conse contribution—H structures .	ıstorıc								
14	Qualified conse contribution—O									
15	Real estate—Re	sidential .								
16	Real estate—Co	mmercial								
17	Real estate—Ot	her								
18	Collectibles .									
19	Food inventory									
	Drugs and medi									
	Taxidermy .									
	Historical artifa									
	Scientific specii					1				
	Archeological a O ther ▶ (rtıfacts		5	122.27) Marilian	lus			
Mosa Fixti Child	other		X	3	122,270	Market	value			
26	O ther ▶ ()								
27	O ther ▶ ()								
28	O ther ▶ ()				<u> </u>				
				inization during the tax yea 283, Part IV, Donee Ackn		29				1
30a	During the year	r, dıd the organıza	ation receiv	e by contribution any prope	erty reported in Part I, line:	s 1 throug	gh 28, th	at 🗀	Yes	No
	it must hold for	at least three ye	ars from the	e date of the initial contribi	ution, and which is not requ	ired to be	e used			
		·		period?	·			300	Ì	N.
h		ibe the arrangem						30a		Νo
		_			_					
31	Does the organ	ization have a gif	t acceptan	ce policy that requires the	review of any non-standard	l contribu	itions?	31	Yes	
	contributions?		•	ies or related organizations	to solicit, process, or sell	noncash • • •		32a	Yes	
	If "Yes," descr If the organizat		t an amount	: in column (c) for a type of	property for which column	(a) is che	ecked,			

describe in Part II

Schedule M (Form 990) (2015)

Page 2

Also complete this part for any additional information. Return Reference Explanation

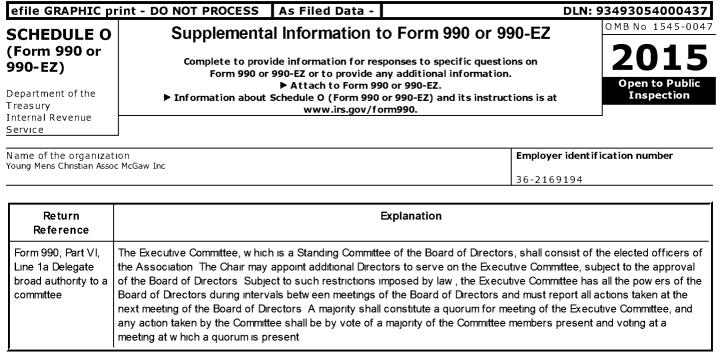
Schedule M. Part I. Line 32b Third Securities that are traded on public exchanges, or other readily marketable securities, shall be accepted by the YMCA. In most cases such securities will be immediately sold by the YMCA. If an parties used to solicit, process, or Informed that such transfers are handled by the YMCA's investment advisor. The broker of record Ishall then be instructed to communicate with the donor or donor's broker. Valuation of donated

sell noncash contributions Individual or his/her broker indicates a willingness to donate stock or securities, that person should be securities will be determined as the mean between the high and the low on the date of the gift

Securities - Publicly traded - Number of contributions Other - Mosaic Room and Kitchen Fixture &

Schedule M, Part I Explanations of reporting method for number of Furniture and Children Center play equipment number of contributions

contributions Schedule M (Form 990) (2015)



Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or	The organization is a membership organization for purposes of the use of its facilities
stockholders	and programs

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of	The board of directors is elected by members at the annual
governing body	meeting

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990	The Association provides an electronic copy of the final version of Form 990 to all Board
by governing body	members for their review before it is filed

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	An interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement. All board members must sign an annual statement that they have read and that they will comply with the policy. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she may be asked to leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. After exercising due diligence, the governing board or committee shall determine whether the organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Annually, the Human Resources Task Force of the YMCA of the USA sends to all Y's their Salary Administration Guideline Recommendation. The guideline lists salary ranges and recommended merit increases. In addition they post on the wiebsite the US Department of Labor statistics. In support of these guidelines, salary ranges are based on subjective criteria, the Arthur Anderson "Hay Plan" developed in 2000. There is a point system rating for each job, which includes total revenue responsibility, managerial knowing and decision complexity for each salary job. The Human Resources Committee review is the guidelines and recommends to the Board Chair and the Executive Committee an appropriate merit increase for the CEO. The HR committee consists of 7 individuals who are YMCA members and/or independent volunteers. The Board Chair completes an employee status change form authorizing the merit raise and this form is permanently kept as part of the CEO's payroll records in the Finance Department. Officers' and key employees' compensation and merit increases are determined in a similar manner using the HR Committee to give guidance using the "Hay" pointing system for compensation levels within a specified range for the related responsibilities and experience, and developing ranges of increases that adhere to specific performance appraisal results and overall budget guidelines developed to apply increases. The CEO review is the performance of all direct reports as well as job salary scales for all key employees.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Annually, the Human Resources Task Force of the YMCA of the USA sends to all Y's their Salary Administration Guideline Recommendation. The guideline lists salary ranges and recommended merit increases. In addition they post on the website the US Department of Labor statistics. In support of these guidelines, salary ranges are based on subjective criteria, the Arthur Anderson developed the "Hay Plan" in 2000. There is a point system rating for each job, which includes total revenue responsibility, managerial know—how, and decision complexity for each salary job. The Human Capital Development Committee review is the guidelines and recommends to the Board Chair and the Executive Committee an appropriate merit Increase for the CEO. The HR committee consists of 7 individuals who are YMCA members and/or Independent volunteers. The Board Chair completes an employee status change form authorizing the merit raise and this form is permanently kept as part of the CEO's payroll records. In the Finance Department, officers' and key employees' compensation and merit increases are determined in a similar manner using the Human Capital Development Committee to give guidance using the "Hay" pointing system for compensation levels within a specified range for the related responsibilities and experience, and developing ranges of increases that adhere to specific performance appraisal results and overall budget guidelines developed to apply increases. The CEO review is the performance of all direct reports and job salary scale for all key employees.

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available	The governing documents, conflict of interest policy, and financial statements are
to the public	available upon request

Return Reference	Explanation
	- Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from
Other Program Service	Tax Under Sections 512, 513, or 514,- Total Revenue,Related or Exempt Function Revenue,Unrelated
Revenue	Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other	Other Income - Total Revenue 72575, Related or Exempt Function Revenue , Unrelated Business
Miscellaneous Revenue	Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 72575,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Changes in FMV of CRT - 8217,