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DLN: 93493121017587

OMB No 1545-0047

Open to Public

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

**Return of Organization Exempt From Income Tax** 

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

		C Name of organization	9 07-01-2015 , and ending 06-30-20	16	D Emple	war idar	ntification number
	eck if applicable Idress change	YOUNG WOMEN'S CHRISTIAN ASSOCI	ATION			-	
•	ame change				87-0	212467	,
_	ıtıal return	Doing business as					
FII		November and street (on D.O. boy from			E Teleph	one numl	ber
	terminated	322 EAST 300 SOUTH	il is not delivered to street address) Room/s	uite	(801)	537-8	604
<u>:                                    </u>	nended return plication pendir	City or town, state or province, count	ry, and ZIP or foreign postal code		(001)	7337 0	00+
I AP	рисации ренци	SALT LAKE CITY, UT 841112605	,,, and En or releigh postar code		<b>G</b> Gross	receipts \$	7,068,546
		<b>F</b> Name and address of principa	al officer	H/a)			
		ANNE BURKHOLDER		П(а)	Is this a group subordinates?		Tor Yes ▼
		322 EAST 300 SOUTH SALT LAKE CITY, UT 841112	605		No		1 163 14
т Та	x-exempt stati	•		Н(b)	Are all subord included?	ınates	□Yes □ No
		IS	nsert no ) 4947(a)(1) or 527			n a list	(see instructions)
J W	ebsite:► W	WW YWCAUTAH ORG			Group exemp		•
<b>K</b> For	n of organization	on 🔽 Corporation Trust Associat	on Other ►		ar of formation 19		State of legal domicile U
	in or organization	The corporation of these of the second	on 1 Salet P	$\dashv$			
Pa	rt I Su	mmary		•			
		escribe the organization's mission			ID DDG MOTIN	C D = 4	05 11167105
		) M AND DIGNITY FOR ALL	ATING RACISM, EMPOWERING WO	MEN, AN	ID PROMOTIN	GPEAG	LE, JUSTICE,
Ce							
Ē							
iei.				_			
Activities & Governance	2 Check	this box ▶ ┌ if the organization dis	continued its operations or disposed	of more	than 25% of it	s net as	sets
ত ≉	3 Numbe	r of voting members of the governin	g body (Part VI, line 1a)			з	17
eş.			the governing body (Part VI, line 1b			4	17
Ē		· -	alendar year 2015 (Part V., line 2a)	•		5	150
Ş			cessary)			6	2,401
•		,	t VIII, column (C), line 12			7a	2,401
			n Form 990-T, line 34			7a 7b	
	<b>D</b> Necturing	Traced business taxable medine nor	11 on 1, me 34	<del></del>	Prior Year	<b>/</b> b	Current Veer
	<b>9</b> Con	tributions and grants (Dart VIII lin	o 1 b)			0.2.0	Current Year
<u>a</u> i		tributions and grants (Part VIII, lin Iram service revenue (Part VIII, lin	3,463, 945,		5,533,679		
Ravenua			(A), lines 3, 4, and 7d)	•	280,		1,116,848
Ŗÿ		er revenue (Part VIII, column (A ), I		·	200,		35,334
		Il revenue—add lines 8 through 11 i			· · ·		
	12)	mrevenue add mes o through 11	mast equal rate viii, column (A), m		4,889,	893	6,879,31
	<b>13</b> Gran	nts and sımılar amounts paıd (Part 1	X, column (A), lines 1-3)			0	10,849,378
	<b>14</b> Ben	efits paid to or for members (Part I)	(, column (A ), line 4)			0	(
	<b>15</b> Sala	ries, other compensation, employed	e benefits (Part IX, column (A), lines		3,131,	763	3,514,910
Š	5-1	•			3,131,		
Expenses		essional fundraising fees (Part IX,	,	•		0	(
표		fundraising expenses (Part IX, column (D),	, <u> </u>				
	<b>17</b> Oth	er expenses (Part IX, column (A), lı	nes 11a-11d, 11f-24e)		1,865,	402	2,034,026
		· ·	t equal Part IX, column (A), line 25)		4,997,	165	16,398,320
(5	<b>19</b> Rev	enue less expenses Subtract line 1	8 from line 12	-	-107,	272	-9,519,009
Net Assets or Fund Balances				Begin	ning of Current	Year	End of Year
set alar	<b>20</b> Tota	lassets (Part X, line 16)			23,581,	663	12,068,91
AB GB		Il liabilities (Part X, line 26)			589,	_	524,23
폴		assets or fund balances Subtract I			22,992,		11,544,680
		nature Block					
Unde	r penalties d	of perjury, I declare that I have exam	mined this return, including accompa				
			olete Declaration of preparer (other t	han offic	er) is based on	all info	rmation of which
ргера	rer has any						
	I II	****			2017-04-25		
Sign	l   <b>/</b> '	nature of officer			Date		
Here	<u> </u>	NE BURKHOLDER CEO					
	Ту	pe or print name and title					
		Print/Type preparer's name TED L HILL CPA	Preparer's signature TED L HILL CPA	Date	Check   ıf	PTIN P00097	426
Paid					self-employed		
Pre	parer	Firm's name ► EIDE BAILLY LLP  Firm's address ► 5 TRIAD CENTER STE 60	10		Firm's EIN ► 4		
Use	Only				Phone no (80:	1) 332-22	,00
	-	SALT LAKE CITY, UT 84	1801128				

	990 (2015)			Page <b>3</b>
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 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		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 2	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 2	<b>11</b> b		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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	12a		No
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	<b>12</b> b	Yes	
13	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and $IV$	<b>14</b> 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		

29

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33

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37

38

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Par	t 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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? . . .

**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

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

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

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

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

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

Form 990 (2015)

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

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Check if Schedule O contains a response or note to any line in this Part V.			
	Check if Schedule O Condains a response of flote to any line in this Part V.	<u> </u>	Yes	No
1a	1a Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	37	163	140
	<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable		
Ċ	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered	150		
	by this return		Yes	
D	b If at least one is reported on line 2a, did the organization file all required federal employment to <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	ax recarns.	163	
3a	<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	· ·		No
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched			
	<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or			
	over, a financial account in a foreign country (such as a bank account, securities account, or o	ther financial		
	account)?	4a		No
b	The sease of the name of the foreign country $\blacksquare$			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finar (FBAR)	ncial Accounts		
5a	<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	vear? 5a		No
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			No
		5b		""
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	<b>6a</b> Does the organization have annual gross receipts that are normally greater than $$100,000$ , an	nd did the <b>6a</b>		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or gifts <b>6b</b>		
7	were not tax deductible?			
	<ul> <li>a Did the organization receive a payment in excess of \$75 made partly as a contribution and par</li> </ul>	rtly for goods and 7a	Yes	
-	services provided to the payor?		103	
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b	Yes	
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which			N.a
а	file Form 8282?			No
u	u ii res, indicate the number of rollins 8282 filed duffing the year			
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be			
	6 Delahar menerahan danan banya menerahan danah menerahan banya danah menerahan banya danah menerahan banya dan	7e	+	No
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			No
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization required?	7g		
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o			
	Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business hole	dings at any time		
	during the year?			
9a	9a Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	n? <b>9</b> b		
10				
а	a Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities		i	I
11				
	a Gross income from members or shareholders			
D	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
17-	22. Section 4947(a)(1) non-event charitable truste to the expansation files form 0.00 miles of	Form 1041? <b>12</b>		
	2a Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of b If "Yes," enter the amount of tax-exempt interest received or accrued during the	10/111/1041/	•	
,	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
_	3. To the organization begins of to prove qualified health plane in most then are attached to the control of th	ho instructions for		
a	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the additional information the organization must report on Schedule O	ne instructions for 13a	,	
b	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand		-	
	4a Did the organization receive any payments for indoor tanning services during the tax year? .		+	No
b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	edule O <b>14</b> l	<b>&gt;</b>	

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

	Check if Schedule O contains a response or note to any line in this Part VI			<u>v</u>
Se	ection A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  13			
	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 17			
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	4		No
5	filed?	5		No
		6	Vac	NO
6	Did the organization have members or stockholders?	6	Yes	
	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	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> 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 R	evenu	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	If "Yes," did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b L1a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b L <b>1a</b> b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b L1a b L2a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10b 11a 12a 12b	Yes	No
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b l1a b l2a b c l3 l4 l5 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes	
b l1a b l2a b c l3 l4 l5 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	
b L1a b L2a b c L3 L4 L5 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes	
b L1a b L2a b c L3 L4 L5 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	
b l1a b l2a b c l3 l4 l5 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes	

State the name, address, and telephone number of the person who possesses the organization's books and records ►ANNE BURKHOLDER 322 EAST 300 SOUTH SALT LAKE CITY, UT 841112605 (801) 537-8604

interest policy, and financial statements available to the public during the tax year

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
- ullet 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 for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) MARILYNN PAINE	1 00	x		×				0	0	0
(2) CHARLOTTE L MILLER VICE CHAIR	1 00	x		×				0	0	0
(3) EMMA HOUSTON SECRETARY	1 00	х		×				0	0	0
(4) KRISTINE GODDARD TREASURER	1 00	x		x				0	0	0
(5) CHRISTINE ARTHUR BOARD MEMBER	1 00	x						0	0	0
(6) CHRISTINA LAU BILLINGS BOARD MEMBER	1 00	х						0	0	0
(7) KATY BLOMMER BOARD MEMBER	1 00	x						0	0	0
(8) GLORIA GARCIA FAULKNER BOARD MEMBER	1 00	x						0	0	0
(9) DENEECE HUFTALIN BOARD MEMBER	1 00	x						0	0	0
(10) AUDREY JIRICKO BOARD MEMBER	1 00	x						0	0	0
(11) MARIA MARTINEZ BOARD MEMBER	1 00	x						0	0	0
(12) SILVIA NORMAN BOARD MEMBER	1 00	x						0	0	0
(13) KELLI POLCHA BOARD MEMBER	1 00	x						0	0	0
(14) JENNIFER SMITH BOARD MEMBER	1 00	х						0	0	0
			ı							Form <b>990</b> (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensatio from related organization (W- 2/1099 MISC)	s	(F) Estimated amount of other compensation from the organization and related organizations
			47			6					
(15) KATHLEEN PITCHER TOBEY BOARD MEMBER	1 00	x						0		0	0
(16) KATHERINE VENTI	1 00									1	
BOARD MEMBER		X						0		0	0
(17) AMANDA WAGNER	1 00										
BOARD MEMBER		X						0		이	0
(18) ANNE BURKHOLDER	40 00										
CEO	1 00			X				100,537		0	10,936
										$\dashv$	
1b Sub-Total				<b>&gt;</b>		<u> </u>					
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A .			<b>&gt;</b>			10	00,537	0		10,936
Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bov	e) w	ho red	eiv	ed more than			

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

# Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business 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  $\blacktriangleright$  0

Page   100	Form 99	90 (20	15)						Page <b>9</b>
Total reverse   Total revers	Part V	/1111							_
December			Check If Schedi	ule O contains a respor	se or note to any lin	(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Description		1a	Federated cam	paigns 1a					
Total Acid lines 1a-11	ants	ь	Membership du	es <b>1b</b>	18,178				
Description	Ğ.	c	Fundraising eve	ents <b>1c</b>	375,292				
Description	ifts. ar A	d	Related organiz	ations 1d	1,284,941				
Description		e	Government grant	s (contributions) <b>1e</b>	1,808,870				
Description	ons Si	f			2,046,398				}
Description	buti the								
Part	a di	g		ons included in lines	1,588,965				
1,116,848	G G	h	Total. Add lines	s 1a-1f	▶	5,533,679			
10   10   10   10   10   10   10   10	Elle.				Business Code				
10   10   10   10   10   10   10   10	۲÷۳	l .	PROGRAM SERVIC	E FEES	900099	1,116,848	1,116,848		
3   Trivestment income (including dividends, interest, and other similar amounts)   144,446	a <u>3</u> ±								
3   Trivestment income (including dividends, interest, and other similar amounts)   144,446	<u>ي</u> ج								
10   10   10   10   10   10   10   10	₹ •								
3   Trivestment income (including dividends, interest, and other similar amounts)   144,446	Jran.	f	A II other progra	ım service revenue					1
3   Investment income (including dividends, interest,   164,446	<b>P</b>		Total Add lines	: 2a=2f		1 116 848			
and other similar amounts) .		<del>                                     </del>							
10   10   10   10   10   10   10   10			and other simil	aramounts)	▶	144,446			144,446
10					· · · .				+
Description			Royalties		· · · · · · · · · · · · · · · · · · ·				+
### Remain come or (loss)		6a	Gross rents	59,292	, ,				
C   Rental income   S9,292		ь		0					
Total common or (loss)   Total common or (lo		c	-	59,292					
(i) Securities		d		me or (loss)		59,292			59,292
## 1									1
## 10  #		7a	from sales of assets other	49,004					
asles expenses		ь		0					
d Net gain or (loss)			sales expenses						
Ba Gross income from fundraising events (not including \$ 375,292 of contributions reported on line 1c) See Part IV, line 18		Ι.	, ,			49 004			49 004
c Net income or (loss) from fundraising events . ▶ 77,659  9a Gross income from gaming activities See Part IV, line 19	Revenue	1	Gross income f events (not inc \$375 of contributions	rom fundraising luding ,292 : reported on line 1c)					
c Net income or (loss) from fundraising events . ▶ 77,659  9a Gross income from gaming activities See Part IV, line 19	ē		•		266,894				
9a Gross income from gaming activities See Part IV, line 19	<b>₽</b>	1		٠ .		77.450			77.450
See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold b c Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code  11a OTHER REVENUE 900099 31,723 31,723 b YWEMPO WERED, LLC 900099 -25,715 -25,715 c THE CRITCHLOW, LLC 900099 -107,625 -107,625 d All other revenue		1		·	events >	77,039			77,039
b Less direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a  b Less cost of goods sold . b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a OTHER REVENUE 900099 31,723 31,723  b YWEMPO WERED, LLC 900099 -25,715 -25,715  c THE CRITCHLOW, LLC 900099 -107,625 -107,625  d All other revenue  e Total Add lines 11a-11d				e 19					
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a OTHER REVENUE 900099 31,723 31,723 b YWEMPO WERED, LLC 900099 -25,715 -25,715 c THE CRITCHLOW, LLC 900099 -107,625 -107,625 d All other revenue  e Total. Add lines 11a-11d									
10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold . b c Net income or (loss) from sales of inventory .   Miscellaneous Revenue  Business Code  11a OTHER REVENUE 900099 900099 131,723 131,723  b YWEMPO WERED, LLC 900099 -25,715 -25,715  C THE CRITCHLOW, LLC 900099 -107,625 -107,625  d All other revenue  e Total. Add lines 11a-11d		1		٠ .	vities				
returns and allowances .  a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory   Miscellaneous Revenue  Business Code  11a OTHER REVENUE  900099  31,723  31,723  31,723  b YWEMPO WERED, LLC  900099  -25,715  -25,715  C THE CRITCHLOW, LLC  4 All other revenue  e Total. Add lines 11a-11d					<b>•</b>				
c       Net income or (loss) from sales of inventory       ►         Miscellaneous Revenue       Business Code         11a       OTHER REVENUE       900099       31,723       31,723         b       YWEMPO WERED, LLC       900099       -25,715       -25,715         c       THE CRITCHLOW, LLC       900099       -107,625       -107,625         d       All other revenue		10a		wances .					
Miscellaneous Revenue         Business Code           11a         OTHER REVENUE         900099         31,723         31,723           b         YWEMPO WERED, LLC         900099         -25,715         -25,715           c         THE CRITCHLOW, LLC         900099         -107,625         -107,625           d         All other revenue		1			antoni.				
11a       OTHER REVENUE       900099       31,723       31,723         b       YWEMPO WERED, LLC       900099       -25,715       -25,715         c       THE CRITCHLOW, LLC       900099       -107,625       -107,625         d       All other revenue        -101,617         12       Total revenue       See Instructions       -101,617		c		· · · · · · · · · · · · · · · · · · ·		+			
b YWEMPOWERED, LLC 900099 -25,715 -25,715  c THE CRITCHLOW, LLC 900099 -107,625 -107,625  d All other revenue		11a				31,723	31,723		
c       THE CRITCHLOW, LLC       900099       -107,625       -107,625         d       All other revenue        -101,617         12       Total revenue       See Instructions		Ι.		_	900099	-25,715	-25,715		
d All other revenue			-		900099	-107,625	-107,625		
12 Total revenue. See Instructions		d		<del></del> _					
12 Total revenue. See Instructions		e	Total. Add lines	s 11a-11d		-101,617			
		12	Total revenue.	See Instructions	<u></u> ▶	6,879,311	1,015,231		0 330,401

### 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, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,849,378	10,849,378						
2	Grants and other assistance to domestic individuals See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	120,547	12,055	102,465	6,027				
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	2,769,203	2,525,537	61,093	182,573				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	121,625	107,337	4,924	9,364				
9	Other employee benefits	297,732	276,089	9,749	11,894				
10	Payroll taxes								
		205,809	187,550	4,924	13,335				
11	Fees for services (non-employees)								
a	Management								
b	Legal	12,388	9,307	3,081					
c	Accounting	17,801	5,179	12,100	522				
d	Lobbying								
e	Professional fundraising services See Part IV, line 17	0.510	40.070						
f	Investment management fees	24,519	12,879	11,640					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	159,944	42,125	81,480	36,339				
12	Advertising and promotion	15,189	9,236		5,953				
13	Office expenses	70,002	26,669	2,627	40,706				
14	Information technology	79,676	54,181	15,453	10,042				
15	Royalties								
16	Occupancy	403,196	365,951	21,524	15,721				
17	Travel	7,032	6,926	55	51				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	51,233	32,776	11,101	7,356				
20	Interest								
21	Payments to affiliates	27,201		27,201					
22	Depreciation, depletion, and amortization	408,743	374,000	20,437	14,306				
23	Insurance	66,015	53,466	8,590	3,959				
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	IN-KIND EXPENSE	304,833	304,833						
b	FOOD	128,223	127,113	1,053	57				
c	SUPPLIES	63,336	57,935	2,072	3,329				
d	ACTIVITIES	61,699	57,463	311	3,925				
е	A II other expenses	132,996	115,171	14,300	3,525				
25	Total functional expenses. Add lines 1 through 24e	16,398,320	15,613,156	416,180	368,984				
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)								

	330 (.						1 age <b>1 1</b>		
Part X		Balance Sheet Check if Schedule O contains a response or note to any lir							
					(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			700	1	700		
	2	Savings and temporary cash investments			1,054,189	2	1,272,459		
	3	Pledges and grants receivable, net	647,362	3	824,464				
	4		Accounts receivable, net						
	5	Loans and other receivables from current and former office			403,338	4	412,601		
ts		key employees, and highest compensated employees C Schedule L		5					
	6	section $4958(f)(1)$ ), persons described in section $4958$ contributing employers and sponsoring organizations of	ans and other receivables from other disqualified persons (as defined under cition 4958(f)(1)), persons described in section 4958(c)(3)(B), and attributing employers and sponsoring organizations of section 501(c)(9) untary employees' beneficiary organizations (see instructions) Complete Pa						
Assets					10,430,500	6			
¥	7	·	Notes and loans receivable, net						
	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges			72,076	9	110,225		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	8,732,326					
	ь	Less accumulated depreciation	10b	2,412,182	6,621,532	<b>10</b> c	6,320,144		
	11	Investments—publicly traded securities			1,955,618	11	1,829,679		
	12	Investments—other securities See Part IV, line 11 .	nvestments—other securities See Part IV, line 11						
	13	Investments—program-related See Part IV, line 11 .	2,396,348	13	1,298,639				
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	)		23,581,663	16	12,068,911		
	17	Accounts payable and accrued expenses			335,669	17	246,813		
	18	Grants payable				18			
	19	Deferred revenue	red revenue						
	20	Tax-exempt bond liabilities				20			
	21		Escrow or custodial account liability Complete Part IV of Schedule D						
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di							
<u>.</u>		persons Complete Part II of Schedule L				22			
E i	23	Secured mortgages and notes payable to unrelated third	parties		229,200	23	228,000		
	24	Unsecured notes and loans payable to unrelated third pa	rties			24			
	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,					
		was in the state of the state o			500 505	25	501.55		
	26	Total liabilities. Add lines 17 through 25			589,535	26	524,231		
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ►	and complete					
an Ian	27	Unrestricted net assets			21,092,554	27	9,170,123		
Ba	28	Temporarily restricted net assets			1,518,283	28	1,993,266		
Þ	29	Permanently restricted net assets			381,291	29	381,291		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	heck he	ere ▶					
<b>(S</b> (	30	Capital stock or trust principal, or current funds				30			
Se	31	Paid-in or capital surplus, or land, building or equipment	fund			31			
As	32	Retained earnings, endowment, accumulated income, or				32			
<b>Vet</b>	33	Total net assets or fund balances			22,992,128	33	11,544,680		
~	34	Total liabilities and net assets/fund balances			23,581,663	34	12,068,911		
	1		<u> </u>				,000,511		

6,879,311

16,398,320

-9,519,009

22,992,128

-1,830,432

11,544,680

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

-98,007

	Check if Schedule O contains a response or note to any line in this Part XI								. 🔽
1	Total revenue (must equal Part VIII, column (A), line 12)						_	0.7	

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

n (A), line 12) . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . . Revenue less expenses Subtract line 2 from line 1 . . . .

Consolidated basis

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

✓ Consolidated basis

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

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

1 Accounting method used to prepare the Form 990

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

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Other 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?

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

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

#### **Additional Data**

Software ID: Software Version:

**EIN:** 87-0212467

Name: YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OF UTAH DBA YWCA UTAH

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

(Code	) (Expenses \$	708,496	including grants of \$	) (Revenue \$	3,454 )
SALT LAKE AREA	FAMILY JUSTICE CENTER - A	COLLABORA	ATIVE PROJECT INV	OLVING POLICE, PROSECUTORS, I	PROBATION,
				ARE AGENCIES AND OTHERS THAT	
				FAMILY VIOLENCE THE SLAFJC M	
				TIPLE AGENCIES IN ONE LOCATIO	
	•			LE VICTIMS OF FAMILY VIOLENC	
				FJC SERVED 1,359 INDIVIDUALS	
			OTECTIVE ORDERS	1,100 (81%) PARTICIPANTS CREA	ATED SAFETY
PLANS, AND ALL H	HAD CONVERSATIONS ABOL	JT SAFETY			

(Code ) (Expenses \$ 415,110 including grants of \$ ) (Revenue \$ 148,532) KRH SUPPORTIVE SERVICES - SAFE, SUPPORTIVE SERVICES FOR HOMELESS LOW-INCOME MOTHERS AND CHILDREN LIVING IN THE 36-UNIT KATHLEEN ROBISON HUNTSMAN (KRH) APARTMENTS KRH IS A RESPECTFUL, EMPOWERING PLACE WHERE SURVIVORS CAN BEGIN TO HEAL AND CREATE HEALTHIER FAMILIES, STRENGTHEN THEIR SELF-DETERMINATION, ADVANCE ECONOMICALLY, AND OBTAIN PERMANENT HOUSING LAST YEAR, 44 MOTHERS AND 109 CHILDREN LIVED IN THE KRH APARTMENTS FOR AN AVERAGE OF 25 MONTHS THE APARTMENT UTILIZATION RATE WAS 86% 30% OF WOMEN WORKED OR ATTENDED JOB TRAINING, 16% WERE ENROLLED IN SCHOOL, AND 30% OF THE WOMEN IMPROVED THEIR ECONOMIC STRENGTH BY INCREASING THEIR INCOME OF THE FAMILIES WHO MOVED OUT OF KRH, 58% FOUND PERMANENT HOUSING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ 157,555 including grants of \$ ) (Revenue \$ 42,423) RESIDENTIAL SELF-SUFFICIENCY - SAFE, SUPPORTIVE, RESPECTFUL, EMPOWERING TRANSITIONAL HOUSING WHERE UP TO 12 SINGLE, HOMELESS WOMEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE CAN HEAL AND DEVELOP HEALTHY, NEW FRIENDSHIPS. STRENGTHEN THEIR SELF-DETERMINATION. ADVANCE ECONOMICALLY. AND OBTAIN PERMANENT HOUSING LAST YEAR, THE ROOM UTILIZATION RATE WAS 92% 20 WOMEN CREATED HEALTHIER, MORE INDEPENDENT LIVES, 25% WERE EMPLOYED AND 18% ATTENDED SCHOOL 43% MOVED INTO PERMANENT HOUSING AT EXIT (Code ) (Expenses \$ 125,562 including grants of \$ 4.095) YWCA PROGRAMMING "FOR EVERY WOMAN" INCLUDES THE FOLLOWING EARLY EDUCATION (MENTIONED EARLIER). THE UTAH WOMEN'S WELL-BEING INITIATIVE, LEADERSHIP DEVELOPMENT, AND MEMBER AND OTHER ACTIVITIES WOMEN'S LEADERSHIP DEVELOPMENT - IN ITS FIFTH YEAR REAL WOMEN RUN HELD A NETWORKING SOCIAL, FULL-DAY TRAINING, AND FOLLOW-UP TRAINING FOR MORE THAN 375 WOMEN. THIS COLLABORATIVE NONPARTISAN FEFORT FDUCATES AND EMPOWERS UTAH WOMEN TO PARTICIPATE FULLY IN PUBLIC LIFE AND CIVIC LEADERSHIP THROUGH ELECTED POLITICAL OFFICE AT ALL LEVELS, APPOINTMENTS TO BOARDS AND COMMISSIONS, PARTICIPATION IN CAMPAIGNS, AND ENGAGEMENT IN THE POLITICAL SYSTEM. THE YWCA YOUNG WOMEN'S COUNCIL ORGANIZED THE 8TH ANNUAL YOUNG WOMEN'S LEADERSHIP SUMMIT, WHICH ATTRACTED MORE THAN 100 YOUNG PROFESSIONAL WOMEN FIVE WOMEN RECEIVED OUTSTANDING ACHIEVEMENT AWARDS AT THE YWCA'S ANNUAL LEADERLUNCHEON UTAH WOMEN'S WELL-BEING INITIATIVE - IN MAY 2014 THE YWCA LAUNCHED A COLLABORATIVE NONPARTISAN INITIATIVE TO ADVANCE THE WELL-BEING OF UTAH WOMEN IN KEY DIMENSIONS OF THEIR LIVES THROUGH RESEARCH, ISSUE EDUCATION, COLLABORATION, AND PUBLIC POLICY ADVOCACY THE FIRST RESEARCH BRIEFING - THE WELL-BEING OF UTAH WOMEN AN OVERVIEW - WAS RELEASED IN PARTNERSHIP WITH THE INSTITUTE FOR WOMEN'S POLICY RESEARCH FOLLOW-UP CONVERSATIONS, DISSEMINATION OF THE STATEWIDE BRIEFING AND ADDITIONAL NATIONAL RESEARCH, NETWORKING WITH ALLIES, AND STRATEGY PLANNING FOR THE INITIATIVE CONTINUED IN  $15/16\,$  THE YEAR ENDED WITH HIRING THE YWCA'S FIRST PUBLIC POLICY DIRECTOR, WHO BEGAN IDENTIFYING COMMUNITY PARTNERS AROUND ALL INITIATIVE STRATEGIES, RESEARCHING ADVOCACY PRIORITIES, AND PLANNING THE FIRST POLICY CONVENING AS PART OF THE INITIATIVE MEMBER AND OTHER ACTIVITIES -YWCA MEMBERSHIP OFFERED VARIED OPPORTUNITIES THROUGHOUT THE YEAR TO ENGAGE MEANINGFULLY IN THE YWCA'S MISSION-BASED WORK THROUGH AFFINITY AND LEARNING GROUPS, ADVOCACY, EDUCATION, LEADERSHIP DEVELOPMENT, AND SERVICE EDUCATIONAL AND OUTREACH EVENTS FOR THE BROADER COMMUNITY INCLUDED THE ANNUAL WEEK WITHOUT VIOLENCE AND THE ANNUAL STAND AGAINST RACISM

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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
  (Code
                      ) (Expenses $ 10.955.757 including grants of $ 10.849.378 ) (Revenue $
YWBUILDING HOPE - THE ORGANIZATION WAS FORMED BY AND FOR THE BENEFIT OF YOUNG WOMEN'S CHRISTIAN
ASSOCIATION OF UTAH (YWCA UTAH) THE ORGANIZATION HOLDS INTERESTS IN ENTITIES THAT HOLD TITLE TO PROPERTY
USED BY YWCA UTAH FOR ITS PROGRAMS DURING THE FISCAL YEAR ENDING JUNE 30, 2016 YWCA UTAH TRANSFERRED
ASSETS VALUED AT $10,849,378 TO YWBUILDING HOPE THE TRANSFERRED ASSETS CONSISTED OF $10,430,500 OF DEBT
FORGIVENESS AND A 90% OWNERSHIP INTEREST IN THE CRITCHLOW, LLC VALUED AT $418,878 YWCA UTAH OWNS THE
REMAINING 10% OF THE CRITCHLOW, LLC DURING THE SAME PERIOD YWBUILDING HOPE CONTRIBUTED ASSETS VALUED AT
$12.849.409 INTO THE NEWLY CREATED ENTITY. YWEMPOWERED. LLC THE CONTRIBUTED ASSETS CONSIST MOSTLY OF REAL
ESTATE AND OTHER MISCELLANEOUS ASSETS YWBUILDING HOPE THEN TRANSFERRED A 10% OWNERSHIP INTEREST IN
YWEMPOWERED, LLC, VALUED AT $1,284,941, TO YWCA UTAH YWBUILDING HOPE OWNS THE REMAINING 90% OF
YWEMPOWERED, LLC YWCA UTAH TRANSFERRED NET ASSETS TO YWBUILDING HOPE VALUED AT $1,707,151 THIS TRANSFER
OF NET ASSETS WAS REPORTED ON THE YWCA UTAH FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2016, BUT WAS
REPORTED IN THE YWBUILDING HOPE FORM 990 IN A PRIOR PERIOD
   (Code
                       ) (Expenses $
                                                 including grants of $
                                                                               ) (Revenue $
                                                                                                  -107,625)
THE CRITCHLOWILC
```

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

(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ -25,715)

YWEMPOWERED LLC

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A** 

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

OMB No 1545-004 Open to Public Inspection

DLN: 93493121017587

Schedule A (Form 990 or 990-EZ) 2015

87-0212467

Department of the Treasury Internal Revenue Service

Part I

1

2

3

990EZ)

(Form 990 or

OF UTAH DBA YWCA UTAH

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

hospital's name, city, and state

Name of the organization **Employer identification number** 

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

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

**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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. 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 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 A mount of Type of Is the organization A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

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	Α.	Public	Support
--	---------	----	--------	---------

	Calandanian Support							
(01	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	15	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	3,297,438	3,042,594	3,461,593	3,463,920	5	,533,679	18,799,224
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	<b>Total.</b> Add lines 1 through 3	3,297,438	3,042,594	3,461,593	3,463,920	5	,533,679	18,799,224
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							156,265
6	Public support. Subtract line 5							10.642.050
	from line 4							18,642,959
S	ection B. Total Support							
_	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 20	15	(f)Total
-	fiscal year beginning in) ▶	3,297,438	3,042,594	3,461,593	3,463,920		,533,679	18,799,224
7	A mounts from line 4	3,297,436	3,042,394	3,461,393	3,403,920		,533,079	10,799,224
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	255,019	328,770	334,386	315,548		203,738	1,437,461
9	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)	137,379	197,006	173,349	240,480		266,894	1,015,108
11	Total support. Add lines 7 through 10							21,251,793
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12		4,262,645

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

			the state of
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	87 400 %
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	87 720 %

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 organization

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 supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	ı					
	not include any "unusual grants")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	<b>Total.</b> Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6 )	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	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						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is form	or the organization	n'e firet eacond	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and <b>stop here</b>	or the organization	on a mat, accond	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · <del>-</del>	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> </u>	(5)		
17	Investment income percentage for 2				nn (f))	17	
18	Investment income percentage from					18	
19a	<b>33 1/3% support tests—2015.</b> If the	_					
	more than 33 1/3%, check this box						▶ [
D	<b>33 1/3% support tests—2014.</b> If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu <b>SEC</b>	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
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 <b>Part VI</b> 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 <b>Part VI</b> 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," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
4a	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	4b		
С	by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	<b>4</b> 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5</b> b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> 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 <b>Part VI</b> .	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		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> 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 <b>Part VI</b> .	<b>9</b> 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)	<b>10</b> 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		
	A family member of a person described in (a) above?	11b		
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	11c		

### 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts 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			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 6			
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			
		····	····
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
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			
a			
b			
С			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i 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>b</b> Applied to 2015 distributable amount			
c 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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7		ı	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
			(F 000 000 F7) (201 F

#### DLN: 93493121017587

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

# Political Campaign and Lobbying Activities

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

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

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

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

	Section 501(c)(4), (5), or (6) orga	Inizations Complete Part III		T=	
YOU	me of the organization JNG WOMEN'S CHRISTIAN ASSOCIATION	N		Employer ider	ntification number
	UTAH DBA YWCA UTAH			87-0212467	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign acti	vities in Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).	
1		e tax incurred by the organization und			\$
2	•	e tax incurred by organization manage			\$
3	,	ection 4955 tax, did it file Form 472			⊤
4a	Was a correction made?		•		☐ Yes ☐ No
b	If "Yes," describe in Part IV				103   140
		ganization is exempt under s	section 501(d	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to otl	her organizations	for section 527	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b> o	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (El For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

reporting section 4911 tax for this year?

Sch	nedule C (Form 990 or 990-EZ) 2015				Page <b>2</b>
Pā	art II-A Complete if the organization i under section 501(h)).	is exempt under section 501(c)(3	) and file	ed Form 5768	(election
١.	Check ► If the filing organization belongs to a expenses, and share of excess lobby		filiated gro	up member's nam	e, address, EIN
3	Check ▶ ☐ If the filing organization checked box	A and "limited control" provisions apply			
		ing Expenditures ans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public op lobbying) Total lobbying expenditures to influence a legisla	.5			
c	Total lobbying expenditures (add lines 1a and 1b)	)			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1c	and 1d)			
f	Lobbying nontaxable amount Enter the amount fro	om the following table in both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not ever \$1,500,000	\$175,000 plus 10% of the excess ever \$1,000,000			

2000 fing noncaxable amount Enter the amount	te from the following table in both columns
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000
Grassroots nontaxable amount (enter 25% of	line 1f)
Subtract line 1g from line 1a If zero or less, e	enter -0-
Subtract line 1f from line 1c If zero or less, e	nter-0-

⊤ Y e s

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

				Page
	omplete if the organization is exempt under section 501(c)(3) and has led Form 5768 (election under section 501(h)).	NOT		
ior oach "Voc" rocu	onse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(-	a)	(b)
ctivity	onse on times 1a through 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	Amount
	rear, did the filing organization attempt to influence foreign, national, state or local including any attempt to influence public opinion on a legislative matter or referendum,	les		
a Volunteers		Yes		
<b>b</b> Paid staff o	management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media adve	rtisements?		Νo	
<b>d</b> Mailings to	members, legislators, or the public?		Νo	
e Publication	s, or published or broadcast statements?		Νo	
<b>f</b> Grants to o	her organizations for lobbying purposes?		Νo	
<b>g</b> Direct cont	act with legislators, their staffs, government officials, or a legislative body?	Yes		1,2
<b>h</b> Rallies, den	nonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i Other activ	ties?		Νo	
<b>j</b> Total Add I	ines 1c through 1i			1,2
<b>2a</b> Did the acti	vities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
<b>b</b> If "Yes," en	ter the amount of any tax incurred under section 4912			
•	ter the amount of any tax incurred by organization managers under section 4912			
	organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	omplete if the organization is exempt under section $501(c)(4)$ , section	<b>501</b> (c	)(5), o	r section
5	01(c)(6).			Yes No
1 Were subst	antially all (90% or more) dues received nondeductible by members?			Yes No
	inization make only in-house lobbying expenditures of \$2,000 or less?			2
5	enization make only in mouse lobbying expenditures of \$2,000 of less.			3
	omplete if the organization is exempt under section 501(c)(4), section	501/c	1(5), 0	_
5	O1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ne 3, is answered "Yes."			
1 Dues, asse	sments and similar amounts from members	1		
	(e) nondeductible lobbying and political expenditures (do not include amounts of political or which the section 527(f) tax was paid).			
a Current yea		2a		
•	rom last year	2b		
<b>c</b> Total		<b>2</b> c		
== =	mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
does the or	ere sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ganization agree to carryover to the reasonable estimate of nondeductible lobbying and penditure next year?	4		
	ount of lobbying and political expenditures (see instructions)	5		
Part IV S	upplemental Information			
	criptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groons), and Part II-B, line 1 Also, complete this part for any additional information	oup list),	Part II	A, lines 1 and
Return	Reference Explanation			
PART II-B, LINE	1 ACTIVITIES IN 2015/16 INVOLVED LESS THAN 50 HOURS OF ST	AFFTIN	1E, PRIN	1ARILY THE

CEO'S NO PUBLIC FUNDS WERE USED TO SUPPORT SUCH ACTIVITIES, WHICH FOCUSED ON STATE AND FEDERAL APPROPRIATIONS AND LEGISLATION AFFECTING THE YWCA'S WORK ON BEHALF OF UTAH WOMEN AND THEIR FAMILIES, PARTICULARLY VICTIMS AND SURVIVORS OF FAMILY VIOLENCE ACTIVITIES INCLUDED WRITING LETTERS AND MAKING TELEPHONE CALLS TO LEGISLATIVE AND CONGRESSIONAL OFFICES AS WELL AS TO GOVERNMENT OFFICIALS, GIVING TOURS OF THE YWCA, SENDING OCCASIONAL E-MAILS TO LEADERSHIP VOLUNTEERS AND MEMBERS AS WELL AS TO STATE LEGISLATORS AND CONGRESSIONAL DELEGATION, PERSONAL VISITS TO OFFICES OF ELECTED OFFICIALS, SOME MEDIA INTERVIEWS, AND SIGNING LETTERS GENERATED BY VARIOUS STATE AND NATIONAL COALITIONS

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SCHEDULE D (Form 990)

# 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 www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493121017587

Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH DBA YWCA UTAH 87-0212467 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

**d** Equipment . . . . . . . . . . . .

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Jene	2 date B (101111 930) 2013			_			raye 🚣
Part	<b>TIII</b> Organizations Maintaining (continued)	g Collections of Art,	Historical	Treasures,	or Ot	her Similar As	sets
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other record	s, check any	of the following t	hat ar	e a significant use	of its
а	Public exhibition		d $\Gamma$ Lo	an or exchange	progra	ams	
b	Scholarly research		<b>e</b>	ther			
c	Preservation for future generations	<b>i</b>					
4	Provide a description of the organization Part XIII		n how they fur	ther the organiz	atıon's	exempt purpose i	n
5	During the year, did the organization sol assets to be sold to raise funds rather t					sımılar <b>Yes</b>	□No
Par	rt IV Escrow and Custodial Arr		are or the orga	amzation's cone	CCIOII	res	NO
	Complete if the organization Part X, line 21.		rm 990, Par	t IV, line 9, o	r repo	orted an amount	on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	istodian or other intermed	liary for contr	ibutions or othe	rasset	ts not <b>Yes</b>	☐ No
b	If "Yes," explain the arrangement in F	Part XIII and complete th	e following tal	ble		Amo	unt
c	Beginning balance		- · · · · · · · · · · · · · · · · · · ·		<b>1</b> c		
d	Additions during the year			ľ	1d		
e	Distributions during the year				1e		
f	Ending balance			ŀ	1f		
2a	Did the organization include an amount	on Form 990 Part V June	21 for eccros	w or custodial a		Liability2 🗀	
24	Did the organization include an amount	on rolling 90, Part X, line	21, 101 65010	w or custodial a	Count	Hability'   Yes	No
b	If "Yes," explain the arrangement in Par	t XIII Check here if the	evolanation h	as heen provide	d in Da	ert VIII	
	rt V Endowment Funds. Compl						<u> </u>
	Elias Milete Lanasi Compi	<del>,                                      </del>	)Prior year	<b>b</b> (c)Two years b		1)Three years back	(e)Four years back
1a	Beginning of year balance	1,955,617	1,979,043	1,771,		1,729,289	1,767,557
b	Contributions	5,813	47,294	6,	925		
c	Net investment earnings, gains, and losses	-9,240	45,472	226,	651	205,249	43,085
d	Grants or scholarships						
е	Other expenditures for facilities and programs	97,990	90,974	2,	800	138,140	60,173
f	Administrative expenses	24,520	25,218	23,	670	24,461	21,180
g	End of year balance	1,829,680	1,955,617	1,979,	043	1,771,937	1,729,289
2	Provide the estimated percentage of the	current year end balance	e (line 1q, coli	umn (a)) held as	'	<u>'</u>	
a	Board designated or quasi-endowment	76 700 0/	, 5,	( //			
b	Permanent endowment ► 22 320 %						
c	Temporarily restricted endowment ►	0 960 %					
_	The percentages on lines 2a, 2b, and 2d	•				s	
3a	Are there endowment funds not in the poorganization by  (i) unrelated organizations	-	tion that are n	ield and adminis	terea 1	or the	Yes No
	(ii) related organizations					3a(	<del></del>
b	If "Yes" on 3a(II), are the related organi		on Schedule	R?		3t	<del></del>
4	Describe in Part XIII the intended uses						<u> </u>
	rt VI Land, Buildings, and Equi	<u> </u>					
	Complete if the organization						
	Description of property		(a) Cost or other (investmer		er basıs	Accumulated (c)depreciation	(d)Book value
1a	Land				443,011		443,011
b	Buildings			7,0	065,718	1,755,225	5,310,493
c	Leasehold improvements				180,173	57,256	122,917

443,723

6,320,144

599,70**1** 

1,043,424

. . . . . . .

See Form 990, Part X, line 12.		(h)D11	(a)M_4L_4 - 5
(a) Description of security or catego (including name of security)	ry	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market val
1)Financial derivatives			
2)Closely-held equity interests 3)Other			
•			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 996	). Part IV. line 11c.co.	Farm 000 Dart V line 13
(a) Description of investment	cu res on rorm 550	(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
1)THE CRITCHLOW LLC 2)YWEMPOWERED LLC		39,413 1,259,226	C 
<u></u>		=	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>	1,298,639	
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on		d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza			l l
Part IX Other Assets. Complete if the organiza  (a) Des	scription		l l
Part IX Other Assets. Complete if the organiza  (a) Des  (a) Des  otal. (Column (b) must equal Form 990, Part X, col (B) lin	e 15 )	Form 990, Part IV, line 11	(b) Book value
Part IX Other Assets. Complete if the organiza (a) Des	e 15 )	Form 990, Part IV, line 11	(b) Book value
Other Assets. Complete if the organiza  (a) Des  Otal. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the organization of the property of the part X, col (B) line  See Form 990, Part X, line 25.	e 15 )	Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X  Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Other Assets. Complete if the organiza  (a) Description of liability  Other Liability  Other Liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Other Assets. Complete if the organiza  (a) Description of liability  Other Liability  Other Liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Other Assets. Complete if the organiza  (a) Des  otal. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the organization of liability  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Other Assets. Complete if the organiza  (a) Description of liability  Other Liability  Other Liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Other Assets. Complete if the organiza  (a) Des  otal. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the organization of liability  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Other Assets. Complete if the organiza  (a) Description of liability  Other Liability  Other Liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X  Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
(a) Des Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	e 15 ) rganization answere	Form 990, Part IV, line 11	(b) Book value

Return Reference

PART V, LINE 4

Schedule D (Form 990) 2015

1

2

5,498,162

d	Other (Describe in Part XIII )	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	-96,20
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,594,37
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			
b	Other (Describe in Part XIII )	4b	1,284,941		
С	Add lines <b>4a</b> and <b>4b</b>			4c	1,284,94
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1)	2)		5	6,879,31
Part	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered 'Yes' on Form 990, Pa			s per	Return.
1	Total expenses and losses per audited financial statements			1	5,550,74
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1,799		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	1,79
3	Subtract line <b>2e</b> from line <b>1</b>			3	5,548,94
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			
b	Other (Describe in Part XIII )	4b	10,849,378		
c	Add lines 4a and 4b			4c	10,849,37
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18	)	5	16,398,32
Par	XIII Supplemental Information				
Part	ride the descriptions required for Part II, lines $3,5,$ and $9,$ Part III, lines $1a$ $a$ $v$ , line $4,$ Part $X,$ line $2,$ Part $XI,$ lines $2d$ and $4b,$ and Part $XII,$ lines $2d$ and $4d$			,	de any additional

Explanation

THE ENDOWMENT FUND (UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY

RESTRICTED FUNDS) IS INTENDED TO PROVIDE FUNDING FOR EMERGENCY RESERVES, CAPITAL MAINTENANCE, AND LONG-TERM SUPPORT FOR THE ORGANIZATION

2a

2b

2c

-98,007

1,799

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

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 . . .

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIIII Supplemental	Information (continued)
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	TRANSFER OF YWEMPOWERED, LLC MEMBERSHIP INTEREST OF 10% FROM YWBUILDING HOPE 1,284,941
PART XII, LINE 4B - OTHER ADJUSTMENTS	YWBUILDING HOPE DEBT FORGIVENES 10,430,500 TRANSFER OF THE CRITCHLOW, LLC MEMBERSHIP INTEREST OF 90% TO YWBUILDING HOPE 418,878
	<del>-  </del>

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DLN: 93493121017587

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

ime of the organization DUNG WOMEN'S CHRISTIAN AS	SOCIATION					Employer ide	ntification number
UTAH DBA YWCA UTAH	JOCIATION					87-0212467	,
art I Fundraising Activ	•		_		on Form	990, Part IV	, line 17.
Form 990-EZ filers a	re not requir	ed to co	mplete ti	nis part.			
Indicate whether the organiza	tion raised fun	ds througl	n an <b>y</b> of th	-			
Mail solicitations				e Solicitation of n			
Internet and email solicit	ations			f Solicitation of g			
Phone solicitations				g	ing events	5	
In-person solicitations							
Did the organization have a w or key employees listed in Fo services?							es 「No
If "Yes," list the ten highest to be compensated at least \$				isers) pursuant to agree	ements und	der which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or ret	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
tal			<b>•</b>				
List all states in which the orga registration or licensing	nızatıon ıs regi	stered or	licensed t	o solicit contributions o	or has beer	n notified it is e	exempt from

Part II	Fundraising	<b>Events</b>

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 recents greater than \$5,000

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d)
		(event type)	STRONGER TOGETHER BREAKFAST (event type)	(total number)	Total events (add col <b>(a)</b> through col <b>(c)</b> )
Revenue	<b>1</b> Gross receipts	333,596		112,849	642,186
~	2 Less Contributions	189,551	185,741		375,292
	3 Gross income (line 1 minus line 2)	144,045		112,849	
	<b>4</b> Cash prizes				
	5 Noncash prizes				
Ş	6 Rent/facility costs	66,633			66,633
euse	<b>7</b> Food and beverages		10,362	85,911	96,273
Expenses	8 Entertainment	16,615	900		17,515
Direct	9 Other direct expenses	3,736		523	4,259
ã	10 Direct expense summary Add lines 4	through 9 in column (d	)		184,680
	11 Net income summary Subtract line 1	0 from line 3, column (c	1)		82,214
	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue	1. Grace revenue	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
_	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<b>Yes</b> % <b>No</b>		☐ Yes%_ ☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (c	1)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	lumn (d)		
9 a	Enter the state(s) in which the organizat		<u>'</u>		Yes No
b	If "No," explain				
10a	Were any of the organization's gaming li				Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organiza

Treasury

Internal Revenue Service

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

## 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493121017587

2015

Employer identification number

Open to Public Inspection

OF UTAH DBA YWCA UTAH	3001/1101					87-0212467	
Part I General Informat	ion on Grants ar	nd Assistance					
	award the grants or a ization's procedures stance to Domestic O	ssistance? for monitoring the use rganizations and Dome	of grant funds in the Unestic Governments. Com	ited States		ctance, and orm 990, Part IV, line 2:	Yes ✓ N  1, for any recipient
that received more tha  (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 gran or assistance
See Additional Data Table							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other or</li></ul>	. , . ,	2				_	1
For Paperwork Reduction Act Notice, s				Cat No 50055P			le I (Form 990) 2015

### **Additional Data**

322 EAST 300 SOUTH

SALT LAKE CITY, UT 84111

Software ID: Software Version:

**EIN:** 87-0212467

Name: YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH DBA YWCA UTAH

Form 990,Schedule I, Pa	rt II, Grants and	d Other Assistanc	e to Domestic Orga	anizations and D	omestic Governme	ents.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(3)

or government				assistance	other)		
YWBUILDING HOPE 322 EAST 300 SOUTH SALT LAKE CITY,UT 84111	26-3747857	501(C)(3)	10,430,500			REAL	RUCTURING OF ESTATE AND ESTMENT ASSETS
YWBUILDING HOPE	26-3747857	501(C)(3)		418,878	FMV	MEMBERSHIP INTEREST IN THE REST	RUCTURING OF

MEMBERSHIP INTEREST IN THE RESTRUCTURING OF 418,878 FMV 26-3747857 501(C)(3) CRITCHLOW, LLC REAL ESTATE AND

(h) Purpose of grant

INVESTMENT ASSETS

orassistance

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)

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

DLN: 93493121017587 OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH DBA YWCA UTAH 87-0212467 Part I Types of Property (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line **1** g 1 Art—Works of art . . . 2 Art—Historical treasures **3** Art—Fractional interests Books and publications Х 3,295 DONOR DEFINED Clothing and household 232,417 DONOR DEFINED X goods . . . . . . Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities-Publicly traded . **10** Securities—Closely held stock Securities—Partnership, LLC, Х 1,284,941 FMV or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . **14** Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . **19** Food inventory . . . Х 81 47,262 DONOR DEFINED 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . **25** Other ▶ ( Х 21,050 DONOR DEFINED GIFT CARDS ) **26** Other ▶ ( **27** Other ▶ ( **28** Other ▶ (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . 30a Νo b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

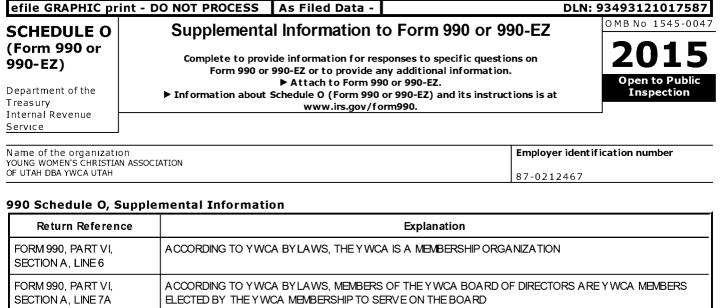
describe in Part II

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



990 Schedule O, Supplemental Information

FORM 990, PART ACCORDING TO THE YWCA BY LAWS, YWCA MEMBERS MUST APPROVE OF ANY PROPOSED AMENDMENTS TO THE VI. SECTION A. LINE I YWCA'S CONSTITUTION AND BY LAWS IF THE AMENDMENT CONCERNS. THE VOTING RIGHTS OF MEMBERS, ELECTION OF THE BOARD OF DIRECTORS. THE YWCA'S AFFILIATION WITH THE YWCA USA. AND/OR THE DISSOLUTION AND DISTRIBUTION OF ASSETS

Explanation

FORM 990, PART

7B

Return Reference

BEFORE FORM 990 IS SUBMITTED. THE BOARD'S FINANCE COMMITTEE RECEIVES COPIES AND REVIEWS TH VI. SECTION B. LINE | E FORM 990 WITH THE TAX PREPARER. WHO THEN MEETS WITH THE FULL BOARD OF DIRECTORS. WHICH A

LSO RECEIVES COPIES AND HAS THE OPPORTUNITY TO ASK QUESTIONS BEFORE SUBMISSION

990 Schedule O, Supplemental Information

Return Reference

FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER, UPON ELECTION AND BEFORE ATTENDING A FIRST BOARD MEETING, IS ASKED AND EXPECTED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY, THEREAFTER, DURING THE LENGTH OF THE BOARD MEMBER'S SERVICE, THE MEMBER IS ASKED AND EXPECTED TO SIGN A CONFLICT OF INTEREST STATEMENT THE CEO KEEPS THESE RECORDS
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE VOLUNTEER, INDEPENDENT BOARD OF DIRECTORS, WITH LEADERSHIP FROM THE BOARD CHAIR, UNDERTAKES THE CEO PERFORMANCE REVIEW AND A PPROVES CEO COMPENSATION ARRANGEMENTS WITHOUT THE CEO PRESENT (UNDERTAKEN IN 15/16) THE A PPROPRIATE DATA AS TO COM PARABILITY OF COMPENSATION PRIMARILY COME FROM A COMPENSATION SURVEY PUBLISHED EVERY TWO Y EARS BY THE UTAH NONPROFITS ASSOCIATION, WITH ADDITIONAL GUIDANCE FROM THE YWCA SALARY STR UCTURE YWCA UTAH MAINTAINS WRITTEN RECORDS AS CONCURRENT DOCUMENTATION OF DECISIONS

Explanation

990 Schedule O, Supplemental Information

Return Reference Explanation

CODMICOS DADTIAL

1.707.151

SECTION C, LINE 19	REQUEST THE FORM 990 IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990 PART XLLINE	ACQUISITION OF NONCONTROLLING INTEREST -123 281 TRANSFER OF NET ASSETS TO YWBUILDING HOPE -

THE VANCA MARKED ITS A LIDITED FINIANICIAL STATEMENTS AND FORMOOD AVAILABLE TO THE BURLISH HOOM

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Ord

**DLN: 93493121017587**OMB No 1545-0047

# **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Internal Revenue Service

Name of the organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF UTAH DBA YWCA UTAH

87-0212467

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d )</b> Total income	<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity		
	No. 2 Consolute City			- F 000 P-				
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	<b>tions</b> Complete if th tax vear.	ie organization ans	swerea "Yes" oi	n Form 990, Pa	art IV,	line 34 because it i	nad one	2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public chanty (if section 501	status (c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?
44)			504403403	1,71,5			Yes	No
(1)YWBUILDING HOPE 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111	HOLDS INTERESTS IN ENTITIES THAT HOLD TITLE TO PROPERTY USED BY YWCA UTAH	UT	501(C)(3)	LINE 11A, I		YWCA UTAH	Yes	
26-3747857							1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	35Y			Schedule R (Forn	n 990) 2	.015

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	<b>(h</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Y-UBI General or managing partner? e K-1 (1065)		(k) Percentage ownership	
				011,			Yes	No		Yes	No		
(1) THE CRITCHLOW LLC	REAL ESTATE	UT	YWCA UTAH	RELATED	-7,182	492,416		No		Yes		10 000 %	
322 EAST 300 SOUTH SALT LAKE CITY, UT 84111 87-0574508													
(2) YWEMPOWERED LLC	REAL ESTATE	UT	YWCA UTAH	RELATED	-34,663	1,259,370		No		Yes		10 000 %	
322 EAST 300 SOUTH SALT LAKE CITY, UT 84111 81-0925606													

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

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

Part V	Transactions With Related	d Organizations Comple	e if the organization answe	ered "Yes" on Form 990.	Part IV, line 34, 35b, or 36.

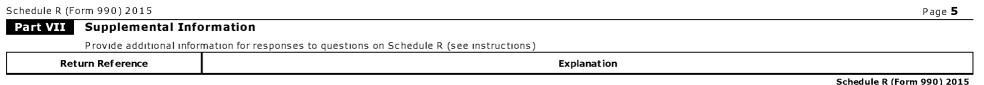
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		No
ь	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	
		1d	Yes	
	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
·	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
		<b>1</b> p		No
		1g	Yes	NO
q	Reimbursement paid by related organization(s) for expenses	-	163	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)YWBUILDING HOPE	К	106,379	FMV
(2)THE CRITCHLOW LLC	D	380,000	FMV
(3)THE CRITCHLOW LLC	Q	159,390	FMV
(4)YWBUILDING HOPE	В	10,430,500	FMV OF DEBT FORGIVENESS
(5)YWBUILDING HOPE	В	418,878	FMV OF THE CRITCHLOW, LLC EQUITY
(6)YWBUILDING HOPE	С	1,284,941	FMV OF YWEMPOWERED, LLC EQUITY

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	
							·						



#### **Additional Data**

THE CRITCHLOW LLC

YWBUILDING HOPE

YWBUILDING HOPE

YWBUILDING HOPE

(2)

(3)

(4)

(5)

#### Software ID: Software Version:

**EIN:** 87-0212467

Name: YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Q

В

В

С

159,390

10,430,500

418,878

1,284,941

FMV

FMV OF DEBT FORGIVENESS

FMV OF THE CRITCHLOW, LLC EQUITY

FMV OF YWEMPOWERED, LLC EQUITY

OF UTAH DBA YWCA UTAH

	Form 990, Schedule	R, Part V -	<b>Transactions</b>	<b>With Related</b>	Organizations
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Form 990, Schedule R, Part V - Transactions With Related Organizations						
	(a) Name of related organization	<b>(b)</b> Transaction type(a-s)	(c) A mount Involved	<b>(d)</b> Method of determining amount involved		
(1)	YWBUILDING HOPE	K	106,379	FMV		
(1)	THE CRITCHLOW LLC	D	380,000	FMV		