

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016			
B Check if applicable ☒ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Young Men's Christian Association of Greater Nashua		D Employer identification number 02-0222250
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) 10 COTTON ROAD 1	Room/suite	E Telephone number (603) 598-1533
	City or town, state or province, country, and ZIP or foreign postal code NASHUA, NH 03063		G Gross receipts \$ 11,820,461
F Name and address of principal officer MICHAEL LACHANCE 10 COTTON ROAD 1 NASHUA, NH 03063		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ►	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ► WWW.NMYMCA.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of formation 1887	M State of legal domicile NH

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE YMCA OF GREATER NASHUA IS TO INSTILL VALUES AND PROVIDE OPPORTUNITIES FOR LIFELONG PERSONAL GROWTH AND DEVELOPMENT OF A HEALTHY SPIRIT, MIND, AND BODY FOR ALL WE HAVE THREE AREAS OF FOCUS 1) YOUTH DEVELOPMENT - NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN 2) HEALTHY LIVING - IMPROVING THE NATION'S HEALTH AND WELL-BEING 3) SOCIAL RESPONSIBILITY - GIVING BACK AND PROVIDING SUPPORT FOR OUR NEIGHBORS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)		
	4 Number of independent voting members of the governing body (Part VI, line 1b)		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)		
	6 Total number of volunteers (estimate if necessary)		
	7a Total unrelated business revenue from Part VIII, column (C), line 12		
b Net unrelated business taxable income from Form 990-T, line 34			
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	5,697,315	1,154,398
	9 Program service revenue (Part VIII, line 2g)	4,361,487	9,887,532
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	257,433	168,703
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,386	87,511
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,408,621	11,298,144
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	748,829	709,453
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,427,450	5,982,964
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶275,544		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,040,044	4,094,157
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,216,323	10,786,574
	19 Revenue less expenses Subtract line 18 from line 12	192,298	511,570
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	16,388,972	17,150,241
	21 Total liabilities (Part X, line 26)	6,596,023	6,593,047
	22 Net assets or fund balances Subtract line 21 from line 20	9,792,949	10,557,194

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
Sign Here	Signature of officer				2017-02-27
	Date				
Paid Preparer Use Only	MICHAEL LACHANCE CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Donna M Wageling		Preparer's signature Donna M Wageling		Date
	Firm's name ▶ Howe Riley & Howe PLLC		Check ☐ if self-employed PTIN P01227130		
	Firm's address ▶ 660 Chestnut Street Manchester, NH 031043500		Firm's EIN ▶ 20-3985821 Phone no (603) 627-3838		

Part III

Statement of Program Service Accomplishments

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

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1 Briefly describe the organization’s mission

THE MISSION OF THE YMCA OF GREATER NASHUA IS TO INSTILL VALUES AND PROVIDE OPPORTUNITIES FOR LIFELONG PERSONAL GROWTH AND DEVELOPMENT OF A HEALTHY SPIRIT, MIND, AND BODY FOR ALL WE HAVE THREE AREAS OF FOCUS 1) YOUTH DEVELOPMENT - NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN 2) HEALTHY LIVING - IMPROVING THE NATION'S HEALTH AND WELL-BEING 3) SOCIAL RESPONSIBILITY - GIVING BACK AND PROVIDING SUPPORT FOR OUR NEIGHBORS THE YMCA IS OPEN TO EVERY MEMBER OF THE COMMUNITY, REGARDLESS OF THE ABILITY TO PAY FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY THE FULL COST OF ANY PROGRAM OR SERVICE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 4,847,822 including grants of \$ 484,329) (Revenue \$ 2,921,231)
CHILD CARE - THE YMCA OF GREATER NASHUA IS ONE OF THE LARGEST PROVIDERS OF AFFORDABLE CHILD CARE IN THE GREATER NASHUA COMMUNITY WE CARE FOR OVER 475 CHILDREN ON A DAILY BASIS DURING THE SCHOOL YEAR THIS YEAR, WE OPENED SIX ADDITIONAL CHILD CARE CLASSROOMS (BRINGING OUR TOTAL TO 16 CLASSROOMS, EMPLOYING 65+ FULL-TIME TEACHERS), ENABLING US TO WELCOME CHILDREN AS YOUNG AS 6-WEEKS FOR FULL-DAY CHILD CARE THE CENTRAL FOCUS OF ALL YMCA CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES APPROXIMATELY 325 CHILDREN WERE ENROLLED IN THE MERRIMACK YMCA'S FULL-TIME LICENSED CHILD CARE, FULL AND PART-TIME PRESCHOOL AND KINDERGARTEN PROGRAMS DURING THE 2015/2016 SCHOOL YEAR WE ARE PROUD TO OFFER SUBSIIZED CHILD CARE TO APPROXIMATELY 15% OF OUR FAMILIES, FROM 13 COMMUNITIES OUR PROGRAMS EXPOSE CHILDREN TO A VARIETY OF ASSET-BUILDING PROGRAMS AS WELL AS ENRICHMENT PROGRAMS AN ADDITIONAL 173 CHILDREN WERE ENROLLED IN THE SCHOOL'S OUT AFTERSCHOOL PROGRAMS AT THE MERRIMACK AND NASHUA YMCAS DURING THE 2015/2016 SCHOOL YEAR DAILY ACTIVITIES FOR SCHOOL'S OUT PARTICIPANTS INCLUDE GROUP GAMES, SPORTS, NUTRITION EDUCATION AND HEALTHY SNACKS, MUSIC, SWIMMING, FREE PLAY, ARTS & CRAFTS, AND HOMEWORK ASSISTANCE OUR EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP SKILLS PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS IN MANY INSTANCES, YMCA CHILD CARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, EDUCATIONAL AND SUPPORTIVE ENVIRONMENT	

4b	(Code) (Expenses \$ 1,834,910 including grants of \$ 132,428) (Revenue \$ 1,139,964)
YMCA DAY CAMP THE YMCA OF GREATER NASHUA SERVED LOCAL FAMILIES BY PROVIDING SUMMER CAMP EXPERIENCES AT CAMP SARGENT AND OVERNIGHT CAMP EXPERIENCES AT CAMP SPAULDING TO HUNDREDS OF LOCAL CHILDREN THIS SUMMER, THE YMCA OFFERED THE CAMP EXPERIENCE TO MORE THAN 2,000 CHILDREN WHO LEARNED TEAMWORK, GAINED LEADERSHIP SKILLS, BUILT SELF-CONFIDENCE, LEARNED NEW SKILLS AND MADE FRIENDS AT CAMP SARGENT AND OUR ON SITE CAMPS AT THE MERRIMACK Y AND THE NASHUA Y THIS SUMMER, YMCA CAMP SPAULDING HOSTED 10 STUDENTS FROM THE COLOMBIA YMCA AND THEIR CHAPERONE WE HOSTED 400 KIDS AT CAMP SPAULDING THROUGH OUR JOINT PARTNERSHIP WITH CHILD & FAMILY SERVICES AND THE CONCORD FAMILY Y THROUGH OUR CAMP PROGRAM, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT FOR YOUNG PEOPLE AGES 5 THROUGH GRADE 9 SOME CHILDREN ENJOYED THE CAMP EXPERIENCE FOR ONE WEEK, WHILE OTHERS WERE ENROLLED FOR THE ENTIRE 9 WEEK SUMMER PROGRAM YMCA DAY AND OVERNIGHT CAMPING EXPERIENCES SEEK TO HELP CHILDREN ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND AND BODY SPECIAL EMPHASIS IS PLACED ON ENSURING ACCESS TO PROGRAMS, CHILD CARE, AND MEMBERSHIP FOR FAMILIES IN LOW INCOME AREAS BY PROVIDING FINANCIAL ASSISTANCE THROUGH OUR Y-CARES FINANCIAL ASSISTANCE PROGRAM	

4c	(Code) (Expenses \$ 1,001,803 including grants of \$ 42,179) (Revenue \$ 521,719)
YMCA AQUATICS MORE THAN 2,550 CHILDREN WERE TAUGHT SWIMMING LESSONS AT OUR FACILITIES THIS YEAR YMCA AQUATIC PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, AND BODY THE AQUATIC DEPARTMENT CONTINUES TO BE A LEADER IN AQUATIC PROGRAMMING AND IN OFFERING A FULL RANGE OF PROGRAMS FOR ALL AGES ALONG WITH THE REGULAR PRESCHOOL AND GRADE SCHOOL SWIMMING PROGRAMS, THE YMCA ALSO OFFERS AQUATIC EXERCISE (INCLUDING CLASSES SPECIFICALLY FOR SENIORS AND THOSE WITH ARTHRITIS), LIFE GUARDING, SCUBA, AND TIME FOR RECREATIONAL LAP SWIMMING SEVENTY CHILDREN PARTICIPATED IN OUR 'SAFETY AROUND THE WATER' SWIM PROGRAM AT A FREE OR REDUCED RATE IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, YMCA AQUATICS PROMOTES GOOD HEALTH THROUGH REGULAR EXERCISE THE YMCA'S AQUATIC PROFESSIONALS ARE RECOGNIZED AS LEADERS IN THE AQUATIC FIELD AND SERVE AS TRAINERS FOR THE YMCA OF THE USA IN THIS REGION FOR NATIONAL AQUATIC CERTIFICATIONS THE YMCA'S AQUATIC PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO QUALIFY ADDITIONALLY, THE YMCA OFFERS POOL USAGE, LIFEGUARDS AND INSTRUCTORS AT NO CHARGE TO GROUPS SUCH AS SPECIAL OLYMPICS, AREA AGENCY AND OTHERS WHO USE AQUA THERAPY WITH THEIR DISABLED CLIENTS	
See Additional Data	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 1,372,148 including grants of \$ 50,517) (Revenue \$ 5,305,299)	

4e	Total program service expenses ▶ 9,056,683
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Form **990** (2015)

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19	
	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	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL LACHANCE 10 COTTON ROAD 1 NASHUA, NH 03063 (603) 598-1533	

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

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

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

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

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYDIA FOLEY BOARD OF DIRECTORS - SECRETARY	2 0	X		X				0	0	0
(2) STEVEN KING BOARD OF DIRECTORS - TREASURER	2 0	X		X				0	0	0
(3) MICHAEL RUBINO BOARD OF DIRECTORS - CHAIR	2 0	X		X				0	0	0
(4) BILL ANDERSON BOARD OF DIRECTORS	1 0	X						0	0	0
(5) CARYN BLAKE BOARD OF DIRECTORS	1 0	X						0	0	0
(6) MICHELLE BOOCKOFF-BAJDEK BOARD OF DIRECTORS	1 0	X						0	0	0
(7) MARK COOKSON BOARD OF DIRECTORS	1 0	X						0	0	0
(8) DENIS DANCOES II BOARD OF DIRECTORS	1 0	X						0	0	0
(9) DR ROBERT DORF BOARD OF DIRECTORS	1 0	X						0	0	0
(10) JILL GAGE BOARD OF DIRECTORS	1 0	X						0	0	0
(11) JAY GUPTA BOARD OF DIRECTORS	1 0	X						0	0	0
(12) DONNA KARWOSKI BOARD OF DIRECTORS	1 0	X						0	0	0
(13) JAMES KIMBERLY BOARD OF DIRECTORS	1 0	X						0	0	0
(14) MARK LEVESQUE BOARD OF DIRECTORS	1 0	X						0	0	0

Form **990** (2015)

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) STEVE LYNN BOARD OF DIRECTORS	1 0	X						0	0	0
(16) ANNA O'HERREN BOARD OF DIRECTORS	1 0	X						0	0	0
(17) ANDREA RILEY-ARNESEN BOARD OF DIRECTORS	1 0	X						0	0	0
(18) CHET ROGERS BOARD OF DIRECTORS (FORMER)	1 0	X						0	0	0
(19) SANTOSH SALVI BOARD OF DIRECTORS (FORMER)	1 0	X						0	0	0
(20) JOSEPH THOMAS BOARD OF DIRECTORS	1 0	X						0	0	0
(21) DR KEN WEINTRAUB BOARD OF DIRECTORS	1 0	X						0	0	0
(22) KERRAN VIGROUX BOARD OF DIRECTORS (FORMER)	1 0	X						0	0	0
(23) DR KARIN WITT BOARD OF DIRECTORS (FORMER)	1 0	X						0	0	0
(24) RICHARD OLSON CFO	40 0			X				89,059	0	22,483
(25) MIKE LACHANCE PRESIDENT & CEO	40 0			X				145,192	0	29,009
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								234,251	0	51,492

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes	

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	0						
	b	Membership dues	1b	0						
	c	Fundraising events	1c	1,595						
	d	Related organizations	1d	0						
	e	Government grants (contributions)	1e	0						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,152,803						
	g	Noncash contributions included in lines 1a-1f \$		50,935						
	h	Total. Add lines 1a-1f ▶						1,154,398		
Program Service Revenue	2a	Membership Revenue	Business Code	713940	4,810,944	4,810,944				
	b	Childcare Revenue -- Infant/Toddler/Preschool		611600	2,255,747	2,255,747				
	c	Day Camp Revenue		713940	892,946	892,946				
	d	Childcare Revenue -- School Age		611600	665,484	665,484				
	e	Resident Camp Revenue		713940	247,018	247,018				
	f	All other program service revenue			1,015,393	1,015,393	0			
	g	Total. Add lines 2a-2f ▶			9,887,532		0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		101,709	0	0	101,709		
4		Income from investment of tax-exempt bond proceeds . . ▶		0	0	0	0			
5		Royalties ▶		0	0	0	0			
6a		Gross rents	(i) Real	(ii) Personal						
			0	0						
			b	Less rental expenses					0	0
			c	Rental income or (loss)					0	0
d		Net rental income or (loss) ▶		0	0	0	0			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
			475,898	0						
			b	Less cost or other basis and sales expenses					398,894	10,010
			c	Gain or (loss)					77,004	-10,010
d		Net gain or (loss) ▶		66,994	0	0	66,994			
8a		Gross income from fundraising events (not including \$ 1,595 of contributions reported on line 1c) See Part IV, line 18 . . .								
			a	147,138						
			b	Less direct expenses b					113,413	
c		Net income or (loss) from fundraising events . . ▶		33,725		0	33,725			
9a		Gross income from gaming activities See Part IV, line 19								
			a	0						
			b	Less direct expenses b					0	
c		Net income or (loss) from gaming activities . . . ▶		0	0	0	0			
10a		Gross sales of inventory, less returns and allowances . . .								
	a		0							
	b		Less cost of goods sold b	0						
c	Net income or (loss) from sales of inventory . . ▶		0	0	0	0				
Miscellaneous Revenue		Business Code								
11a	VENDING REVENUE, ETC		900099	53,105			53,105			
b	MISCELLANEOUS		900099	681	681					
c										
d	All other revenue			0	0	0	0			
e	Total. Add lines 11a-11d ▶			53,786						
12	Total revenue. See Instructions ▶			11,298,144	9,888,213	0	255,533			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	709,453	709,453		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	307,110	135,218	73,732	98,160
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	4,527,851	4,223,346	240,743	63,762
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	306,439	247,884	54,789	3,766
9	Other employee benefits.	388,876	329,940	58,936	0
10	Payroll taxes.	452,688	404,323	42,888	5,477
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	6,278	3,762	2,516	0
c	Accounting.	22,500	13,482	9,018	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	14,511	0	14,511	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	475,210	290,821	108,815	75,574
12	Advertising and promotion.	151,107	90,358	59,598	1,151
13	Office expenses.	22,440	13,891	8,189	360
14	Information technology.	208,773	125,097	83,676	0
15	Royalties.	0	0	0	0
16	Occupancy.	902,714	595,041	307,673	0
17	Travel.	171,048	149,583	20,646	819
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	25,379	14,661	9,622	1,096
20	Interest.	181,698	108,875	72,823	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	702,851	693,305	9,546	0
23	Insurance.	87,272	52,294	34,978	0
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.)				
a	SUPPLIES	687,960	579,751	102,330	5,879
b	MISCELLANEOUS	272,696	151,717	101,479	19,500
c	DUES & MEMBERSHIPS	148,766	116,119	32,647	0
d	SMALL EQUIPMENT	12,954	7,762	5,192	0
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e.	10,786,574	9,056,683	1,454,347	275,544
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).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		890,380	1	1,217,936
	2	Savings and temporary cash investments		1,207,673	2	959,165
	3	Pledges and grants receivable, net		234,914	3	551,650
	4	Accounts receivable, net		48,888	4	30,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		9,492	9	31,590
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 16,000,675			
	b	Less: accumulated depreciation	10b 4,867,192	11,066,850	10c	11,133,483
	11	Investments—publicly traded securities		2,757,390	11	2,905,779
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		173,385	15	320,638
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16,388,972	16	17,150,241
Liabilities	17	Accounts payable and accrued expenses		223,239	17	232,376
	18	Grants payable		0	18	0
	19	Deferred revenue		166,372	19	142,347
	20	Tax-exempt bond liabilities		5,857,875	20	5,903,253
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		348,537	25	315,071
	26	Total liabilities. Add lines 17 through 25		6,596,023	26	6,593,047
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		8,719,354	27	8,802,081
	28	Temporarily restricted net assets		572,351	28	1,252,869
	29	Permanently restricted net assets		501,244	29	502,244
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		9,792,949	33	10,557,194
	34	Total liabilities and net assets/fund balances		16,388,972	34	17,150,241

Part XI **Reconciliation of Net Assets**

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)	1	11,298,144
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,786,574
3	Revenue less expenses Subtract line 2 from line 1	3	511,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	9,792,949
5	Net unrealized gains (losses) on investments	5	86,387
6	Donated services and use of facilities	6	166,288
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,557,194

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 02-0222250
Name: Young Men's Christian Association of Greater Nashua

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

(Code	) (Expenses \$	1,372,148	including grants of \$	50,517) (Revenue \$	5,305,299)
YOUTH DEVELOPMENT, HEALTHY LIVING, SOCIAL RESPONSIBILITY YOUTH DEVELOPMENT ACTIVE, ENGAGED CHILDREN ARE THE BACKBONE OF A HEALTHY COMMUNITY THE YMCA IS ONE OF THE LARGEST PROVIDERS OF YOUTH PROGRAMMING IN THE REGION WE ARE COMMITTED TO INCREASING OPPORTUNITIES FOR YOUTH TO DEEPEN VALUES AND POSITIVE ATTITUDES WHETHER A CHILD ENGAGES WITH US THROUGH OUR YOUTH BASKETBALL PROGRAM, STORM SWIM TEAM, GYMNASICS PROGRAMS, ARTS & HUMANITIES CLASSES, OR ONE OF THE MANY SPORTS PROGRAMS, OUR GOAL IS TO HELP THEM ENGAGE IN LIFELONG HEALTHY ACTIVITIES WITH POSITIVE ROLE MODELS TO HELP GUIDE THEIR DECISION MAKING AND LIFE CHOICES ALL OF OUR YOUTH PROGRAMS INCORPORATE OUR VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY HEALTHY LIVING THE YMCA OF GREATER NASHUA HAS TAKEN A LEADERSHIP ROLE IN THE GREATER NASHUA COMMUNITY IN RESPONSE TO THE CITY OF NASHUA'S FOCUS ON CHILDHOOD OBESITY, WHICH HAS BEEN NAMED ONE OF THE THREE MAJOR HEALTH ISSUES THAT THE CITY IS FOCUSING ON IN ITS HEALTH IMPROVEMENT PLAN THE COMMUNITY HEALTH ASSESSMENT (CHA) IDENTIFIED THREE MAJOR HEALTH ISSUES OBESITY, MENTAL ILLNESS, AND ACCESS TO HEALTH CARE DUE TO OUR WORK WITH THE PRESCRIBE THE Y AND OTHER HEALTHY INITIATIVES TO COMBAT CHILDHOOD OBESITY, THE YMCA OF GREATER NASHUA WAS ASKED TO TAKE A LEAD ROLE IN THE CITY HEALTH IMPROVEMENT PLAN (CHIP) IN THE AREA OF OBESITY OUR "PRESCRIBE THE Y" WHICH LAUNCHED IN 2008 AND IT HAS GROWN EACH YEAR THIS YEAR WE GRADUATED 120 CHILDREN FROM THE PROGRAM THE CURRICULUM, PROVEN EFFECTIVE BY OUR PAST RESULTS, WAS DEVELOPED BY LOCAL PEDIATRICIANS AND DIETITIANS INVOLVED IN THE STAY'N HEALTHY PARTNERSHIP OUR PROGRAM AIMS TO STOP THIS RAPID INCREASE IN OBESITY BY STARTING WITH OUR CHILDREN, FOR STUDIES SHOW THAT IF A CHILD IS OVERWEIGHT AT AGE 12, THEY ARE MOST LIKELY TO BE OVERWEIGHT ADULTS THIS PROGRAM IS THE ONLY ONE OF ITS KIND IN THE NASHUA AREA MORE THAN 80 ADULTS HAVE RECLAIMED THEIR HEALTH IN OUR LIVESTRONG AT THE YMCA, A RESEARCH-BASED PHYSICAL ACTIVITY AND WELL-BEING INITIATIVE THAT HELPS PEOPLE AFFECTED BY CANCER REACH THEIR HOLISTIC HEALTH GOALS THE LIVESTRONG AT THE YMCA PROGRAM IS AVAILABLE TO CANCER SURVIVORS AND THEIR FAMILIES IN THE GREATER NASHUA COMMUNITY ON A BROAD LEVEL, MAKING YMCA HEALTHY LIVING PROGRAMS AND CLASSES AVAILABLE IS AN IMPORTANT CORNERSTONE OF OUR LONG RANGE STRATEGIC PLAN LAST YEAR, WE PROVIDED MORE THAN \$709,000 IN AID TO OVER 3500 PEOPLE TO ENSURE ALL WHO NEED ACCESS TO THE Y WERE WELCOMED, HELPING REMOVE THE FINANCIAL BARRIERS THAT MAY PREVENT PARTICIPATION AS PART OF OUR COMMITMENT TO THE COMMUNITY, WE PARTNER WITH OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS THE PLUS COMPANY, NASHUA CHILDREN'S HOME, GREATER NASHUA MENTAL HEALTH, EASTER SEALS AND OTHER ORGANIZATIONS THAT ASSIST DISABLED INDIVIDUALS, COLLABORATING TO SUPPORT OUR COMMUNITY TO ENGAGE AS MANY AS POSSIBLE IN WELLNESS PROGRAMS THE VALUE OF THIS SERVICE TOTALED \$50,198 WE HAVE ALSO DONATED FUNDS AND STAFF TIME WORTH \$88,079 TO SUPPORT THE GOOD WORK OF OTHER ORGANIZATIONS SOCIAL RESPONSIBILITY WITHIN THE GREATER NASHUA AREA, THE YMCA IS SEEN AS A COLLABORATOR, CONVENING WITH THE CITIES AND TOWNS, AS WELL AS OTHER SOCIAL SERVICE AGENCIES, TO ADDRESS COMMUNITY NEEDS WE HAVE A STRONG PARTNERSHIP WITH THE HUDSON PUBLIC SCHOOL DEPARTMENT AND TITLE ONE PRESCHOOL SCHOOL IN NASHUA TO ADDRESS THE NEEDS OF SOME CHILDREN STRUGGLING IN FIRST GRADE WE GRADUATED THE SECOND CLASS FROM THE YMCA SUPERHERO TRAINING ACADEMY AT THE DR H O SMITH ELEMENTARY SCHOOL IN HUDSON THIS PROGRAM EMERGED OUT OF DISCUSSIONS WITH THE HUDSON SCHOOL DISTRICT IN FALL 2014 REGARDING MANY FIRST GRADERS HAVING LOW ATTENDANCE, SCHOOL ANXIETY, LOW SELF-ESTEEM, BEING BULLIED, ACTING OUT, AND NOT BEING ENGAGED IN THE CLASSROOM TEACHERS AND GUIDANCE COUNSELORS WERE CONCERNED ABOUT THESE CHILDREN, BUT THEIR NEEDS DID NOT FIT INTO TRADITIONAL AT-RISK SERVICES OFFERED Y STAFF DEVELOPED THE SUPERHERO TRAINING ACADEMY TO TEACH KIDS ABOUT BEING STRONG IN THEIR MIND AND BODY SHOWING GREAT CHARACTER AND LEADERSHIP AND DEVELOPING THEIR OWN SUPERHERO PERSONA WHO WORKS TO IMPROVE THEIR SCHOOL COMMUNITY WE HAVE SIGNIFICANTLY BOOSTED THE NUMBER OF PARTICIPANTS IN OUR LEADERS CLUB AND Y-ACHIEVERS TEEN LEADERSHIP PROGRAMS, CONNECTING WITH OVER 130 YOUTH THE GOALS OF THESE INITIATIVES IS IMPROVED STUDENT PERFORMANCE IN THE CLASSROOM, HIGHER RATES OF HIGH SCHOOL GRADUATION AND COLLEGE ENROLLMENT, AND PREPARING YOUTH TO BE PRODUCTIVE MEMBERS OF THE WORKFORCE AND COMMUNITY ARE KEY OBJECTIVES OUR VOLUNTEER PROGRAM - ONE OF THE AREAS WE EXCEL IN OUR COMMITMENT TO SOCIAL RESPONSIBILITY - ENGAGES MORE THAN 1,414 COMMUNITY MEMBERS (DONATING A TOTAL OF 37,603 HOURS) TO MAKE A DIFFERENCE IN PEOPLE'S LIVES, OFFERING THE OPPORTUNITY TO MEET NEW PEOPLE AND MAKE NEW FRIENDS, ALL WHILE DEVELOPING SKILLS AND GAINING INVALUABLE EXPERIENCE THE Y PROVIDES PEOPLE THE OPPORTUNITY TO PUT INTO PRACTICE WHAT THEY BELIEVE ABOUT LIFE AND GIVE BACK TO THEIR COMMUNITY THROUGH VOLUNTEER PARTICIPATION IN Y PROGRAMS AND SERVICES WE HAVE THE PRESENCE AND PARTNERSHIPS TO NOT JUST PROMISE, BUT DELIVER POSITIVE, PERSONAL AND SOCIAL CHANGE WITH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY, Y VOLUNTEERS GIVE MEN, WOMEN AND YOUTH OF ALL AGES AND FROM ALL WALKS OF LIFE THE RESOURCES AND SUPPORT THEY NEED TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE OUR TOGETHERHOOD PROGRAM, A YMCA SIGNATURE PROGRAM WHERE WE INVITE Y MEMBERS TO LEAD AND PARTICIPATE IN VOLUNTEER SERVICE PROJECTS THAT BENEFIT THE COMMUNITIES WHERE WE LIVE CONTINUES TO MAKE A DIFFERENCE OUTSIDE OF OUR WALLS, TAKING ON VOLUNTEER PROJECTS AT OTHER COMMUNITY PARTNERS SUCH AS THE NASHUA SOUP KITCHEN AND SHELTER					

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Young Men's Christian Association of Greater Nashua

Employer identification number
02-0222250

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

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

11

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An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported 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 ► ☐						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,384,966	4,786,505	5,214,209	5,697,315	5,965,342	26,048,337
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,977,074	3,447,789	3,669,787	4,361,487	5,076,588	19,532,725
3 Gross receipts from activities that are not an unrelated trade or business under section 513			61,352	54,281	53,105	168,738
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	7,362,040	8,234,294	8,945,348	10,113,083	11,095,035	45,749,800
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						45,749,800

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	7,362,040	8,234,294	8,945,348	10,113,083	11,095,035	45,749,800
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,187	61,776	81,573	118,151	101,709	427,396
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	64,187	61,776	81,573	118,151	101,709	427,396
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,426,227	8,296,070	9,026,921	10,231,234	11,196,744	46,177,196
14 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.07 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	98.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.93 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	1.48 %

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

☐

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d 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 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)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

Name of the organization Young Men's Christian Association of Greater Nashua	Employer identification number 02-0222250
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	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? ☐ Yes ☐ No	

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	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	
b	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	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,757,390	2,887,694	2,584,532	2,456,203	2,384,850
b Contributions	1,000	0	0	0	0
c Net investment earnings, gains, and losses	250,589	-34,304	399,162	224,329	174,853
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	103,200	96,000	96,000	96,000	103,500
f Administrative expenses	0	0	0	0	0
g End of year balance	2,905,779	2,757,390	2,887,694	2,584,532	2,456,203

2

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

a

Board designated or quasi-endowment

79 65 %

b

Permanent endowment

3 1 %

c

Temporarily restricted endowment

17 3 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	0	281,649		281,649
b Buildings	0	14,648,652	4,260,639	10,388,013
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	1,070,374	606,553	463,821
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,133,483

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	12,085,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	86,387		
b	Donated services and use of facilities	2b	625,592		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)	2d	0		
e	Add lines 2a through 2d			2e	711,979
3	Subtract line 2e from line 1			3	11,373,820
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	-75,676		
c	Add lines 4a and 4b			4c	-75,676
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)			5	11,298,144

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	11,321,554
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	459,304		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII)	2d	75,676		
e	Add lines 2a through 2d			2e	534,980
3	Subtract line 2e from line 1			3	10,786,574
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	10,786,574

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 PART X, LINE 2	THE YMCA IS A NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS DETERMINED THE YMCA TO BE OTHER THAN A PRIVATE FOUNDATION. THE YMCA HAS ADOPTED THE ACCOUNTING GUIDANCE UNDER THE INCOME TAXES TOPIC OF THE FASB ASC. THE GUIDANCE REQUIRES THE YMCA TO EVALUATE IT TAX POSITIONS AND RECOGNIZE THE TAX BENEFIT FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERIT OF THE POSITION. IF THE YMCA TAKES A TAX POSITION THAT DOES NOT MEET THE CRITERIA FOR RECOGNITION UNDER THE STANDARD, THE BENEFIT OF THAT POSITION, INCLUDING POTENTIAL INTEREST AND PENALTIES THEREON, MUST BE REFLECTED AS A LIABILITY IN THE FINANCIAL STATEMENTS UNTIL SUCH TIME AS THE POST ION MEETS THE CRITERIA FOR RECOGNITION. THE RECOGNITION CRITERIA MAY BE MET THROUGH SUBSEQUENT EXAMINATION AND SETTLEMENT BY THE AUTHORITIES, PUBLICATION OF CASE LAW OR REGULATIONS SUPPORTING THE POSITION, OR EXPIRATION OF THE STATUE OF LIMITATIONS. AS OF AUGUST 31, 2015 AND 2014, THE YMCA HAS NOT TAKEN ANY SIGNIFICANT MATERIAL TAX POSITIONS WHICH DO NOT MEET THE CRITERIA FOR RECOGNITION. THE TAX YEAR OF THE YMCA ENDS ON AUGUST 31ST. MANAGEMENT BELIEVES THE TAX FILINGS FOR THE TAX YEARS ENDING BEFORE AUGUST 31, 2012 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE DONOR DESIGNATED FUND'S INCOME IS TO BE USED FOR THE GENERAL PURPOSES OF THE ORGANIZATION THE BOARD DESIGNATED INVESTMENT FUND MAY BE USED AT THE BOARD'S DISCRETION AND IS NOT SUBJECT TO THE NEW HAMPSHIRE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The YMCA is a not-for-profit corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code The Internal Revenue Service has determined the YMCA to be other than a private foundation The YMCA has adopted the accounting guidance under the Income Taxes Topic of the FASB ASC The guidance requires the YMCA to evaluate its tax positions and recognize the tax benefit from any uncertain tax positions only if it is more likely than not that the tax position would be sustained upon examination by taxing authorities based on the technical merit of the position If the YMCA takes a tax position that does not meet the criteria for recognition under this standard, the benefit of that position, including potential interest and penalties thereon, must be reflected as a liability in the financial statements until such time as the position meets the criteria for recognition The recognition criteria may be met through subsequent examination and settlement by the authorities, publication of case law or regulations supporting the position, or expiration of the statute of limitations As of August 31, 2016 and 2015, the YMCA has not taken any material tax positions which do not meet the criteria for recognition
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	DIRECT FUNDRAISING EVENT EXPENSE - -75676
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	DIRECT FUNDRAISING EVENT EXPENSE - 75676

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

Name of the organization
Young Men's Christian Association of Greater Nashua

Employer identification number
02-0222250

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events.

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

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		AUCTION (event type)	Y-TRI (event type)	2 (total number)	Total events (add col (a) through col (c))
	1 Gross receipts	67,701	40,033	40,999	148,733
	2 Less Contributions	1,595			1,595
	3 Gross income (line 1 minus line 2)	66,106	40,033	40,999	147,138
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	37,737			37,737
	6 Rent/facility costs	8,231			8,231
	7 Food and beverages				
	8 Entertainment		825		825
	9 Other direct expenses	8,736	34,715	23,169	66,620
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				113,413
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				33,725

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

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

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

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

Name

▶

Address

▶

15a

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

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$

and the amount of gaming revenue retained by the third party ▶ \$

c

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

Name

▶

Address

▶

16

Gaming manager information

Name

▶

Gaming manager compensation

▶ \$

Description of services provided

▶

☐ **Director/officer**

☐ **Employee**

☐ **Independent contractor**

17

Mandatory distributions

a

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

☐ **Yes** ☐ **No**

b

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

Part IV

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

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2015

2015

Open to Public Inspection

02-0222250

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL ASSISTANCE TO PARTICPATE IN THE YMCA PROGRAMS AT REDUCED COSTS	3500	0	709,453	BOOK VALUE OF PROGRAM DISCOUNTS, THOSE QUALIFYING FOR FINANCIAL ASSISTANCE	REDUCTION IN SERVICE PRICES

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE YMCA HAS A FORMAL PROCESS FOR FINANCIAL ASSISTANCE THE INDIVIDUAL WILL COMPLETE AN APPLICATION FOR FINANCIAL ASSISTANCE THE APPLICATION HAS THE YMCA CRITERIA FOR ELIGIBILITY TO RECEIVE FINANCIAL ASSISTANCE THE YMCA DIRECTORS WILL REVIEW THE APPLICATION FOR FINANCIAL ASSISTANCE IF APPROVED, FINANCIAL ASSISTANCE WILL BE GIVEN REPORTS CAN BE PRODUCED AT ANY TIME WHICH WILL SHOW THE AMOUNT OF FINANCIAL ASSISTANCE GIVEN AND TO WHOM IT WAS GIVEN

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Young Men's Christian Association of Greater Nashua

Employer identification number
02-0222250

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MIKE LACHANCE PRESIDENT & CEO	(i)	145,192 ----- 0	0 ----- 0	0 ----- 0	18,600 ----- 0	10,409 ----- 0	174,201 ----- 0	0 ----- 0
	(ii)							

Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 3 PART I, LINE 3	THE CEO SALARY IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE COMPLETE BOARD OF DIRECTORS SALARY IS COMPARED TO INDUSTRY STANDARDS AND COMPARABLE YMCA'S AND OTHER COMPARABLE ORGANIZATIONS

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Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Young Men's Christian Association of Greater Nashua

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

► Attach to Form 990.

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

Employer identification number

02-0222250

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEW HAMPSHIRE HEALTH AND EDUCATION FACILITIES AUTHORITY	02-0279866		05-19-2015	9,200,000	TO FUND REFINANCE OF DEBT AND CAPITAL IMPROVEMENTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	251,118							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	9,200,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	114,193							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	330,506							
11	Other spent proceeds	5,709,673							
12	Other unspent proceeds	3,045,628							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.		X						

Part IV Arbitrage

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

Part IV **Arbitrage** *(Continued)*

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

Part V **Procedures To Undertake Corrective Action**

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Young Men's Christian Association of Greater Nashua

Employer identification number
02-0222250

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	3	1,190	Other
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	13,198	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	20	7,464	Market value
19 Food inventory	X	5	1,535	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (TRIP EXCURSIONS)	X	32	16,368	Market value
26 Other ► (SPORTING EVENTS)	X	8	3,220	Market value
27 Other ► (RESTAURANT GIFT CERTIFICATES)	X	13	2,376	Market value
28 Other ► (OTHER ITEMS/GIFT CERTIFICATES)	X	24	5,584	Market value
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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	Yes	No	
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 contributions?	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II Supplemental Information.

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Art - Works of art - NUMBER OF CONTRIBUTIONS Collectibles - NUMBER OF CONTRIBUTIONS Food inventory - NUMBER OF CONTRIBUTIONS Other - TRIP EXCURSIONS NUMBER OF CONTRIBUTIONS Other - SPORTING EVENTS NUMBER OF CONTRIBUTIONS Other - RESTAURANT GIFT CERTIFICATES NUMBER OF CONTRIBUTIONS Other - OTHER ITEMS/GIFT CERTIFICATES NUMBER OF CONTRIBUTIONS Securities - Publicly traded - NUMBER OF CONTRIBUTIONS

Name of the organization Young Men’s Chstian Association of Greater Nashua	Employer identification number 02-0222250
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 1,372,148 including grants of \$ 50,517)(Revenue \$ 5,305,299) YOUTH DEVELOPMENT, HEALTHY LIVING, SOCIAL RESPONSIBILITY YOUTH DEVELOPMENT ACTIVE, ENGAGED CHILDREN ARE THE BACKBONE OF A HEALTHY COMMUNITY THE YMCA IS ONE OF THE LARGEST PROVIDERS OF YOUTH PROGRAMMING IN THE REGION WE ARE COMMITTED TO INCREASING OPPORTUNITIES FOR YOUTH TO DEEPEN VALUES AND POSITIVE ATTITUDES WHETHER A CHILD ENGAGES WITH US THROUGH OUR YOUTH BASKETBALL PROGRAM, STORM SWIM TEAM, GYMNASTICS PROGRAMS, ARTS & HUMANITIES CLASSES, OR ONE OF THE MANY SPORTS PROGRAMS, OUR GOAL IS TO HELP THEM ENGAGE IN LIFELONG HEALTHY ACTIVITIES WITH POSITIVE ROLE MODELS TO HELP GUIDE THEIR DECISION MAKING AND LIFE CHOICES ALL OF OUR YOUTH PROGRAMS INCORPORATE OUR VALUES OF CARING, HONESTY , RESPECT AND RESPONSIBILITY HEALTHY LIVING THE YMCA OF GREATER NASHUA HAS TAKEN A LEADERSHIP ROLE IN THE GREATER NASHUA COMMUNITY IN RESPONSE TO THE CITY OF NASHUA'S FOCUS ON CHILDHOOD OBESITY , WHICH HAS BEEN NAMED ONE OF THE THREE MAJOR HEALTH ISSUES THAT THE CITY IS FOCUSING ON IN ITS HEALTH IMPROVEMENT PLAN THE COMMUNITY HEALTH ASSESSMENT (CHA) IDENTIFIED THREE MAJOR HEALTH ISSUES OBESITY , MENTAL ILLNESS, AND ACCESS TO HEALTH CARE DUE TO OUR WORK WITH THE PRESCRIBE THE Y AND OTHER HEALTHY INITIATIVES TO COMBAT CHILDHOOD OBESITY , THE YMCA OF GREATER NASHUA WAS ASKED TO TAKE A LEAD ROLE IN THE CITY HEALTH IMPROVEMENT PLAN (CHIP) IN THE AREA OF OBESITY OUR "PRESCRIBE THE Y" WHICH LAUNCHED IN 2008 AND IT HAS GROWN EACH YEAR. THIS YEAR WE GRADUATED 120 CHILDREN FROM THE PROGRAM THE CURRICULUM, PROVEN EFFECTIVE BY OUR PAST RESULTS, WAS DEVELOPED BY LOCAL PEDIATRICIANS AND DIETITIANS INVOLVED IN THE STAY'N HEALTHY PARTNERSHIP OUR PROGRAM AIMS TO STOP THIS RAPID INCREASE IN OBESITY BY STARTING WITH OUR CHILDREN, FOR STUDIES SHOW THAT IF A CHILD IS OVERWEIGHT AT AGE 12, THEY ARE MOST LIKELY TO BE OVERWEIGHT ADULTS THIS PROGRAM IS THE ONLY ONE OF ITS KIND IN THE NASHUA AREA MORE THAN 80 ADULTS HAVE RECLAIMED THEIR HEALTH IN OUR LIVESTRONG AT THE YMCA, A RESEARCH-BASED PHYSICAL ACTIVITY AND WELL-BEING INITIATIVE THAT HELPS PEOPLE AFFECTED BY CANCER REACH THEIR HOLISTIC HEALTH GOALS THE LIVESTRONG AT THE YMCA PROGRAM IS AVAILABLE TO CANCER SURVIVORS AND THEIR FAMILIES IN THE GREATER NASHUA COMMUNITY ON A BROAD LEVEL, MAKING YMCA HEALTHY LIVING PROGRAMS AND CLASSES AVAILABLE IS AN IMPORTANT CORNERSTONE OF OUR LONG RANGE STRATEGIC PLAN LAST YEAR, WE PROVIDED MORE THAN \$709,000 IN AID TO OVER 3500 PEOPLE TO ENSURE ALL WHO NEED ACCESS TO THE Y WERE WELCOMED, HELPING REMOVE THE FINANCIAL BARRIERS THAT MAY PREVENT PARTICIATION AS PART OF OUR COMMITMENT TO THE COMMUNITY , WE PARTNER WITH OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS THE PLUS COMPANY , NASHUA CHILDREN'S HOME, GREATER NASHUA MENTAL HEALTH, EASTER SEALS AND OTHER ORGANIZATIONS THAT ASSIST DISABLED INDIVIDUALS, COLLABORATING TO SUPPORT OUR COMMUNITY TO ENGAGE AS MANY AS POSSIBLE IN WELLNESS PROGRAMS THE VALUE OF THIS SERVICE TOTALED \$50,198 WE HAVE ALSO DONATED FUNDS AND STAFF TIME WORTH \$88,079 TO SUPPORT THE GOOD WORK OF OTHER ORGANIZATIONS SOCIAL RESPONSIBILITY WITHIN THE GREATER NASHUA AREA, THE YMCA IS SEEN AS A COLLABORATOR, CONVENING WITH THE CITIES AND TOWNS, AS WELL AS OTHER SOCIAL SERVICE AGENCIES, TO ADDRESS COMMUNITY NEEDS WE HAVE A STRONG PARTNERSHIP WITH THE HUDSON PUBLIC SCHOOL DEPARTMENT AND TITLE ONE PRESCHOOL SCHOOL IN NASHUA TO ADDRESS THE NEEDS OF SOME CHILDREN STRUGGLING IN FIRST GRADE WE GRADUATED THE SECOND CLASS FROM THE YMCA SUPERHERO TRAINING ACADEMY AT THE DR H O SMITH ELEMENTARY SCHOOL IN HUDSON THIS PROGRAM EMERGED OUT OF DISCUSSIONS WITH THE HUDSON SCHOOL DISTRICT IN FALL 2014 REGARDING MANY FIRST GRADERS HAVING LOW ATTENDANCE, SCHOOL ANXIETY , LOW SELF-ESTEEM, BEING BULLIED, ACTING OUT, AND NOT BEING ENGAGED IN THE CLASSROOM TEACHERS AND GUIDANCE COUNSELORS WERE CONCERNED ABOUT THESE CHILDREN, BUT THEIR NEEDS DID NOT FIT INTO TRADITIONAL AT-RISK SERVICES OFFERED Y STAFF DEVELOPED THE SUPERHERO TRAINING ACADEMY TO TEACH KIDS ABOUT BEING STRONG IN THEIR MIND AND BODY SHOWING GREAT CHARACTER AND LEADERSHIP AND DEVELOPING THEIR OWN SUPERHERO PERSONA WHO WORKS TO IMPROVE THEIR SCHOOL COMMUNITY WE HAVE SIGNIFICANTLY BOOSTED THE NUMBER OF PARTICIPANTS IN OUR LEADERS CLUB AND Y-ACHIEVERS TEEN LEADERSHIP PROGRAMS, CONNECTING WITH OVER 130 YOUTH THE GOALS OF THESE INITIATIVES IS IMPROVED STUDENT PERFORMANCE IN THE CLASSROOM, HIGHER RATES OF HIGH SCHOOL GRADUATION AND COLLEGE ENROLLMENT, AND PREPARING YOUTH TO BE PRODUCTIVE MEMBERS OF THE WORKFORCE AND COMMUNITY ARE KEY OBJECTIVES OUR VOLUNTEER PROGRAM- ONE OF THE AREAS WE EXCEL IN OUR COMMITMENT TO SOCIAL RESPONSIBILITY - ENGAGES MORE THAN 1,414 COMMUNITY MEMBERS (DONATING A TOTAL OF 37,603 HOURS) TO MAKE A DIFFERENCE IN PEOPLE'S LIVES, OFFERING THE OPPORTUNITY TO MEET NEW PEOPLE AND MAKE NEW FRIENDS, ALL WHILE DEVELOPING SKILLS AND GAINING INVALUABLE EXPERIENCE THE Y PROVIDES PEOPLE THE OPPORTUNITY TO PUT INTO PRACTICE WHAT THEY BELIEVE ABOUT LIFE AND GIVE BACK TO THEIR COMMUNITY THROUGH VOLUNTEER PARTICIPATION IN Y PROGRAMS AND SERVICES WE HAVE THE PRESENCE AND PARTNERSHIPS TO NOT JUST PROMISE, BUT DELIVER POSITIVE, PERSONAL AND SOCIAL CHANGE WITH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY , Y VOLUNTEERS GIVE MEN, WOMEN AND YOUTH OF ALL AGES AND FROM ALL WALKS OF LIFE THE RESOURCES AND SUPPORT THEY NEED TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE OUR TOGETHERHOOD PROGRAM, A YMCA SIGNATURE PROGRAM WHERE WE INVITE Y MEMBERS TO LEAD AND PARTICIPATE IN VOLUNTEER SERVICE PROJECTS THAT BENEFIT THE COMMUNITIES WHERE WE LIVE CONTINUES TO MAKE A DIFFERENCE OUTSIDE OF OUR WALLS, TAKING ON VOLUNTEER PROJECTS AT OTHER COMMUNITY PARTNERS SUCH AS THE NASHUA SOUP KITCHEN AND SHELTER
Form 990, Part VI, Line 6 FORM 990, PART VI, SECTION A, LINE 6	THE YMCA HAS MEMBERS WHO PAY DUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a FORM 990, PART VI, SECTION A, LINE 7A	THERE IS AN ANNUAL MEETING HELD WHERE MEMBERS CAN VOICE OPINIONS
Form 990, Part VI, Line 7b FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS VOTE AT THE ANNUAL MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE 990 AND IT IS APPROVED BY THE BOARD
Form 990, Part VI, Line 12c FORM 990, PART VI, SECTION B, LINE 12C	THE YMCA REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY WITH THE USE OF THE AUDITORS ANNUAL CIRCULATION OF A QUESTIONNAIRE TO THE BOARD OF DIRECTORS AND SENIOR STAFF WHICH INCLUDES QUESTIONS REGARDING ANY CONFLICTS OF INTEREST IN ADDITION, THE MARKETING DIRECTOR/CEO REVIEWS ALL CONTRACTS WITH BOARD MEMBERS AND SENIOR STAFF TO SEE IF ANY TRANSACTIONS FALL UNDER THE CONFLICT OF INTEREST POLICY THIS PROCEDURE IS COMPLETED ONCE A YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15 FORM 990, PART VI, SECTION B, LINE 15	THE BOARD MUST APPROVE THE BUDGET WHICH INCLUDES COMPENSATION FOR ALL LEVELS OF EMPLOYEES
Form 990, Part VI, Line 19 FORM 990, PART VI, SECTION C, LINE 19	THE YMCA MAKES AVAILABLE TO THE PUBLIC ALL DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS T O THOSE REQUESTING THEM IN ADDITION, THE YMCA PROVIDES FINANCIAL INFORMATION, DONOR INFOR MATION AND COMMUNITY BENEFIT INFORMATION TO ALL ATTENDING THE ANNUAL MEETING THE YMCA ALS O PUBLISHES THE FORM 990 ON ITS WEBSITE THE MEMBERS HANDBOOK OF RULES AND REGULATIONS ARE ALSO DISCLOSED ON THE WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE YMCA HAS MEMBERS WHO PAYS DUES
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Our organization is a public charity open to all without regard to ability to pay Our members have the right to elect members of the board, but do not receive any distributions of income or assets from the organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	MEMBERS VOTE AT THE ANNUAL MEETING
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE AUDIT COMMITTEE REVIEWS THE 990 PRIOR TO FILING AND IT IS APPROVED BY THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	A conflict of interest questionnaire is sent out annually to each officer and director of the organization. The questionnaire requires each person to answer a series of questions related to various potential conflicts of interest that are specifically asked on the Form 990. The organization's compliance officer monitors the responses for any potential conflicts of interest and then determines whether or not an actual conflict of interest exists. Anyone who is determined to have a conflict of interest is not allowed to vote on any matters involving the related conflict of interest. The compliance officer attends all board meetings to ensure compliance with these guidelines.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE BOARD MUST APPROVE THE BUDGET WHICH INCLUDES COMPENSATION FOR ALL LEVELS OF EMPLOYEES. COMPENSATION OF TOP MANAGEMENT OFFICIALS ARE REVIEWED BY THE BOARD AND COMPARES IT TO NATIONAL GUIDANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE BOARD MUST APPROVE THE BUDGET WHICH INCLUDES COMPENSATION FOR ALL LEVELS OF MANAGEMENT COMPENSATION IS COMPARED TO NATIONAL GUIDANCE
Form 990, Part VI, Line 19 Required documents available to the public	THE YMCA MAKES AVAILABLE TO THE PUBLIC ALL DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS T O THOSE REQUESTING THEM IN ADDITION, THE YMCA PROVIDES FINANCIAL INFORMATION, DONOR INFOR MATION AND COMMUNITY BENEFIT INFORMATION TO ALL ATTENDING THE ANNUAL MEETING THE YMCA ALS O PUBLISHES THE FORM 990 ON ITS WEBSITE THE MEMBERS' HANDBOOK OF RULES AND REGULATIONS AR E ALSO DISCLOSED ON THE WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 1015393, Related or Exempt Function Revenue 1015393, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Residence Revenue - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,
Form 990, Part XII, Line 2c FORM 990, PART XII, LINE 2C	THE YMCA HAS NOT CHANGED IT OVERSIGHT PROCESS DURING THE YEAR