Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047 2016 Open to Public Inspection

<u>A</u>	For the	2016 c	alendar year, or tax year beginning , and ending			
В	Check of app	plicable	C Name of organization		D Employe	r identification number
Ш	Address ch	nange	YWCA OF MOUNT DESERT ISLAND			
	Name chan	nge .	Doing business as Number and street (or P O box if mail is not delivered to street address)	Room/suite	01-0 E Telephon	211569
	Initial return	n i	36 MOUNT DESERT STREET	Room/suite		288-5008
Ħ	Final return		City or town, state or province, country, and ZIP or foreign postal code			
	terminated	1	BAR HARBOR ME 04609		G Gross reco	eipts\$ 2,710,834
닖	Amended re		F Name and address of principal officer	U(a) to this a are		Van V Na
	Application	pending	ELISSA LAPLANT	H(a) Is this a gro	up return for si	
			366 NORWAY DRIVE	H(b) Are all sub		
			BAR HARBOR ME 04609	If "No,"	attach a list	(see instructions)
	Tax-exem		X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	ļ		
<u>J</u>	Website:		WW.YWCAMDI.ORG X Corporation	H(c) Group exe		
	Form of ord		X Corporation Trust Association Other ▶ L Ye	ear of formation \perp	904	M State of legal domicile ME
	T		scribe the organization's mission or most significant activities:			
a)	,	-	YWCA PROVIDES PROGRAMS THAT ELIMINATE RACISM AND EM	POWER WOI	MEN .	
Š			UDING AFFORDABLE HOUSING FOR WOMEN & GIRLS, TEEN ED			
Ĕ			VITIES FOR CHILDREN.			
Governance	2 C	Check thi	s box ▶ I if the organization discontinued its operations or disposed of more than 25	% of its net ass	ets.	
∞ ಶ	3 N	lumber d	of voting members of the governing body (Part VI, line 1a)		3	13
Activities &	4 N	lumber o	of independent voting members of the governing body (Part VI, line 1b)		4	13
Ĭ	5 To	otal num	nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	14
Ac			nber of volunteers (estimate if necessary)		6	85
	1		elated business revenue from Part VIII, column (C), line 12		7a	0
	b N	let unrei	ated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
45	8 C	Contributi	ons and grants (Part VIII, line 1h)		9,882	100,921
nue			service revenue (Part VIII, line 2g)		3,699	94,278
Revenue	10 In	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		9,958	211,777
œ	11 0	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12	2,376	11,362
	12 To	otal reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		915	418,338
			nd similar amounts paid (Part IX, column (A), lines 1–3)		7,000	13,900
			paid to or for members (Part IX, column (A), line 4)			0
ès			other compensation, employee benefits (Part IX, column (A), lines 5–10)	30	5,865	333,440
xpenses			nal fundraising fees (Part IX, column (A), line 11e)			0
Exp			draising expenses (Part IX, column (D), line 25) 4,339 penses (Part IX, column (A), lines 11a–14d, 11f=24e)	1 0 /	5,991	181,079
	18 To	otal exp	enses. Add lines 13–17 (must equal Part IX, column A) ine 25)		9,856	528,419
	19 R	Revenue	less expenses. Subtract line 18 from line 12		3,941	-110,081
Net Assets or	3		ets (Part X, line 16)	Beginning of Cur		End of Year
sets	20 T		1 1 (9)		3,148	4,969,108
* # F	21 T				3,783	5,536
			s or fund balances. Subtract line 21 from line 2GDEN UT	4,939	9 , 365	4,963,572
	Part II		gnature Block			· · · · · · · · · · · · · · · · · · ·
્ય tr	ue, correc	ct, and co	perjury, I declare that I have examined this return, including accompanying schedules and statemen complete Declaration of preparer (other than officer) is based on all information of which preparer ha	nts, and to the be as any knowledg	est of my kn e	owledge and belief, it is
_			Jackie L. Dander	, ,		28-2017
્રે Sig	an	S	griature of officer		Date	
He			JACKIE DAVIDSON EXECUT	IVE DIF	RECTOR	{
_		T	ype or print name and title		·	
		Print/Type	preparer's name Preparer's signature	Date	Check	ıf PTIN
, Pai		JAMES	E. MCFARLAND	09/25	/17 self-em	 _
		Firm's nar		F	ım's EIN	01-0219197
US	e Only		P.O. BOX 543/			207 667 5522
N4-	v the IDC	Firm's add		Р	hone no	207-667-5529
			s this return with the preparer shown above? (see instructions)			X Yes No
DAA						70/ Form 990 (2016)
					()	1 V/

orm 990 (2016)	YWCA OF MOUNT	DESERT ISLAND	01-0211569	Page 2
Part III St	atement of Program	Service Accomplishments		
		ntains a response or note to any line	in this Part III	
THE YWCA		OGRAMS THAT ELIMINATE R HOUSING FOR WOMEN & GI		
prior Form 9	nization undertake any sigi 90 or 990-EZ? cribe these new services o	nificant program services during the year which in Schedule O.	were not listed on the	Yes X No
services?	nization cease conducting, cribe these changes on Sc	or make significant changes in how it conduct	s, any program	Yes X No
4 Describe the expenses. S	organization's program section 501(c)(3) and 501(c)	ervice accomplishments for each of its three lar)(4) organizations are required to report the arm , for each program service reported.		
COMPUTE! PROGRAMS	R SERVICES TO S & ACTIVITIE	428,319 including grants of \$ NCE FOR FINDING SUPPORT MEMBERS AND THE PUBLIC S THAT EDUCATE ABOUT RA EGE BOUND SENIORS.	C - EDUCATIONAL ONES	FOR GIRLS,
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
	am services (Describe in S			
(Expenses		including grants of \$) (Revenue \$)
4e Total progra	m service expenses	428,319		
DAA				Form 990 (2016

Pŧ	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ł
	Part III	5		Х
£		-		$ \sim$
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ł
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ا ۽		v
_	"Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		17
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			ĺ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	ļ		l
	VII, VIII, IX, or X as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ļ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			ł
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ł
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ĺ
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			İ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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	}	1	ł
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			Γ—
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19_		X

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		<u> </u>	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ_
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?			
	If "Yes," complete Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		Į.	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1 ,	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,] '	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.,
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1	Ì	١
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	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)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			١
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ.—	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		١,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			(3/1/	

Pŧ	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	_		İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6-		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<u>X</u>
b	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ı
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders Gross income from other sources (Do not not amounts due or paid to other sources)	┦ !		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	┦ [į
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c	기		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		For	n 990	(2016)

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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n Sch	edule O. S	ee ınstr	uctio	7S
	Check if Schedule O contains a response or note to any line in this Part VI					_X_
<u>Sec</u>	tion 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	<u>1a</u>	13	-		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.			}		
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	13	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1 1		
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1 1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		<u>X</u>
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		<u> X</u>
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	ne following:	1 . 1	.,	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1 .		.,
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	L F) O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter	riai n	evenue C	oue.j	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	res	No_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			IVa		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm2	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ale le	41111:	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
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?			l i		
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Χ
	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		X
þ	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		<u></u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	л(c)(3	js only)			
	available for public inspection. Indicate how you made these available. Check all that apply					
4.0	Own website Another's website X 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 inter	est pol	icy, and			
00	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 reco	ras 🟲				
	HE ORGANIZATION 36 MOUNT DESERT STREET	10	20	7_20	О. Г	000
	AR HARBOR ME 0460	<u> </u>	20	<u>7-28</u>	0-5	008

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L)	_		/	ı	ın	9

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, and 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

(A) Name and Title	(B) Average hours per week (list any	bo off	x, unle	Pos check ess pe nd a d	rson i irecto	than or s both r/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ELISSA LAPLANT										
	0.00	1				\			}	
PRESIDENT	0.00			Χ				0	0	0
(2) JENNIFER HARRY										
	1.00	1								
VICE PRESIDENT	0.00	<u></u>		Χ				0	0	0
(3) ANNETTE HIGGINS										
	1.00									
TREASURER	0.00	<u>l</u>		X				0	0	0
(4) MARTHA ABBOTT										
	0.00									
SECRETARY	0.00	<u> </u>		Χ				0	0	0
(5) JACKIE DAVIDSON										
	40.00									
EXECUTIVE DIRECTOR	0.00	X		<u> </u>				50,000	0	18 , 936
(6) SARAH FLOOD		1]						
	1.00			ĺ			į			
DIRECTOR	0.00	X			<u> </u>			0	0	0
(7) MARILYN DIBONAVE										
	0.00	1							ļ	
DIRECTOR	0.00	X	L					0	0	0
(8) LINDA UBERSEDER										
	0.00	1				1		[
DIRECTOR	0.00	X				\sqcup		0	0	0
(9) PAM GAGNON DASII			İ						İ	
	0.00				1					
DIRECTOR	0.00	X	L		L.			0	0	0
(10) URSULA HANSON]]]					
	0.00									
DIRECTOR	0.00	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_	\sqcup		0	0	0
(11) SANDRA HENDERSON					1					
	0.00									
DIRECTOR	0.00	X	l i	l	l	Ιl		l ol	0	0

(12)

(13)

DIRECTOR

DIRECTOR

Sub-total

Section A. Officers, (A) Name and title	(B) Average	stee	s, K	(0	mple c) ition	oyees	s, aı	nd Highest Compensated (D) Reportable	(E) Reportable	(F) Estimated
• Name and une	hours per week (list any hours for related organizations below dotted line)	bo	k, unle	heck ess pe	more :	Highest compensated	an	reportable compensation from the organization (W-2/1099-MISC)	reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
NANCY HOWLAND	 	 - -	· •			<u>a</u>				
	0.00									,
CTOR LINDA WASHBUR	0.00 N	X	_		_	\vdash		0	0	
	0.00									
CTOR	0.00	X	_			\vdash		0	0	(
		}								
					-					
			-							
									, , , , , , , , , , , , , , , , , , , ,	
ub-total						1	•	50,000		18,936
otal from continuation shee	ts to Part VII,	Secti	on A	١		J	>	50,000		18,936
otal number of individuals (inc				thos	e lisi	ted at	OOVE		\$100,000 of	
Total (add lines 1b and 1c) Total number of individuals (included in the compensation from the compensation f	the organization	n ▶	0			-		e) who received more than		18,93
Old the organization list any for employee on line 1a? If "Yes," if For any individual listed on line organization and related organi individual Old any person listed on line 1a	complete Sche 1a, is the sum zations greater	dule of re	J for porta \$15	<i>suci</i> able 0,00	h ind com 02 li	lividua pensa f "Yes	ali atioi s," c	n and other compensation to complete Schedule J for suc	from the ch	3 X

Did the organization list any former officer, director, or trustee, key employee on line 1a? If "Yes," complete Schedule J for such individ For any individual listed on line 1a, is the sum of reportable comper organization and related organizations greater than \$150,000? If "Y ındıvıdual Did any person listed on line 1a receive or accrue compensation fro for services rendered to the organization? If "Yes," complete Schedule J for such person

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 ca	lendar year ending with or within the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
		İ
	<u> </u>	

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

Form **990** (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated business (B) Related or (D) Revenue exempt function excluded from tax under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b 2,155 c Fundraising events 1¢ d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 98,766 1f 6,132 g Noncash contributions included in lines 1a-1f 100,921 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 88,703 88,703 2a RESIDENCE 5,575 5,575 b BUILDING USE f All other program service revenue g Total. Add lines 2a-2f \triangleright 94,278 Investment income (including dividends, interest, and other similar amounts) 147,456 147,456 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) ▶ Gross amount from (i) Secunties (II) Other sales of assets 2,353,235 other than inventor b Less cost or other 2,288,914 basis & sales exps 64,321 c Gain or (loss) d Net gain or (loss) 64,321 64,321 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 10,987 See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 10,987 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 3,172 582 b b Less. cost of goods sold c Net income or (loss) from sales of inventory -410 -410 Miscellaneous Revenue Busn. Code 785 785 11a MISCELLANEOUS b C d All other revenue 785 Total. Add lines 11a-11d \blacktriangleright 418,338 0 158,974 Total revenue. See instructions 147,456

Part IX **Statement of Functional Expenses**

	on 501(c)(3) and 501(c)(4) organizations must co		r organizations must comp	lete column (A)	
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				<u></u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	13,900	13,900		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	50,000	25 , 000	<u>25,000</u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	187,314	176,394	10,920	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,094	13,502	3,592	
9	Other employee benefits	59,435	48,287	11,148	
10	Payroll taxes	19,597	16,688	2,909	
11	Fees for services (non-employees):				
а	Management				
b	Legal	314		314	
	Accounting	7,646		7,646	
	Lobbying				
е	Professional fundraising services See Part IV, line 17	21 525		21 525	
f	Investment management fees	31,535		31,535	
g	Other (If line 11g amount exceeds 10% of line 25, column	1 5 0	1 5 0		
	(A) amount, list line 11g expenses on Schedule O)	150	150		000
12	Advertising and promotion	1,976	988		988
13	Office expenses	10,473	7,122		3,351
14	Information technology				
15	Royalties	55,254	55 254		
16	Occupancy	6,063	55,254 6,063		
17	Travel	0,003	0,003	- · · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	2,630	2,630		
19 20	Interest	2,000	2,030		
21	Payments to affiliates	2,453	2,453		
22	Depreciation, depletion, and amortization	14,143	14,143		
23	Insurance	19,525	18;-725	800	
24	Other expenses Itemize expenses not covered			3 3 3	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	DIRECT PROGRAM EXPENSES	16,655	16,655		
b	SUPPLIES	3,899	3,899		
С	TELEPHONE	3,623	3,623		
d	MISCELLANEOUS	2,843	2,843		
	All other expenses	1,897		1,897	
25	Total functional expenses. Add lines 1 through 24e	528,419	428,319	95,761	4,339
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				, , , , , ,
	following SOP 98-2 (ASC 958-720)				

P	art)	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		151	1	150
	2	Savings and temporary cash investments	ł	308,888	2	296,407
	3	Pledges and grants receivable, net	2,050	3	2,000	
	4	Accounts receivable, net	ľ	11,258	4	25,586
	5	Loans and other receivables from current and former of	ifficers directors			201000
		trustees, key employees, and highest compensated er				
	}	Complete Part II of Schedule L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
	6	Loans and other receivables from other disqualified pe	rsons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)	,			
		sponsoring organizations of section 501(c)(9) voluntary				
ø		organizations (see instructions). Complete Part II of Sc			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	Ţ	2,994	8	 · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges		11,906	9	10,730
	10a	Land, buildings, and equipment cost or	ı ı		Ť	
	}	other basis. Complete Part VI of Schedule D	10a 562,582			
	b	Less: accumulated depreciation	10b 159,636	407,243	100	402,946
	11	Investments—publicly traded securities	4,198,658	11	4,231,289	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	4,943,148	16	4,969,108	
	17	Accounts payable and accrued expenses	2,807	17	4,983	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Ş	22	Loans and other payables to current and former officer	T T T T T T T T T T T T T T T T T T T			·······
Liabilities	}	trustees, key employees, highest compensated employ	ees, and			
abi	}	disqualified persons. Complete Part II of Schedule L		į	22	
=	23	Secured mortgages and notes payable to unrelated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables	to related third			
	}	parties, and other liabilities not included on lines 17-24) Complete Part X		- {	
	1	of Schedule D	ł	976	25	553
	26	Total liabilities. Add lines 17 through 25		3,783	26	5,536
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	_			
an	27	Unrestricted net assets	Į	1,468,293	_27_	1,541,073
Fund Balances	28	Temporarily restricted net assets		3,410,618	28	3,362,045
nd	29	Permanently restricted net assets	[60,454	29	60,454
Ŀ	ļ	Organizations that do not follow SFAS 117 (ASC 95	8), check here ► 🔲 and 📗			
S O	ļ	complete lines 30 through 34.	_			
sets	30	Capital stock or trust principal, or current funds	ļ		30	
AS	31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income,	or other funds		32	
-	33	Total net assets or fund balances		4,939,365	33	4,963,572
	34	Total liabilities and net assets/fund balances	ſ	4,943,148	34	4,969,108

orm	990 (2016) YWCA OF MOUNT DESERT ISLAND 01-0211569			Pa	ge 12
Pa	rt 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		118,	338
2	Total expenses (must equal Part IX, column (A), line 25)	2		28,	419
3	Revenue less expenses Subtract line 2 from line 1	3		10,	081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,9	39,	365
5	Net unrealized gains (losses) on investments	5		34,	288
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4,9	963,	572
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		X
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	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				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3а	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?		3a	\perp	X
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.		3b		
			F	orm 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Name of the organization

YWCA OF MOUNT DESERT ISLAND

Employer identification number 01-0211569

Pε	ırt I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.					
The o	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box	.)						
1	Ň			ociation of churches described i									
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ).)							
3	П			e organization described in sec			iii).						
4	П	•	· ·	I in conjunction with a hospital o			•	ospital's name,					
	ш	city, and state		,									
5				f a college or university owned	or operate	ed by a o	overnmental unit described in						
•	ш	•	ection 170(b)(1)(A)(iv). (Complete Part II)										
6	\Box			, overnmental unit described in s e	ection 17	0(b)(1)(A)(v).						
7	X		•	substantial part of its support fro				:					
•			section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	3		and an analysis passes						
8				70(b)(1)(A)(vi). (Complete Part	II.)								
9	Ħ	•		cnbed in section 170(b)(1)(A)(ii		ed in con	unction with a land-grant college	ge					
				f agriculture (see instructions)				5 -					
		university:	J J	,									
10		An organizati	on that normally receives (1) more than 33 1/3% of its supp	ort from	contributi	ons, membership fees, and gro	oss					
				pt functions—subject to certain									
				d unrelated business taxable in									
	_		_), 1975. See section 509(a)(2).	-								
11	Ц	-		exclusively to test for public safe									
12		•	•	exclusively for the benefit of, to			•						
				ations described in section 509 at describes the type of suppor				•					
	_			erated, supervised, or controlled									
	а			er to regularly appoint or elect				ng .					
				omplete Part IV, Sections A a		0. 4.0 4.							
	b		• •	pervised or controlled in connec		its suppo	rted organization(s), by having						
	_			ting organization vested in the s									
			-	Part IV, Sections A and C.	•								
	С			upporting organization operated tructions). You must complete				ıth,					
	d	Type III r	non-functionally integrated	l. A supporting organization ope	rated in c	onnectio	n with its supported organization	on(s)					
		that is no	t functionally integrated. The	organization generally must sa	itisfy a dis	tribution	requirement and an attentiven	ess					
			,	nust complete Part IV, Section									
	е			eived a written determination fro			s a Type I, Type II, Type III						
			•	n-functionally integrated support	ing organ	ization							
	f		nber of supported organization										
	g			e supported organization(s).	(hu) la tha -	raanizetes	(v) Amount of manatana	(m) Amount of					
(I		e of supported ganization	(ii) EIN	(III) Type of organization (described on lines 1–10	1 3 7 .	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
		,		above (see instructions))		ment?	instructions)	instructions)					
					Yes	No							
(A)					_								
					<u> </u>								
(B)	_												
(C)													
					ļ								
(D)					1								
(E)													
				······································	ļ	ļ		 					
Tota													

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	64,653	44,772	107,392	49,882	52,426	319,125
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	64,653	44,772	107,392	49,882	52,426	319,125
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
_	shown on line 11, column (f)						50,400
6	Public support. Subtract line 5 from line 4 tion B. Total Support	L	<u></u>				268,725
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	` '	44,772	107,392			
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,653 150,209	308,950	168,993	49,882 149,958	52,426 211,777	319,125 989,887
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.)	1,236	178		411	785	2,610
11	Total support. Add lines 7 through 10						1,311,622
12	Gross receipts from related activities, etc.	•				12	109,222
13	First five years. If the Form 990 is for the	•	, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her						•
	tion C. Computation of Public Su					1	
14	Public support percentage for 2016 (line 6	• • • • • • • • • • • • • • • • • • • •	•	ר) (†))		14	20.49%
15	Public support percentage from 2015 Sch			0 11 44 - 0	0.4/00/	15	19.59 %
16a	33 1/3% support test—2016. If the organ				3 1/3% or more, c	neck this	▶ □
L	box and stop here. The organization qual 33 1/3% support test—2015. If the organ	• •			E io 22 1/20/ or my	ara abaak	
b	this box and stop here. The organization			•	3 15 33 1/3 /0 OF ITE	ore, crieck	▶ □
17a	10%-facts-and-circumstances test—201	•	• • • •		a or 16h and line	1 <i>1</i> ie	
IIa	10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa				•		
	organization			armedia rigamioo	ac a pasiioi, capi	30,134	▶ [X
b	10%-facts-and-circumstances test—201	15. If the organization	on did not check a	box on line 13, 16	a. 16b. or 17a. and	d line	- 153
-	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization me			•	-		
	supported organization			3	,	•	▶ □
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and se	ee	
	instructions						▶ □
							

01-0211569

Page 3

			Organizations			
Part III	Cupped C	abadııla tari	/ Irachizations	Ilocoribad	IN CAATIAN	EIMMANT

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support	quality artaor ti	io tooto notoa s	olow, please c	ompioto i dicin	·/		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	3	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(0)		(-7				
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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)							
Sec	tion B. Total Support					<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	3	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	·			· · · · · · · · · · · · · · · · · · ·			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							· · · · · · · · · · · · · · · · · · ·
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ve	ar as a section 50	1(c)(3)	b	
•	organization, check this box and stop her	•	., 2222.21 	,		\-/\-/		▶ □
Sec	tion C. Computation of Public Su	pport Percen	tage					
15	Public support percentage for 2016 (line 8	, column (f) dıvıde	d by line 13, colun	nn (f))			15	%
16	Public support percentage from 2015 Sch	edule A, Part III, li	ne 15				16	%_
Sec	tion D. Computation of Investme					-		
17	Investment income percentage for 2016 (I	ine 10c, column (f	divided by line 13	3, column (f))			17	%_
18	Investment income percentage from 2015					Į	18	%_
19a	• •							. \square
	17 is not more than 33 1/3%, check this b							▶ ∐
b	33 1/3% support tests—2015. If the orga						and	. □
	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions		▶ [_]

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I. complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. Al	l Supporting (Organizations
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- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and h satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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)

		Yes	No
	1		
	2		
	3a		
	3b		
	20		
	3c		
	4a		
	4b_		
	4c		
	5a		
	5b_		
	5c		
	6		
	7		
	8		
	•		
	9a		
	9b		
	9c	ļ	<u> </u>
	10a	ļ	
	10b		
A (F	orm 99	0 or 990	-EZ) 2016

Schedu	lle A (Form 990 or 990-EZ) 2016 YWCA OF MOUNT DESERT ISLAND		01-0211	569 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI).S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	st com	plete Sections A through E	<u> </u>
Sect	ion 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			
col	lection of gross income or for management, conservation, or			
ma	intenance 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		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year):			
	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,			
se	e 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for pnor 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			
em	regency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	Il supporting organization (see

instructions)

	le A (Form 990 or 990-EZ) 2016 YWCA OF MOUNT DES		01-0211	.569 Page 7
Par		Supporting Organiza	tions (continuea)	T
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp Amounts paid to perform activity that directly furthers exempt purpose			
2				
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes of sup	ported 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 8	Total annual distributions. Add lines 1 through 6.	zotion la roonancia		
0	Distributions to attentive supported organizations to which the organizations (provide details in Part VI). See instructions	zation is responsive		
9	Distributable amount for 2016 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by Line 9 amount			<u> </u>
	Line o amount divided by Line 3 amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Section E - Distribution Allocations (see mistractions)	LACESS DISCIDUCIONS	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		116-2010	Amount for 2010
<u> </u>	Underdistributions, if any, for years prior to 2016			·····
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016			
a				
b	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
<u>c</u>	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount	<u> </u>	H	
i	Carryover from 2011 not applied (see instructions)		***************************************	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			······································
4	Distributions for 2016 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016 Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c.			
8	Breakdown of line 7.			
<u>~</u>			11-1-11-1-11-2	
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
				

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.)

SUPPORTING SCHEDULE - UNUSUAL GRANTS

ONE-TIME BEQUEST

\$ 48,495

PART II, LINE 10 - OTHER INCOME DETAIL

Ś

2,610

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2016

THE PERCENTAGE OF SUPPORT FROM THE GENERAL PUBLIC HAS DROPPED DUE TO THE LARGE AMOUNTS OF INVESTMENT INCOME EARNED ON THE ENDOWMENT FUND WHICH MISCONSTRUES THE PERCENTAGE.

PART II, LINE 17B - 10% FACTS AND CIRCUMSTANCE TEST - 2015

THE PERCENTAGE OF SUPPORT FROM THE GENERAL PUBLIC HAS DROPPED DUE TO THE LARGE AMOUNTS OF INVESTMENT INCOME EARNED ON THE ENDOWMENT FUND WHICH MISCONSTRUES THE PERCENTAGE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public

Inspection

Name of the organization Employer identification number YWCA OF MOUNT DESERT ISLAND 01-0211569 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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

<u>Sche</u>	dule D (Form 990) 2016 YWCA OF	MOUNT DESER	CT ISLAND		0.1-0	211569		P	age 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tr	easures,	or Othe	r Similar Assets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any of the follo	owing that a	re a signifi	cant use of its			
а	Public exhibition	d 🗍 I	Loan or exchange prog	grams					
b	Scholarly research		Other	•					
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	how they further the o	roanization'	s exempt r	ourpose in Part			
•	XIII.	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,			p = = = = = = = = = = = = = = = = =			
5	During the year, did the organization solicit	or receive donations of	of art, historical treasur	es or other	sımılar				
Ū	assets to be sold to raise funds rather than							es	No
Pa	ert IV Escrow and Custodial Ar		art or the organization	0 00110011011					
. •	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, custoo	dian or other intermedi	ary for contributions or	other asset	s not				-
	included on Form 990, Part X?		•				□ γ	es	No
ь	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table:				·		
_							Amour	nt .	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
e						1f			—
f 20	Ending balance	Farm 000 Bart V line	04 for access or aver		ال عال عام العا				T
	Did the organization include an amount on				•		Y	es 📙	No
	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	pianation has been pro	ovided on Pa	art XIII				
Pa	Endowment Funds.		F 000 D	4 11 / 12 - 4					
	Complete if the organizatio						1		
	-	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back		ur years	
	Beginning of year balance	3,431,688	3,810,717	3,8	77,667	3,584,678	3	607,	
b	Contributions		<u> </u>					_28 ,	, 291
C	Net investment earnings, gains, and								
	losses	216,774	-113,495	14	18,361	507,660		<u> </u>	, 834
d	Grants or scholarships					-			
е	Other expenditures for facilities and								
	programs	240,007	240,016	19	2,087	191,996	5	9,	,380
f	Administrative expenses	24,591	25,518	2	23,224	22,675	5	5,	512
g	End of year balance	3,383,864	3,431,688	3,83	0,717	3,877,66	7	630,	
2	Provide the estimated percentage of the cu	rrent vear end balance	(line 1g, column (a)) l	neld as.			-		
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ 2.00 %								
		98.00%							
·	The percentages on lines 2a, 2b, and 2c sh								
32	Are there endowment funds not in the poss		tion that are held and :	dministoro	l for the				
Ja	·	ession of the organiza	don diatale nela and a	adınınısıcı cı	i ioi ui c			Yes	No
	organization by: (i) unrelated organizations						20/3	162	X
							3a(i)	 	
	(ii) related organizations						3a(ii)	├	X
D	If "Yes" on line 3a(ii), are the related organi	•					3b	Ь	
4	Describe in Part XIII the intended uses of the		wment funds.	_					
MS	ert VI Land, Buildings, and Equ		F 000 D-			5 000 D 1	V 11 .	4.0	
	Complete if the organization								
	Description of property	(a) Cost or other b				ccumulated	(d) Book	. value	
		(investment)	(other	<u> </u>	de	preciation			<u> </u>
1a	Land			50,000			1	<u>50,</u>	000
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other		4 1	L2,582		159,636	2	52,	946
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part				>	4	02,	946
						Scher	lule D (Fo		

(a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (b) Book value (c) Method of valuation Cost or end-of-year market value	Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990. Part IV. line 11	b. See Form 990. Part X line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(2) Closely-held equity interests (3) Other (4) (8) (9) (10) (10) (10) (11) (12) (13) (14) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	•	(including name of secunty)		Cost or end-of-year market value
(3) Other (A) (A) (B) (C) (C) (D) (E) (F) (G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Descriptor of investment (b) Book value (c) Mercial of emic-of-year emarkst value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Descriptor of investment (A) Descriptor (B) Inte 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Descriptor (C) Descriptor	(1) Financial	denvatives		
(A) (B) (C) (C) (D) (E) (E) (F) (G) (G) (H) (F) (F) (G) (G) (H) (F) (F) (F) (G) (G) (H) (F) (F) (F) (G) (G) (H) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(2) Closely-h	eld equity interests		
(B) (C) (C) (D) (E) (F) (G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Membod at evaluation contains (c) Membod at evaluation contains (d) Part X, col. (B) line 12.) ▶ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (b) Book value (c) (c) (d) (d) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(3) Other			
(B) (C) (C) (D) (E) (F) (G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Membod at evaluation contains (c) Membod at evaluation contains (d) Part X, col. (B) line 12.) ▶ (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (b) Book value (c) (c) (d) (d) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(A)			
(C) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
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(6) (7) (8) (9)				
(7) (8) (9)				
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(9)				
		nn (b) must equal Form 990, Part X. col (B) line 25)	553	

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

Sche	dule D (Form 990) 2016 YWCA OF MOUNT DESERT ISLAND	01-021156	9	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	521,091
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 134,288		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	134,288
3	Subtract line 2e from line 1		3	386,803
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 31,535		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	31,535
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	418,338
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per f	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	496,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	496,884
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 31,535		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	31,535
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	528,419

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.

PART X - FIN 48 FOOTNOTE

Supplemental Information.

THE YWCA REGULARLY REVIEWS AND EVALUATES ITS TAX POSITION TAKEN IN PREVIOUSLY FILED INFORMATION RETURNS AND AS IS REFLECTED IN ITS FINANCIAL STATEMENTS WITH REGARD TO ISSUES AFFECTING ITS TAX-EXEMPT STATUS, UNRELATED BUSINESS INCOME AND RELATED MATTERS. THE YWCA BELIEVES THAT, IN THE EVENT OF AN EXAMINATION BY TAXING AUTHORITIES, ITS POSITION WOULD PREVAIL BASED UPON TECHNICAL MERIT OF SUCH POSITIONS. THEREFORE, THE YWCA HAS CONCLUDED THAT NO TAX BENEFITS OR LIABILITIES ARE REQUIRED TO BE RECOGNIZED.

Schedule D (Form 990) 2016 YWCA OF MOUNT DESERT ISLAND

Part XIII Supplemental Information (continued)

01-0211569

Page 5

YWC1569 09/25/2017

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

Open to Public OMB No 1545-0047 2016 Inspection

Employer identification number

№ (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance ☐ Yes 01 - 0211569(g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) YWCA OF MOUNT DESERT ISLAND General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part II Part i € \in 3 3 9 9 3 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Page 2

MOUNT DESERT ISLAND 01-0211569	nce to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	- 1 1 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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F MOU	sistance	L L . 25 L .
YWCA C	Other Ass	4-1-1
Schedule I (Form 990) (2016) YWCA OF MOUNT DI	Grants and Other Assistance to	
Schedule I (F	Part III	

	י מו יוו סמו מ מקשומת מי מתחומים ואים האסם ווי				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
	8	13,900			
					:
<mark>al Information.</mark> Provie		quired in Part I, line 2	;; Part III, column (b)	; and any other additional i	information.
5	Information. Provi	Supplemental Information. Provide the information rec			Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O. (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

YWCA OF MOUNT DESERT ISLAND

Employer identification number 01-0211569

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.