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Form **990**

Return of Organization Exempt From Income Tax

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

2016

DLN: 93493131058037 OMB No 1545-0047

Department of the Treasury

▶ 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

Open to Public

nterna	l Revei	nue Service	P Information about	erom 550 and its matractions is at www	V INS GOV/TOTT	11550		Inspection
A Fo	or the	e 2016 c	⊔ alendar year, or tax year begin	ning 01-01-2016 , and ending 12-3:	1-2016			
Che	ck ıf ap	pplicable	C Name of organization Young Mens Christian Association of	Monroe County Inc		D Employ	er identif	fication number
	dress o	change	Toding Mens emistian Association of	Plotting Country Inc		35-138	4859	
	me cna tial ret	_	Doing business as			-		
Fin		nınated				E Telephor	na numbar	-
		return	Number and street (or P O box if magestate S Highland Avenue	ail is not delivered to street address) Room/sui	ite			
□ Арі	plicatio	on pending	_	atry, and ZID or foreign poetal code		(812) 3	32-5555	·
			Bloomington, IN 47401	icry, and 211 of foreign postal code		G Gross re	ceints \$ 7	151 557
			F Name and address of principa	l officer	H(a) Is thu	J		,131,337
			Jason Winkle			dinates?	turri ioi	□Yes ☑ No
			2125 S Highland Avenue Bloomington, IN 47401		H(b) Are a	ll subordina	tes	☐ Yes ☐No
Tax	k-exen	npt status	✓ 501(c)(3)	insert no)	includ		list (see	instructions)
W	ebsit	e:▶ ww	w monroecountyymca org		H(c) Group			•
							•	
(Forn	n of or	ganızatıon	☑ Corporation ☐ Trust ☐ Asso	ciation ☐ Other ►	L Year of form	ation 1977	M State	of legal domicile IN
В-								
Pa	rt I	_	mary scribe the organization's mission of	r most significant activities				
	P	Put Christ	ian principles into practice through	programs that build a healthy spirit, mir	nd, & body for	all Build fo	undation	s of community
2	<u>t</u>	hrough so	ocial responsibility, youth developr	nent, & healthy living				
Ē	-							
- A	-							
ACUVIUES & GOVERNANCE				continued its operations or disposed of m g body (Part VI, line 1a)			ssets	۱ .
ರ	l			the governing body (Part VI, line 1b) .			4	6
ě	l		· -	lendar year 2016 (Part V, line 2a)		•	5	674
	l		, ,	ressary)			6	258
ŧ	l		•	VIII, column (C), line 12			7a	
	l			n Form 990-T, line 34			7b	(
				·		ior Year		Current Year
Qı .	8	Contribut	ions and grants (Part VIII, line 1h)		700,	094	622,46
Ravenue	9	Program	service revenue (Part VIII, line 2g)		5,963,	985	6,232,62
Α'nΛ	10	Investme	ent income (Part VIII, column (A),	lines 3, 4, and 7d)		54,	542	63,62
_	l		venue (Part VIII, column (A), lines			223,		169,11
	12	Total rev	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		6,941,	976	7,087,83
	l		nd similar amounts paid (Part IX, c	, ,,		142,	527	69,10
	l		paid to or for members (Part IX, co					
S 68	l			nefits (Part IX, column (A), lines 5–10)		4,268,	505	4,340,12
Expenses	l		- , ,	mn (A), line 11e)				
3	l		raising expenses (Part IX, column (D), li penses (Part IX, column (A), lines	· ———		3,020,	702	2 020 21
	l	·	penses (Part 1x, column (A), lines penses Add lines 13–17 (must equ	•		7,431,		3,038,21 7,447,44
	l	·	less expenses Subtract line 18 fro	, , ,		-489,		-359,60
x o			TOO OXPENDED DUBLICACIONE TO IT	<u> </u>	Beginning	of Current Y		End of Year
Net Assets of Fund Balances								
Bal	l		ets (Part X, line 16)			25,677,	333	25,355,26
	l		ulities (Part X, line 26)			3,155,	-	3,145,83
			s or fund balances Subtract line 2	21 from line 20		22,521,	680	22,209,43
	t III		ature Block errury I declare that I have exam	ined this return, including accompanying	schedules and	d statement	s, and to	the hest of my
nowl	edge	and belie		Declaration of preparer (other than office				
iny ki	nowle	edge						
		****	*			17-05-11		
Sign		Signat	ure of officer		Dat	e		
lere	:		on Kane CFO					
		17	r print name and title	Dranavaria signstimi	ata I	ı	DTIN	
) _:			rint/Type preparer's name Rachel Spurlock	Preparer's signature D Rachel Spurlock	II.	eck 📙 ıf 📗	PTIN P0052072	9
Paic		(<u> </u>	irm's name			n's EIN ► 35	-0921680	
-	oare	;; -	irm's address ► 135 N Pennsylvania Str	eet Suite 200		one no (317)		
JSE	On	יי	Indianapolis, IN 46204	1		•		
1av t	he IR	S discuss		vn above? (see instructions)			✓,	res □ No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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11a

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12a

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Yes

Page 3

No

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No

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No

No

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Nο

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Nο

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Νo

No

Nο

Form 990 (2016)

or X as applicable

Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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?

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?

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? Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 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 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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Page 4

No

No

Nο

Nο

Νo

No

No

Νo

Nο

Νo

Nο

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Νo

No

Nο

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

of any of these persons? If "Yes," complete Schedule L, Part III

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

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

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

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

Yes 24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

36

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Yes

Form 990 (2016)

orm	990 (2016)			Page !
Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Faterable annulus and a Day 2 of Fame 1006 Fater 0 of eat annulus black 1.4- 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 _b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		No
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? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
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 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
Qa	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

orm	990 (2016)			Page 6
Part	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to l	
Sa	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
<u> </u>	ction 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 label 1a	5		
	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	5		
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 supervisio of officers, directors or trustees, or key employees to a management company or other person? .	n 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		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	e.)	_
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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?			
а	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
	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		
Sec	ction C. Disclosure		1	
	List the States with which a copy of this Form 990 is required to be filed▶			
L8	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 Shannon Kane 2125 S Highland Avenue Bloomington, IN 47401 (812) 332-5555			

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

- 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) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation organization (Worganizations any hours director/trustee) from the for related 2/1099-MISC) (W-2/1099organization and Officer Highest compensati employee Former Individual trustee or director organizations MISC) related Ŀ Institutional below dotted organizations employee line) Trustee 2.0 (1) SKIP HARRELL X n Ω ASSOCIATION BOARD MEMBER 4 0 (2) CINDY KINNARNEY 0 0 Х ASSOCIATION BOARD MEMEBER 2.0 (3) KIT KLINGELHOFFER 0 Ω Ω X ASSOCIATION BOARD MEMBER 2 0 (4) DARBY MCCARTY Х 0 0 ASSOCIATION BOARD MEMBER 4 0 (5) JIM MURPHY 0 Х 0 0 ASSOCIATION BOARD MEMBER 2 0 (6) RON REMAK 0 X ASSOCIATION BOARD MEMBER 60 0 (7) JASON WINKLE Х 104,212 0 16,199 55 0 (8) SHANNON KANE 86,670 0 18,027 CFO

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)

Name and Title	Average hours per week (list any hours for related		ne b	ox, un of	inles ficer	ss pers and a	on		Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b Sub-Total			*		

1b Sub-Total					*				
d Total (add lines 1b and 1c)	 				_▶		190,882	0	34,226
2 Total number of individuals (including		e liste	ed al	bove	e) who	rece	eived more than \$1	.00,000	

1b S	ub-Total						>				
сΤ	c Total from continuation sheets to Part VII, Section A										
d T	otal (add lines 1b and 1c)						▶		190,882	0	34,226
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

Yes

Yes

(C)

Compensation

Form 990 (2016)

3

4

5

(B)

Description of services

No

Νo

No

1b Sub-Total										
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.				▶∟				
d Total (add lines 1b and 1c)						▶		190,882	0	34,226

	90 (2016)										Page 9
Part											
	Check If Schedul	e O contains a	respo	nse or note to any	(his Part VII (A) revenue	Rel	(B) ated or xempt	(C) Unrelated business	 e:	(D) Revenue xcluded from
								nction venue	revenue	tax	under sections 512-514
	1a Federated campaigi	ns	1a	0			- 10	venue			312 311
nts	b Membership dues		1b	0							
ira 10 u	c Fundraising events	Ŀ	1c	68,083							
s. G An	d Related organizatio	<u> </u>	1d	0							
Sift. Iar	e Government grants (co	Ŀ	_								
s, (mi	e Government grants (co	· L	1e	331,772							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above	ot included	1f	222,611							
ontrik nd Ot	g Noncash contribution in lines 1a-1f \$		22,0	_							
C	h Total.Add lines 1a-1	f	•			622,466					
प्रास				Business							
Program Service Revenue	2a Healthy Living				813410	<u> </u>	067,058	4,067			
d <u>¥</u>	b Youth Development				813410 813410	2,:	134,125	2,134			
MCE	C Social Responsibility				813410		31,440	3.	,440		
Ser	d ————		•								
E E	е ———		•				0		0	0	0
ogra	f All other program se	rvice revenue					-1			-	
ď	9 Total. Add lines 2a-2f		ı	>	232,623						
	3 Investment income (in			nterest, and other		59,07					59,078
	similar amounts) .			•	`	•					
	4 Income from investme				 		0	0		_	
	5 Royalties	(ı) Real		· · · •	·		0	U			
	G- Cuasa namba	(II) Personal									
	6a Gross rents	150,252									
	b Less rental expenses		5,007		1						
	 Rental income or (loss) 	12	1,245	(D						
	d Net rental income or	r (loss)			4	124,24	5				124,245
	a Net rental medine of	(ı) Securitie	· - T	(II) Other		<u>'</u>				+	
	7a Gross amount from sales of assets other than inventory	(i) Securities	.5	4,550	D						
	b Less cost or other basis and sales expenses		0	4.55							
	C Gain or (loss)		U	4,55	<u> </u>	4.55					4.550
	d Net gain or (loss) .		. г	<u> </u>	<u> </u>	4,55	0				4,550
Other Revenue	8a Gross income from fu (not including \$ contributions reporte	68,083 of									
S C	See Part IV, line 18		а	25,595	_						
Re	b Less direct expenses		ь	29,875							
ıer	c Net income or (loss)		г	ents >		-4,28	0				-4,280
Ott	9a Gross income from g See Part IV, line 19		5								
			а	0							
	b Less direct expenses	s	ь	0							
	c Net income or (loss)	from gaming a	ctıvıtı	es >	_						
	10a Gross sales of invent returns and allowand		Ţ								
			a	11,455							
	b Less cost of goods s	old	Ь	7,841		2.61					2.614
	C Net income or (loss)		vent	·		3,61	4				3,614
	Miscellaneous	Revenue		Business Code		2.50	_				0.505
	11a _{Locker} Rental			813410	0	9,59	5				9,595
	b Facility Rental	b Facility Rental			0	17,27	8				17,278
	c Other Income			813410	0	18,66	5	18,665			
	d All other revenue .						0	0		0	0
			Ĺ		1		1			-	
	e Total. Add lines 11a		•			45,53	8			\perp	
	12 Total revenue. See	Instructions	•	•		7,087,83	4	6,251,288		0 Fc	214,080 orm 990 (2016)

For	m 990 (2016)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	68,705	68,705		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	400	400		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	225,108	48,685	135,850	40,573
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	21,735	21,735	0	0
7	Other salaries and wages	3,467,165	3,160,787	254,215	52,163
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	123,133	117,425	4,903	805
9	Other employee benefits	195,753	183,952	10,122	1,679
10	Payroll taxes	307,228	269,114	30,860	7,254
11	Fees for services (non-employees)				
	a Management	0	0	0	0
-	b Legal	0	0	0	0
	c Accounting	25,225	11,351	13,369	505
	d Lobbying	0	0	0	0
	e Professional fundraising services See Part IV, line 17	0			0
1	f Investment management fees	0	0	0	0
,	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,027	44,027	0	0
12	Advertising and promotion	137,656	96,359	34,414	6,883
13	Office expenses	507,874	453,433	17,464	36,977
14	Information technology	118,550	38,792	78,034	1,724
15	Royalties	0	0	0	0
16	Occupancy	1,040,934	1,008,994	29,528	2,412
17	Travel	45,724	38,825	4,337	2,562
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •	0	0	0	0
19	Conferences, conventions, and meetings	29,801	20,112	9,062	627
20	Interest	81,225	80,065	1,160	0
21	Payments to affiliates	96,296	48,148	48,148	0
22	Depreciation, depletion, and amortization	774,072	752,637	19,615	1,820
23	Insurance	125,386	110,494	14,025	867
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 Dues and subscriptions	11,446	5,723	5,151	572
	b				
	С				
	d				
	e All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	7,447,443	6,579,763	710,257	157,423
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Form **990** (2016)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

1,772,714

Form 990 (2016)

Liabilities

Net Assets or Fund Balances

Investments—publicly traded securities .

	Beginning of year		End of year
1 Cash-non-interest-bearing	1,180	1	1,680
2 Savings and temporary cash investments	1,629,308	2	1,636,098
3 Pledges and grants receivable, net	179,639	3	79,484
4 Accounts receivable, net	47,966	4	94,193
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

	3	Pledges and grants receivable, net		•	179,639	3	79,484
	4	Accounts receivable, net			47,966	4	94,193
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L	0	5	0		
S	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 Itions d	(c)(3)(B), and of section 501(c)(9)	0	6	
et	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use		•	1,430	8	3,318
A	9	Prepaid expenses and deferred charges			75,194	9	75,314
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	30,607,015			
	b	Less accumulated depreciation	10b	8.914.550	22.180.038	10c	21.692.465

1,562,578

11

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	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	25,677,333	16	25,355,266
17	Accounts payable and accrued expenses	83,777	17	179,157
18	Grants payable	0	18	0
19	Deferred revenue	587,721	19	590,188
20	Tax-exempt bond liabilities	2,400,982	20	2,295,225
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	83,173	25	81,261
26	Total liabilities. Add lines 17 through 25	3,155,653	26	3,145,831
27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	21,578,058	27	21,164,267
28	Temporarily restricted net assets	406,389	28	500,620
29	Permanently restricted net assets	537,233	29	544,548
	Organizations that do not follow SFAS 117 (ASC 958),			
30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds	o	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	22,521,680	33	22,209,435
34	Total liabilities and net assets/fund balances	25,677,333	34	25,355,266
				Form 990 (2016)

Yes

Nο

Form 990 (2016)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Form 990 (2016)

Software ID: 16000421

Software Version: 2016v3.0

EIN: 35-1384859

Name: Young Mens Christian Association of Monroe County Inc.

efile	e GR/	APHIC prii	nt - DO NOT P	ROCESS	As Filed Data -			DLN: 9	3493131058037
SCI	HED	ULE A		Public C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			te if the org	ganization is a secti	ion 501(c)(3) c	organization o		2016
990E	(Z)			4	4947(a)(1) nonexe ▶ Attach to Form 9				2010
•		the Treasury	▶ Inform	ation about	Schedule A (Form			ıctions is at	Open to Public Inspection
Name	e of th	ue Service ne organiza			<u>www.irs.go</u>	<u> </u>		Employer identific	<u> </u>
'oung	Mens C	Ihristian Assoc	iation of Monroe Cou	inty Inc				35-1384859	
Pa					s (All organizations			See instructions.	
	rganız		•		t is (For lines 1 thro	•	,		
1		•			ociation of churches			(A)(I).	
2)(A)(ii). (Attach Sch	,	,,		
3		•	•	·	ce organization descr				
4		name, city,	and state			-		170(b)(1)(A)(iii). E	·
5	Ш		ation operated for (iv). (Complete P		of a college or univer	sity owned or op	erated by a gov	rernmental unit descri	bed in section 1/0
6		A federal, s	state, or local gov	ernment or o	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	۱)(v).	
7			ation that normall '0(b)(1)(A)(vi).			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described	ın section	170(b)(1)(A)(vi) ((Complete Part I	I)		
9					scribed in 170(b)(1) e instructions Enter t			with a land-grant coll college or university	ege or university or a
10	✓	from activit	ies related to its	exempt func lated busine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	s, membership fees, a than 331/3% of its su sses acquired by the c	pport from gross
l 1	П	•			exclusively to test for	public safety S	ee section 509	(a)(4).	
l 2		An organiza more public	ation organized ai cly supported org	nd operated anizations de	exclusively for the be	nefit of, to perfo	rm the functions	s of, or to carry out th	
а			-			-	•	zation(s), typically by	giving the supported
	ш	organizatio		regularly ap				of the supporting orga	
b		manageme		ng organizat	ion vested in the sam			organization(s), by ha ge the supported orga	
С		Type III f	unctionally inte	grated. A su				nd functionally integra	ted with, its
d		functionally	integrated The	organization		y a distribution i		th its supported orgar I an attentiveness req	
e		Check this	box if the organiz	ation receive	•	ation from the IF	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		of supported org	· ·		J			
g					ported organization(T	ı
(i)N	ame ol	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Total			tion Act Notice,			Cat No 11285	-	 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art III Support Schedule for (Complete only if you che III. If the organization fa	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to quali	
	ection A. Public Support	no to quanty un	441 1110 10313 113	tea below, pied	se complete i al		
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total
	(or fiscal year beginning in) ▶	(a)2012	(0)2013	(0)2014	(4)2013	(e)2010	(T)TOtal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						,
	organization's benefit and either paid						
3	to or expended on its behalf 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						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	. ,	, ,	, ,	 ``	. ,	
8	Gross income from interest,				+		
٠	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						
11	(Explain in Part VI) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	h tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
14	Public support percentage for 2016 (lin	e 6, column (f) dı	vided by line 11,	column (f))		14	
15	Public support percentage for 2015 Sch	nedule A, Part II, l	ine 14			15	
16a	33 1/3% support test—2016. If the	organization did r	ot check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						ightharpoons
Ŀ					and line 15 is 33 i	1/3% or more, chec	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ □
17 a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported	. \square
	organization	2045 1511			12.46.46	47 11	▶ □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			. 5-	,	. ,	►□
18		n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	L7b, check this box	k and see	
	instructions		,	. ,	·		ightharpoons
					Schadu	le A (Form 990 o	r 990-F7) 2016

are not an unrelated trade or

20

business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities

210,550

n

40,456,938

7,500

0

7,500

40,449,438

40,456,938

(f)Total

	Part IIII Support Schedule fo	r Organization	s Described ir	Section 509(a)(2)							
	(Complete only if you	checked the box	on line 10 of P	art I or if the or	ganızatıon faıle	d to qualify und	er Part II. If					
	the organization fails t	o qualify under	the tests listed	below, please c	omplete Part II.)						
S	Section A. Public Support											
	Calendar 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")	936,810	11,731,556	780,566	700,094	622,466	14,771,492					
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	3,611,268	3,985,258	5,644,097	5,982,985	6,251,288	25,474,896					
3	Gross receipts from activities that											

30,275

53,657

54,605

38,328

6,912,082

7,500

0

7,500

(e)2016

6,912,082

33,685

5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5	4,581,763	15,747,089	6,478,320	6,737,684	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	
	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		
С	Add lines 7a and 7b	0	0	0	0	
8	Public support. (Subtract line 7c from line 6)					
Se	ction B. Total Support					
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(е
9	Amounts from line 6	4,581,763	15,747,089	6,478,320	6,737,684	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,260	35,942			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					
С	Add lines 10a and 10b	30,260	35,942	195,095	199,180	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	28,172	39,113	0	0	
13	Total support. (Add lines 9, 10c, 11, and 12)	4,640,195	15,822,144	, ,	, ,	
14	First five years. If the Form 990 is f	or the organization	n's first, second, t	hırd, fourth, or fıft	th tax year as a se	ection 5
	check this box and stop here					
-	ction C. Computation of Public					
15	Public support percentage for 2016 (I		•	column (f))		1.
16	Public support percentage from 2015	Schedule A, Part II	II, line 15			1
_Se	ction D. Computation of Invest					
17	Investment income percentage for 20			line 13, column (1	f))	1
18	Investment income percentage from :					1
19a	331/3% support tests—2016. If the	e organization did r	not check the box	on line 14, and li	ne 15 is more thar	n 33 1/3
	more than 33 1/3%, check this box and 33 1/3% support tests—2015. If the					

	202,228	662,705
		0
	202,228	662,705
		0
	0	67,285
7,	114,310	41,186,928
501((c)(3) o	rganization,
4-		20.31.0/
15		98 21 %
16		98 54 %
17		1 61 %
18		1 27 %
	and lin	e 17 is not ▶ ✓
e tha	n 33 1/	3% and line 18 is
tıon		

Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

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. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	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			
	ın section 509(a)(1) or (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			

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, 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					
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					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					

	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	3с	
4a	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	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	
	Supervised by or in connection with its supported organizations		

	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
				-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
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	4b		
С	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			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın 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	
С	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	5a	

U	bld the organization have ditinate 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	
С	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	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?			
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		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2				
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate provide to each of the growth of account to the last the cold of the cold of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection 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 instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	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)		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)		
6	Multiply line 5 by 035		
7	Recoveries of prior-year distributions	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	

Schedule A (Form 990 or 990-EZ) (2016)

Excess distributions carryover to 2017. Add lines

31 and 4c

Breakdown of line 7

b Excess from 2013.

990 Schedule A, Supplemental Information

Return Reference Explanation

Schedule A, Part III, Line 12 DESCRIPTION - OTHER INCOME, COLUMN A - 28172 0, COLUMN B - 39113 0, COLUMN C - , COLUMN D - 0 0,

COLUMN E - . COLUMN F - 67285 0.

Other Income

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

DLN: 93493131058037 OMB No 1545-0047

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** Young Mens Christian Association of Monroe County Inc 35-1384859 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 3 Aggregate value of grants from (during year) 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 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? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☑ Protection of natural habitat Preservation of a certified historic structure ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a 10 Total acreage restricted by conservation easements 2b 42 0 Number of conservation easements on a certified historic structure included in (a) 2c 0 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 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 6 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)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

d Equipment . . .

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

e Other .

Page **2**

Par		organizations m	aintaining Coi	lections of Art	r, Histori	caıı	reas	ures, or Oti	ner Similar	ASSETS (con	tinued)
3		e organization's acq heck all that apply)	uisition, accessior	n, and other recor	ds, check	any of	the fo	ollowing that a	are a significan	nt use of its co	llection
а	□ Pu	iblic exhibition			d		Loar	n or exchange	programs		
b	☐ Sc	cholarly research			e		Othe	er			
c	☐ Pr	eservation for future	e generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5		he year, dıd the org o be sold to raise fui								☐ Yes	□ No
Pai		scrow and Cust Complete if the ord (, line 21.			Form 990	, Part	IV, I	ıne 9, or rep	oorted an am		m 990, Part
1a	Is the or	ganization an agent on Form 990, Part		an or other intern	nediary for	contri	bution	ns or other as:	sets not	☐ Yes	□ No
ь	If "Yes "	explain the arrange	ement in Part XIII	and complete the	e following	table				Amount	
c		ig balance	inene in ruit XIII	and complete in	e ronowing	tabic		1c		7	
d		s during the year						1d			
e		ions during the year	r					1e			
f	Ending b							1f			
2 a	_	organization include	an amount on Fo	rm 990, Part X, lı	ne 21, for	escrov	v or c	ustodial accou	int liability?	☐ Yes	□ No
b	If "Yes,"	explain the arrange	ment in Part XIII	Check here if the	e explanat	on has	s beer	n provided in F	Part XIII		
Pa	rt V E	ndowment Fun	ds. Complete ıf	the organization	n answer	ed "Y	es" o	n Form 990	, Part IV, line	e 10.	
	_			(a)Current year		rior yea			oack (d)Three		Four years back
		of year balance .		1,765,3			7,955	-	1,675	1,488,285	1,344,44
		ons		19,7			9,702		0,162	24,385	18,94
		tment earnings, gair		100,3	83		7,792	15	7,081	199,019	143,65
		scholarships									
е	Other exp and progr	enditures for facilities ams	es	36,5	79	34	4,542	61	0,963	40,014	18,75
f	Administr	ative expenses .					0		0	0	
g	End of yea	ar balance		1,848,8	92	1,76	5,323	1,78	7,955	1,671,675	1,488,28
2	Provide f	the estimated perce	ntage of the curre	ent year end balaı	nce (line 1	g, colu	mn (a	a)) held as			
а	Board de	esignated or quasi-e	ndowment 🟲	65 92 %							
b	Permane	ent endowment 🟲	27 85 %								
c	Tempora	arıly restricted endo	wment ► 6 2	23 %							
	The perc	entages on lines 2a	, 2b, and 2c shou	ld equal 100%							
3а	Are there	e endowment funds tion by	not in the posses	sion of the organ	ızatıon tha	t are h	eld ar	nd administere	ed for the		Yes No
	(i) unrel	lated organizations								3a(i)	
b	` '	ted organizations .on 3a(ii), are the re		s listed as require	 ed on Sche	 edule R	. ?	• • •		3a(ii . 3b) No
4	Describe	in Part XIII the inte	ended uses of the	organization's en	dowment :	funds					_ l
Pai		and, Buildings, Complete of the or			orm 990.	Part	IV. lı	ne 11a. See	Form 990. P	Part X. line 1	0.
		on of property	(a) Cost or oth (investme	er basis (b)C	ost or other				ated depreciation		Book value
1a	Land .					1,5	32,803	3			1,532,8
	Buildings					27,7	37,671		7,762,21	.1	19,975,4
	_	Improvements				4	02,192	2	360,38	16	41,8

934,349

142,396

21,692,465

791,953

Saa Form dall part x ling 17			00, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value		od of valuation of-year market value
1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
2)Closely-held equity interests	<u>·</u>		
A)			
В)			
C)			
D)			
E)			
F)			
G)			
H)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the org See Form 990, Part X, line 13.	janization answ	ered 'Yes' on Form S	990, Part IV, line 11c.
	b) Book value		od of valuation of-year market value
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' o (a) Description	n Form 990, Part	IV, line 11d See Form	990, Part X, line 15 (b) Book value
1)			
2)			
3)			
2)			
4)			
4) 5)			
4) 5) 6)			
4) 5) 6) 7)			
4) 5) 6) 7)			
4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)			
4) 5) 6) 7) 8) Otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. (a) Description of liability		n 990, Part IV, line 1	
4) 55) 66) 77) 88) 90 otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	ed 'Yes' on Form	n 990, Part IV, line 1	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	ed 'Yes' on Form	n 990, Part IV, line 1 k value	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes Fredit Voucher Liability Fift Certificate Liability	ed 'Yes' on Form	n 990, Part IV, line 1 k value 3,537	
4) 55) 56) 67) 68) 69) 60tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes redit Voucher Liability ift Certificate Liability	ed 'Yes' on Form	3,537 7,267	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes Credit Voucher Liability Other Liabilities Capital Lease Liability Forfeited Deposits	ed 'Yes' on Form	3,537 7,267	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes Fredit Voucher Liability Other Liabilities Fapital Lease Liability Orfeited Deposits 6)	ed 'Yes' on Form	3,537 7,267 3,673	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes Fredit Voucher Liability Other Liabilities Capital Lease Liability orfeited Deposits 6) 7)	ed 'Yes' on Form	3,537 7,267 3,673	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes Credit Voucher Liability Other Liabilities Capital Lease Liability Forfeited Deposits 6) 7) 8)	ed 'Yes' on Form	3,537 7,267 3,673	
4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25 (a) Description of liability 1) Federal income taxes Credit Voucher Liability Other Liabilities Capital Lease Liability Forfeited Deposits 6) 7)	ed 'Yes' on Form	3,537 7,267 3,673	

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

4b

Explanation

Schedule D (Form 990) 2016

е

3

4

b

C

Part XIII

5

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII)

Supplemental Information

Add lines **4a** and **4b**

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Schedule D (Form 990) 2015

2e

3

4c

5

68.705

Page 4

81,686

68.705

7,447,443

7,378,738

Page 5	Schedule D (Form 990) 2015				
	tal Information <i>(continued)</i>	Part XIII Supplemental Info			
xplanation		Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000421
Software Version: 2016v3.0

EIN: 35-1384859

Name: Young Mens Christian Association of Monroe County Inc

Supplemental Information

supplemental Information	
Return Reference	Explanation
	The conservation easements were part of a land purchase made on December 30, 2010 The pur chased land is recorded on the Balance Sheet Of the purchased land, 42 15 acres are considered to be a conservation easement. There is no footnote in the 2016 financial statements.

related to accounting for conservation easements

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part V, Line 4 Intended uses of endowment funds	The Monroe County YMCA has established an endowment fund to provide resources for the YMCA in future years. The primary purpose of the endowment fund is to grow the fund over the I ong term. The fund's objective is to enhance the Monroe County YMCA's goal of strengthenin g youth development, healthy living, and social responsibility by supplementing the YMCA's projects, programs, and services. No part of the income generated by the endowment fund shall be used for the YMCA's annual operating budget.			

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The YMCA is exempt from income taxes on income from related activities under Section 501 (c) (3) of the U S. Internal Revenue Code and corresponding state tax law. Accordingly, no provision has been made for federal or state income taxes. Additionally, the YMCA has been determined not to be a private foundation under Section 509 (a) of the Internal Revenue C ode. The YMCA is however subject to income taxes on income generated from activities that are unrelated to its exempt purpose. Accounting standards require that the YMCA disclose the amount of potential benefit or obligation to be realized as a result of an examination performed by a taxing authority. For the years ended December 31, 2016 and 2015, managemen thas determined the YMCA does not have any uncertain tax positions that would impact the YMCA's financial statements. The YMCA does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. The YMCA recognizes interest and/or penalties related to income tax matters in income tax expense. The YMCA did not have any amounts accrued for interest and penalties at December 31, 2016 and 2015.			

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Cost of Goods Sold - 7841 Rental Expenses - 26007			

Supplemental Information			
Return Reference	Explanation		
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	SCHOLARSHIPS - 68705		

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Cost of Goods Sold - 7841 Rental Expenses - 26007

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	SCHOLARSHIPS - 68705

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Name of the organization **Employer identification number** Young Mens Christian Association of Monroe County Inc 35-1384859 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? No Yes 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

As Filed Data -

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.

DLN: 93493131058037OMB No 1545-0047

Open to Public

Inspection

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c)Other events (d) Total events **GALA SIGNATURE GOLF OUTING** (add col (a) through **EVENT** (total number) col (c)) (event type) Revenue (event type) 1 Gross receipts. 54,767 38,911 93.678 34,757 33,326 2 Less Contributions. 68,083 3 Gross income (line 1 minus 20,010 5,585 25,595 line 2) 4 Cash prizes Noncash prizes 2,250 2,250 Expenses Rent/facility costs 160 7,940 8,100 7 Food and beverages 519 352 871 8 Entertainment 1,600 1,600 9 Other direct expenses 2.801 14,253 17,054 **10** Direct expense summary Add lines 4 through 9 in column (d) 29,875 11 Net income summary Subtract line 10 from line 3, column (d) -4,280 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 (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue Expenses 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2016					F	age					
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No						
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No						
13	Indicate the percentage of gaming act	ivity conducted in										
а	The organization's facility			13a								
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords								
	Name •											
	Address >											
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□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 ▶ \$											
С	If "Yes," enter name and address of the third party											
	Name •											
	Address ►											
16	Gaming manager information											
	Name ▶											
	Gaming manager compensation $ hilder$ $\$$											
	Description of services provided											
	☐ Director/officer	☐ Employee	☐ Independent contractor									
17	Mandatory distributions											
а	,	te law to make charitable di	stributions from the gaming proceeds to		_							
_	retain the state gaming license?				☐ Yes	□ No						
b	·		uted to other exempt organizations or spent									
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt						
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid									
	Return Reference		Explanation									
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201					

efile GRAPHIC print - DO NOT PROCESS DLN: 93493131058037 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Young Mens Christian Association of Monroe County Inc 35-1384859 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

(4) (5)

Schedule I (Form 990) 2016

(6) (7)

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

INDIVIDUALS APPLY FOR ASSISTANCE BY COMPLETING AN APPLICATION. THE APPLICATIONS ARE REVIEWED AND ASSISTANCE IS AWARDED BASED ON FINANCIAL NEED FUNDS AWARDED TO INDIVIDUALS FOR FINANCIAL ASSISTANCE ARE RAISED THROUGH OUR ANNUAL CAMPAIGN DESIGNATED CONTRIBUTIONS. GOLF OUTING, AND GALA SIGNATURE EVENT. THE INDIVIDUAL DOES NOT RECEIVE THE ASSISTANCE DIRECTLY. THEY PAY THE DIFFERENCE BETWEEN THE ASSISTANCE AWARDED AND THE ACTUAL COST. SEPARATE GENERAL LEDGER ACCOUNTS ARE SET UP TO TRACK DOLLARS RAISED AND DOLLARS AWARDED. REPORTS ARE PREPARED AND REVIEWED FOR ALL ASSISTANCE DOLLARS

Page 2

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Scl	hedule K	0		!	T F		4 F	.				OMB	No 154	15-0047	7
(Fo	orm 990)		pplemental Inform										201	6	
		Complete if the	e organization answered " explanations, and an					Provide de	scriptions,			4	7 U I	U	
	artment of the Treasury	A. Tufa umatia		h to Form 99									en to P		
	nal Revenue Service e of the organization	Piniormatio	n about Schedule K (Form	990) and its	instruction	5 15 at <u>w</u>	vww.	irs.gov/ior	<u>111990</u> .	Emplo	yer iden		inspecii n numbe		
Your	ng Mens Christian Association (of Monroe County Inc								35-13	84859				
Pa	art I Bond Issues									1					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP # (d) Da	ate issued	(e) Issue price (f) Description of purpose					(g) D	efeased	ased (h) On		(i) Pool	
	• •									137		1	alf of	finai	ncing
										Yes	No	Yes	uer No	Yes	No
	Monroe County Indiana	35-1732462	06-1	4-2012	2,7	50,000	To pro	ovide funds	for the cost of t		X	103	X	103	X
	, i			·	Pool F	Renovation p									
Da	rt II Proceeds														
	Trocccus					A			3		:			D	
1	Amount of bonds retired .						,910								
2							0								
3	Total proceeds of issue .				2,750,000										
4	Gross proceeds in reserve for	unds			0										
5	Capitalized interest from pro	oceeds		•	0										
6	Proceeds in refunding escro	ws					0								
7	Issuance costs from proceed	ds			45,000										
8	Credit enhancement from p	roceeds			0										
9	Working capital expenditure	es from proceeds					0								
10	Capital expenditures from p	roceeds				2,705	,000								
11	Other spent proceeds						0								
12	Other unspent proceeds .						0								
13	Year of substantial completi	on			20	013									
					Yes	No		Yes	No	Yes	No		Yes		No
14	Were the bonds issued as p	art of a current refunding	g issue?			×									
15	Were the bonds issued as p	art of an advance refund	ing issue?			X									
16	Has the final allocation of pr	roceeds been made? .			Х										
17	Does the organization main	taın adequate books and	records to support the final a	llocation of	×										
	proceeds?		<u> </u>		_ ^										
Pa	rt IIII Private Business	s Use			1	_									
					Yes	A No		Yes No		Yes N		No Yes		D	No
1	Was the organization a part financed by tax-exempt bor	mer in a partnership, or a	a member of an LLC, which ow	vned property		×		163	140	163	140		163		110
2		ments that may result in	private business use of bond	-fınanced		х									
For	Panerwork Reduction Act N				Ca	t No 50	1103E					chedul	e K /Fo	rm 990	1) 2016

a section 501(c)(3) organization or a state or local government 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)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

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Nο

Yes

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Nο

Yes

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Χ

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No

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Х

Χ

Х

Χ

Yes

Χ

C If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

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

requirements of section 148? . . .

applicable regulations?

Schedule K (Form 990) 2016

Nar

period?

Part V

Part VI

D

Yes

Page 3

ere gross proceeds invested in a guaranteed investment contract IC)?	
me of provider	

Yes

No

Yes

Х

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

No

Yes

Yes

No

No

Yes

Yes

No

No

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary

> Yes No Schedule K (Form 990) 2015

D

efile GRAPHIC	print - DO NO	T PROCES	S As F	iled Data -					DL	.N: 93	4931	3105	58037		
Schedule L (Form 990 or 990-	-EZ)		► Compl rm 990, Pa	ns with Ir lete if the orga art IV, lines 2! 1990-EZ, Part	anization and 5a, 25b, 2 <mark>6</mark> , 3	swered 27, 28a, 28b,		Bc,		OI	мв No 2(
Department of the Trea Internal Revenue Servic	surv	ormation abo	► Atta	ch to Form 990 ule L (Form 99 <u>www.irs.gov</u>	0 or Form 99 90 or 990-EZ	0-EZ.	ructio	ns is	at	() Dpen		ıblic		
Name of the orga		roe County Inc						•	yer ide 4859	entifica					
	ss Benefit Trar ete ıf the organıza									ne 40b					
	Name of disquali			Relationship be				(c) [Descript ansacti	tion of	_ `) Corr es	No		
	nount of tax incur														
4958 3 Enter the an	nount of tax, if and to and to and to and to and the organ	y, on line 2, a	bove, reim	bursed by the o	rganization .	• • • • • •	. :	•	. •	\$	the orc	ıanızal	tion		
	(b) Relationship	n Form 990, F	Part X, line (d) Loan	5, 6, or 22	(e)Original principal amount		(g)) In hult?	(h) Approved by board or committee?		(i)Written agreement		pproved by agree board or		ten
			То	From			Yes	No	Yes	No	Yes	ı	No		
l Total				•	<u> </u>										
	nts or Assistar					line 27									
(a) Name of Intere	ested person (b) Relationship erested perso	between n and the	(c) Amount		(d) Type	of assi	stand	ce	(e) Pu	rpose o	of assi	stance		
	+	organizat													
		organizat													
		organizati													

	person and the organization			organız rever	ation's lues?
				Yes	No
(1) Kırsten Wınkle	Spouse of Officer Jason Winkle	21,735	Compensation		No

Explanation

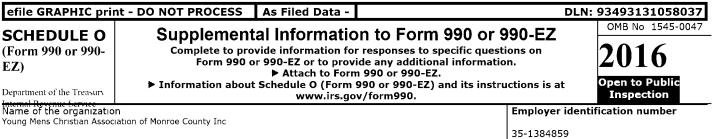
Schedule I (Form 990 or 990-FZ) 2016

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

Return Reference

Supplemental Information

Part V



Return Reference	Explanation
Form 990, Part III, Line 1 Other Program Services	healthy spirit, mind, and body for all Y programs focus on four core values caring, hone sty, respect, and responsibility. At the Y, strengthening community is our cause. Every daily we work side-by-side with our neighbors to make sure everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. In 2016, our Y served 24,40.2 individuals through membership, programs, health and wellness events, volunteer opportunities, health screenings, and facility usage from diverse communities throughout Bloomingt on and Monroe County and provided \$68,705 in membership and program financial assistance. As our nation continues to face serious chronic and community challenges, the Y is in Monroe County making a difference in the areas of Youth Development. Nearly 5 thousand are ta king a greater interest in learning, making smarter life choices, and cultivating the values, skills and relationships that lead to positive behaviors, the pursuit of higher education and goal achievement. Healthy Living. Thousands of adults and youth receive the supporit, guidance and resources needed to achieve better health and well-being. Our goal is to provide health-seekers with an opportunity for complete wellness. In 2016 we held our third annual free 5K Friday walking/running opportunity for our community at our NW facility. It was well received with over 94 in attendance for 7 weeks. We invited community partners from IU Health Bloomington & Richland Bean Blossom Community School Corporation to offer some additional fun activities for all. This event is family friendly with our youngest being 1 year old and our oldest participant being 61. We also began the first 5k Friday event in the late spring, early summer of 2016 at the SE facility. We served over 50 participants from ages 6 months-74. The goal was to end the week with activity and enjoy putting one foot in front of the other in health and wellness. Our community partner, Smith Shoes, re warded walkers and runners with gift certificates and support

Return Reference	Explanation
Form 990, Part III, Line 1 Other Program Services	ONFIDENCE TO MOVE AND FUNCTION IN MANY DIFFERENT ENVIRONMENTS SOCIAL RESPONSIBILITY THE Y HELPS PEOPLE GIVE BACK AND ASSIST THEIR NEIGHBORS BY OFFERING THEM OPPORTUNITIES TO VOLU NTEER, ADVOCATE AND SUPPORT PROGRAMS THAT STRENGTHEN COMMUNITY THROUGH THE Y, INDIVIDUALS AND POLICYMAKERS ARE ABLE TO ADDRESS MANY OF THE MOST CRITICAL SOCIAL ISSUES THEIR COMMUN ITIES FACE THE ACHIEVE (ACTION COMMUNITIES FOR HEALTH, INNOVATION AND ENVIRONMENTAL CHANG E) INITIATIVE IS A PRIME EXAMPLE OF A COMMUNITY COLLABORATION BETWEEN LOCAL POLICYMAKERS, THE Y, THE BLOOMINGTON PARKS AND RECREATION DEPARTMENT, THE MONROE COUNTY HEALTH DEPARTMENT AND OTHER MEMBERS OF THE ACTIVE LIVING COALITION TO ADVOCATE AND SUPPORT HEALTH DEPARTMENT AND OTHER MEMBERS OF THE ACTIVE LIVING COALITION TO ADVOCATE AND SUPPORT HEALTH PLIVING OPPORTUNITIES BY CHANGING THE ENVIRONMENT WHERE WE LIVE, WORK AND PLAY THE CONTINUED INVO LVEMENT OF KEY LEADERS ACTS AS A CATALYST FOR IMPROVING THE HEALTH AND WELL-BEING OF OUR C OMMUNITY THEY LEAD BY EXAMPLE TO BETTER REACH PEOPLE STRUGGLING TO MAKE PHYSICAL ACTIVITY AND GOOD NUTRITION A PART OF THEIR EVERYDAY LIVES BETTER PUBLIC POLICIES CREATE ENVIRONM ENTAL CHANGES THAT IMPROVE LASTING, COMMUNITY-WIDE HEALTHY LIVING BEHAVIORS FROM OUR COMM UNITY ASSESSMENT IN 2015 WE DEVELOPED ACTION GROUPS (TASK FORCES) TO DRILL DOWN OUR WORK IN OBESITY, CHRONIC DISEASE, MENTAL HEALTH AND BASIC NEEDS 2016 HAS BEEN A YEAR OF GROUP W ORK AND PLANNING FOR OUR CHIP (COMMUNITY HEALTH HIPROVE LASTING, OWNERN THAN) OUR MISSION COMES ALIVE THROUGH THE EFFORTS OF "PAID STAFF. WHO ARE FULL AND PART-TIME OF ALL AGES "VOLUNTEERS - WHO LEAD PROGRAMS, GUIDE POLICY, AND RAISE FUNDS "MEMBERS - WHO BECOME MENTORS, COACHE S, DONORS AND PART OF OUR Y FAMILY THROUGH THE EFFORTS OF "PAID STAFF. WHO ARE FULL AND PART-TIME OF ALL AGES "VOLUNTEERS - WHO LEAD PROGRAM OPPORTUNITIES INTO SURROUNDING COUNTIES AND PARTHERSHIPS WITH MORE THAN 56 CHURCHES, SCHOOLS, AND OTHER COMMUNITY GROUPS AND ORGANIZATIONS, THE Y WAS ABLE TO EXT END ITS PROGRAM OPPORTUNI

Return

Reference

Form 990,	L SCOUTS, GIRLS INC , GREATER BLOOMINGTON CHAMBER OF COMMERCE, IMA/PREMIER HEALTHCARE LLC, IU
Part III, Line	HEALTH BLOOMINGTON, INDIANA UNIVERSITY SPEECH AND HEARING CLINIC, IU TAI CHI PROGRAM, LIFE DESIGNS,
1 Other	MOMS AND BABIES, MONROE COUNTY AUTISM FOUNDATION, MONROE COUNTY HEALTH DEPAR TMENT, MONROE
Program	COUNTY LIBRARY, PARKINSON'S SUPPORT GROUP, PERSONAL QUALITY CARE, POLICE AND FIRE DEPARTMENTS,
Services	REACH, SEAPERCH, SPECIAL OLYMPICS, STEPPING STONES, STONE BELT, SUICIDE PREVENTION COALITION,
	TRANSITIONAL SERVICES, US ARMED SERVICES OUR COMMUNITY FACES GREAT CHALLENGES THE Y CONTINUES
	TO HELP REINVIGORATE OUR COMMUNITIES THROUGH COLLABORATIONS WITH SCHOOL DISTRICTS, RESIDENTS,
	EDUCATORS, AND OTHER COMMUNITY ORGANIZATIONS TO ENSURE THE NEEDS OF CHILDREN AND FAMILIES IN
	DISADVANTAGED COMMUNITIES ARE BETTER MET IN 2016 THE Y STEPPED UP TO THE CHALLENGE BY *PROVIDING
	\$68,705 IN FULL OR PARTIAL SCHOLARSHIPS TO OV ER 500 INDIVIDUALS, INCLUDING YOUTH, FAMILIES, AND ADULTS
	WHO WOULD OTHERWISE NOT HAVE BEE N ABLE TO AFFORD TO PARTICIPATE WE DID THIS THROUGH DESIGNATED \parallel
	\mid CONTRIBUTIONS AND CONTRIBU TIONS TO THE YMCA'S Y FOR ALL CAMPAIGN *THE Y DOES WHAT IT DOES BEST BY \mid

CREATING OPPORTUNITIES FOR ALL TYPES OF NEEDS IN ALL TYPES OF COMMUNITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services	The following is a listing of Specific Program Descriptions and Program Service Accomplish ments at our YMCA YMCA Aquatics In addition to providing specific swimming and water safe ty skills, YMCA Aquatics programs promote teamwork, self-confidence, and leadership. These programs are offered at fees affordable to the community a large, with financial assista note for those who can't afford the full fee. In 2016, more than 1,597 children, teens, and adults learned how to be safer around water through YMCA swim lessons and water safety programs. YMCA Camping YMCA Day Camps help campers develop self-confidence, self-respect, so cialization, and a healthy lifestyle while participating in fun, active games that challen ge the spirit, mind, and body. Financial assistance is available for those who cannot affor d the customary fees. We encourage the participation of all individuals and will make acc ommodations for those campers with special needs. In 2016, the YMCA served 4,815 children in our day camp programs. YMCA Afterschool Program The YMCA has partnered with Richland Be an Blossom Community School Corporation (RBBCSC) in a collaborative effort to provide its first afterschool academic enrichment, through a program called LEAP (Learning through Edu cation, Activity, and Play). LEAP is aligned with RBBCSC's academic goals for success, and follows the Indiana Afterschool Network (IAN) standards. LEAP is FREE afterschool program ming for students K-5th grade that caters to the individual needs of each participant, and works closely with their teachers and parents to provide the greatest amount of support. The program strives to improve academic success, behavior, attendance, and test scores. There is also a strong health and wellness component implemented throughout programming, whi is teachers students about healthy choices, habits, and activities LEAP has a dozen community collaborators who provide additional resources, support, and trainings to participants and their families along with inviting and hosting even

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services	o choosing nutritious foods and healthy activities in a fun, creative environment. We work hand in hand with the teachers and principals. We strive to be in every 4th grade classro om in the Monroe County Community School Corporation's 13 elementary schools. One focus is on teaching the basics for MyPlate. Youth learn how to fill their plates with healthy col or and try new foods. Our other focus is on Healthy Living where kids get to find fun ways to exercise. In 2016 we touched over 900 youth within Monroe County. YMCA Health Enhancement The familiar YMCA triangle emphasizes the oneness of spirit, mind, and body. YMCA Heal the Enhancement Programs help achieve this unity through medically-based programs that stre ss proper exercise, nutrition, stress management, prevention of chronic disease and health education. YMCAs offer a lifelong progression of health and wellness activities, experien ces and education, including programs for children, teens, families, and older adults. Peo ple with disabilities, and those with chronic allments, such as arthritis, heart disease, and cancer, can also find YMCA programs that are tailored to their needs. The Y offers a welcoming atmosphere, where new exercisers can feel comfortable and receive the support the y need to improve their health. Y financial assistance policies help low-income individual s, who are less likely to exercise and to have adequate health care, gain access to the Y. Over 14,093 individuals enjoyed the benefits of a membership with the Y. Wellness. Coaches are available to all members. They help acclimate new members into our facility which includes an orientation to all our cardiovascular and strength equipment, as well as defining policies and providing program opportunities. In 2016, 10 members worked with a Wellness Coach. Our Personal Training program allows members to work one-on-one with a nationally certified personal trainer. This trainer creates a personalized program to focus on indivi dual needs and goals. In 2016, over 250 people participa

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services	received Y membership access and opportunities YMCA Adult Health and Cardiovascular Care The Healthy Hearts & Active Lives Program encompasses the Cardiopulmonary Rehab, W I S E (Cancer Recovery), and Y-Fitness for Life Programs These classes are a member benefit with no additional charge to the YMCA member. In the Cardiopulmonary Rehab program, emphasis is placed on Phase III and Phase IV cardiopulmonary rehabilitation and lifelong exercise maintenance. The program is a collaboration between IU Health Bloomington Hospital and the Monroe County YMCA. For 36 years the program has emphasized exercise, education, counseling, and discovering how to live a healthier life. Services include a staff that is supported by volunteer physicians, a Paramedic or Registered Nurse, a Clinical Exercise Physiolog ist, and several exercise specialists. In 2016, approximately 80 people per month particip ated in the Cardiopulmonary Rehab Phase III/IV Program. The W I S E (Working out to Incre ase Strength and Endurance) program is medically based for cancer patients and cancer survivors. It provides a supportive environment in which individuals in all phases of treatment and recovery work to improve their functional capacity and quality of life. The main goa is are to improve physical and psychological function within the limitations imposed by the disease or treatment via a low-cost, community based cancer rehabilitation program in 2016, approximately 35 participants were enrolled in the W I S E program on a monthly basis. The Y-Fitness for Life program is medically based for individuals who need organized fitness for health and wellness. We served over 20 participants each month of the year. The Half Marathon/Endurance Training program incorporates group training with an emphasis on going long distances and competing in a half or full marathon. With individual and group in struction, the athlete is able to adapt to various training situations that include improving walking/running economy, resistance training specifically for wa

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Reference	Explanation	
Form 990,	CPR/AED and First Aid The Y offers lifesaving skills in CPR/AED and First Aid classes for staff, members and the community	
Part III, Line	Additionally, the Y provides CPR/AED and First Aid classes for camp staff at the Y, outreach courses to community organizations	1
4d Other	and Healthcare Provider CPR/AED courses for those in the medical field. The Y employs four American Heart Instructors and the	1
Program	total number of participants certified by these Y instructors in 2016 was 422 YMCA Volunteers The Y captures the volunteers'	ı
Services	spirit as an integral way to deepen member involvement and to provide our members with ways to give back to their community. In	ı
	2016, the Y and the community benefited from 258 individuals volunteering as youth sports coaches, fundraisers, event	
	organizers, policy makers, facility improvement assistants and much more	1

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 1,823,720 including grants of \$ 69,105)(Revenue \$ 4,289,437) The following is a listing of Specific Program Descriptions and Program Service Accomplishments at our YMCA YMCA Aquatics in addition to providing specific swimming and water safety skills, YMCA A quatics programs promote teamwork, self-confidence, and leadership. These programs are off ered at fees affordable to the community at large, with financial assistance for those who can't afford the full fee. In 2016, more than 1,597 children, teens, and adults learned how to be safer around water through YMCA swim lessons and water safety programs. YMCA Camp ing YMCA Day Camps help campers develop self-confidence, self-respect, socialization, and a healthy lifestyle while participating in fun, active games that challenge the spirit, mind, and body. Financial assistance is available for those who cannot afford the customary fees. We encourage the participation of all individuals and will make accommodations for those campers with special needs. In 2016, the YMCA served 4,815 children in our day camp programs. YMCA Afterschool Program The YMCA has partnered with Richland Bean Blossom Community School Corporation (RBBCSC) in a collaborative effort to provide its first afterschool academic enrichment, through a program called LEAP (Learning through Education, Activity, and Play). LEAP is aligned with RBBCSC's academic goals for success, and follows the Indi ana Afterschool Network (IAN) standards. LEAP is FREE afterschool programming for students K-5th grade that caters to the individual needs of each participant, and works closely with their teachers and parents to provide the greatest amount of support. The program strive sto improve academic success, behavior, attendance, and test scores. There is also a str ong health and wellness component implemented throughout programming, which teaches student is about healthy choices, habits, and activities. LEAP has a dozen community collaborators who provide additional resources, support, and trainings to

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	tunity where we educate children during the academic day as it pertains to choosing nutrit ious foods and healthy activities in a fun, creative environment. We work hand in hand wit high the teachers and principals. We strive to be in every 4th grade classroom in the Monroe County Community School Corporation's 13 elementary schools. One focus is on teaching the basics for MyPlate Youth learn how to fill their plates with healthy color and try new fo ods. Our other focus is on Healthy Living where kids get to find fun ways to exercise. In 2016 we touched over 900 youth within Monroe County. YMCA Health Enhancement The familiar YMCA triangle emphasizes the oneness of spirit, mind, and body. YMCA Health Enhancement Programs help achieve this unity through medically-based programs that stress proper exercise, nutrition, stress management, prevention of chronic disease and health education. YMCAs offer a lifelong progression of health and wellness activities, experiences and education, including programs for children, teens, families, and older adults. People with disabilities, and those with chronic aliments, such as arthritis, heart disease, and cancer, can a lso find YMCA programs that are tailored to their needs. The Y offers a welcoming atmosphe re, where new exercisers can feel comfortable and receive the support they need to improve their health. Y financial assistance policies help low-income individuals, who are less I ikely to exercise and to have adequate health care, gain access to the Y. Over 14,093 individuals enjoyed the benefits of a membership with the Y. Wellness Coaches are available to all members. They help acclimate new members into our facility which includes an orientation to all our cardiovascular and strength equipment, as well as defining policies and providing program opportunities. In 2016, 110 members worked with a Wellness Coach. Our Perso nal Training program allows members to work one-on-one with a nationally certified personal trainer. This trainer creates a personalized program to

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l	Reference	Explaination
	Form 990, Part III, Line 4d	ers to our free classes. There is something for everyone here at the Y. In 2016, 1,716 peo ple participated in the Yoga, Tai Chi, and Pilates programs. Yoga was also made available to the staff of various schools in the Monroe County Community School. Corporation through the Y's outreach program. Exercise is important in comprehensive healthcare management for an individual.
	Description of other program	with arthritis and related diseases. The Arthritis Aquatics Basic Program p rovides range of motion exercises for each major body part. Exercises improve flexibility, strength, coordination, balance, joint nutrition, and performance of daily activities. The Basic classes are all included in membership. The Arthritis Aquatics Plus Program expand is the Arthritis Aquatics Program to include
l	services	exercises and activities designed to promote f unctional endurance as well as musculoskeletal flexibility and strength. This class is included with a YMCA membership. The Deep Water Arthritis Aquatics class provides the

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Association Board is ultimately responsible for all financial and policy decisions. There are three Committees - Finance Committee, Mission Advancement Committee, and Development Committee. All committees report to the Association Board.

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Staff prepared the Form 990 and the CFO performed a detailed review. The 990 was also reviewed by the tax side of our audit firm. Prior to the Form 990 being filed electronically, it was e-mailed to the Association Board for their review and staff from the tax side of our audit firm provided an oral report to the Association Board, CEO, and CFO. The Association Board serves as the Audit Committee.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest	The Young Men's Christian Association of Monroe County, Inc. has a Conflict of Interest Policy that is completed by all directors and officers when they first begin their position and then again annually. The conflict of interest policies are reviewed by the CFO and then potential conflicts are brought to the attention of the audit committee. The audit committee determines by majority vote of disinterested persons whether a disclosed interest may result in a conflict of interest.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The CEO reports to the Association Board. The Association Board is responsible for annually conducting a performance evaluation of the CEO and setting the salary for this position. The Association Board provides feedback into the CEO's annual review. The CEO receives a 360 degree evaluation from the other Monroe County YMCA management staff and the SE and NW Committee and Task Force members. The staff and governance evaluations are submitted to the Executive Administrative Assistant. The Executive Administrative Assistant compiles all information and presents the results of the evaluations to the Association Board. The Association Board President meets with the CEO to present the full evaluation. The written evaluation documents the deliberation process.

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Form 990, Part VI, Line 15b Process to establish compensation of other employees	The CEO is responsible for annually conducting a performance evaluation of the CFO, COO, and Development Director. In addition to the annual performance evaluation, salary survey work is performed gathering comparative data from organizations in our community, both for profit and not for profit, as well as other YMCA's for the positions chosen to be researched for that year. In 2016 the CEO and CFO positions were researched. The end result of the annual performance evaluation process is a written, signed document representing the past year of work and the deliberation process. The above salaries are part of the Professional Salary line presented to the Association Board in the overall budget approval process. The process described above was last undertaken in 2016.

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Form 990, Part VI, Line 19 Required	Requests for documents should be made to the Monroe County YMCA CFO. The documents will be provided to the requester as soon as possible. The following documents will be made available upon request. Form 1023, Application For Recognition of Exemption Under Section 501(C)(3) of the Internal Revenue Code - Form 990, Return of Organization Exempt From Income Tax -
documents available to the public	Determination Letter - Audited Financial Statements - Conflict of Interest Policy - Key Governing Documents - Articles of Incorporation - By Laws The Form 990 is made available to the public via The Guidestar website, www guidestar org. A financial report, as well as contribution, scholarship, and membership information is published in our Annual Report that is mailed to all current Monroe County YMCA members.

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,