

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
31 WEST 10TH STREET

City or town, state or province, country, and ZIP or foreign postal code
Erie, PA 16501

D Employer identification number
25-0965621

E Telephone number
(814) 452-1432

G Gross receipts \$ 19,288,381

F Name and address of principal officer
DAWN STEARNS
31 WEST 10TH STREET
Erie, PA 16501

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW YMCAERIE ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1863

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AT THE YMCA OF GREATER ERIE, WE PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, AND BODY FOR ALL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | |
|--|-------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 31 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 30 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 1,028 |
| 6 Total number of volunteers (estimate if necessary) | 862 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 8,619,190 | 8,311,206 |
| 9 Program service revenue (Part VIII, line 2g) | 9,271,630 | 9,111,878 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 287,486 | 413,362 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 203,849 | 179,491 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 18,382,155 | 18,015,937 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,132,468 | 968,180 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 10,270,714 | 10,711,881 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,867 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,941,491 | 5,775,014 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 17,344,673 | 17,455,075 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,037,482 | 560,862 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 28,572,048 | 31,273,096 |
| 21 Total liabilities (Part X, line 26) | 7,048,218 | 8,259,424 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 21,523,830 | 23,013,672 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer _____ Date 2018-06-13
DAWN STEARNS CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Vincent Halupczynski Preparer's signature Vincent Halupczynski Date 2017-06-15 Check if self-employed PTIN P00347533
Firm's name ▶ BKD LLP Firm's EIN ▶ 44-0160260
Firm's address ▶ 2402 West 8th Street Phone no (814) 454-4008
Erie, PA 16505

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, AND BODY FOR ALL

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 9,152,498 including grants of \$ 95,994) (Revenue \$ 2,911,446)
See Additional Data

4b (Code) (Expenses \$ 5,302,439 including grants of \$ 872,186) (Revenue \$ 6,200,432)
See Additional Data

4c (Code) (Expenses \$ 1,218,019 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

(Code) (Expenses \$ 479,258 including grants of \$ 0) (Revenue \$ 0)

THE YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS THROUGH A COLLABORATION WITH THE CITY OF ERIE THE YMCA OPERATES THE ERIE CITY SUMMER PARKS AND SWIM PROGRAM IN THE HEART OF DOWNTOWN NEIGHBORHOODS, PROVIDING ACTIVITIES, FIELD TRIPS, MEALS, SPECIAL EVENTS, OPEN SWIMMING, AND MENTORING TO MORE THAN 1,000 YOUTH 6 YEARS THROUGH 18 YEARS, MOST FROM LOW-INCOME FAMILIES OUR Y ALSO OPERATES THE CITY OF ERIE'S BRIAN LEE CROSBY LEARN TO SWIM PROGRAM TARGETING LOW-INCOME FAMILIES PROVIDING SWIM LESSONS TO 227 CHILDREN THE YMCA COLLABORATES WITH THE HOUSING AUTHORITY OF THE CITY OF ERIE TO OPERATE THE SUMMER RECREATION PROGRAM AT FOUR SITES, ALONG WITH PORTABLE SWIMMING POOLS THE SCHOOL YEAR PROGRAM INCLUDES FIVE SITES, INCLUDING A LIBRARY AND ART HOUSE PARTICIPANTS IN THESE PROGRAMS ARE FROM LOW INCOME HOUSEHOLDS LIVING IN OR NEAR SUBSIDIZED HOUSING AND ARE GIVEN OPPORTUNITIES TO PARTICIPATE IN YMCA PROGRAMS, SPORTS, MEALS, INCENTIVE AWARD PROGRAMS FOR GOOD BEHAVIOR, TRACK AND FIELD, GOLF, ART, DANCE, PHOTOGRAPHY, THEATER, AND SPECIAL FIELD TRIPS COLLABORATIONS WITH AN AREA MEDICAL HOSPITAL, GIRL SCOUTS AND BOY SCOUTS, 4-H, THERAPY DOGS AND LOCAL DRUG PREVENTION AGENCIES ENHANCE THE PROGRAM OPPORTUNITIES FOR MORE THAN 1,000 YOUTH

4d Other program services (Describe in Schedule O)
(Expenses \$ 479,258 including grants of \$) (Revenue \$)

4e Total program service expenses 16,152,214

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | No |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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> | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | Yes | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | No |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | No |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | No |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | Yes | |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | Yes | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | No |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, solicitations, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (31), 1b (30), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (PA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (YMCA 31 WEST 10TH STREET ERIE, PA 16501 (814) 452-1432).

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|-----------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 140,400 | | | |
| | b Membership dues | 1b | 0 | | | |
| | c Fundraising events | 1c | 25,211 | | | |
| | d Related organizations | 1d | 0 | | | |
| | e Government grants (contributions) | 1e | 7,399,014 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 746,581 | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | 205,738 | | | |
| | h Total. Add lines 1a-1f | | 8,311,206 | | | |

| Program Service Revenue | | | Business Code | | | | |
|--------------------------------|--|--|---------------|-----------|-----------|---|---|
| | 2a Membership Revenue | | | 5,625,931 | 5,625,931 | | |
| | b Childcare Revenue -- Infant/Toddler/Preschool | | | 1,507,196 | 1,507,196 | | |
| | c Childcare Revenue -- School Age | | | 984,616 | 984,616 | | |
| | d Day Camp Revenue | | | 419,634 | 419,634 | | |
| | e Resident Camp Revenue | | | 0 | 0 | | |
| | f All other program service revenue | | | 574,501 | 574,501 | 0 | 0 |
| | g Total. Add lines 2a-2f | | | 9,111,878 | | | |

| | | | | | | | |
|--|--|----------------|---------------|-----------|---|---------|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 142,049 | | | 142,049 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | 84,786 | | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | 84,786 | 0 | | | | |
| | d Net rental income or (loss) | | | 84,786 | | | 84,786 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 1,470,505 | | | | | |
| | b Less cost or other basis and sales expenses | 1,184,049 | 15,143 | | | | |
| | c Gain or (loss) | 286,456 | -15,143 | | | | |
| | d Net gain or (loss) | | | 271,313 | | | 271,313 |
| | 8a Gross income from fundraising events (not including \$ 25,211 of contributions reported on line 1c) See Part IV, line 18 | a | 117,058 | | | | |
| | b Less direct expenses | b | 62,404 | | | | |
| | c Net income or (loss) from fundraising events | | | 54,654 | | | 54,654 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 18,383 | | | | | |
| b Less cost of goods sold | b | 10,848 | | | | | |
| c Net income or (loss) from sales of inventory | | | 7,535 | | | 7,535 | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a Sales/Misc | 624110 | | 32,516 | | | 32,516 | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | 0 | 0 | 0 | 0 | |
| e Total. Add lines 11a-11d | | | 32,516 | | | | |
| 12 Total revenue. See Instructions | | | 18,015,937 | 9,111,878 | 0 | 592,853 | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 967,180 | 967,180 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 1,000 | 1,000 | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 332,623 | | 332,623 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 8,618,183 | 8,196,747 | 404,754 | 16,682 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 429,546 | 394,585 | 33,426 | 1,535 |
| 9 Other employee benefits. | 664,866 | 613,231 | 46,721 | 4,914 |
| 10 Payroll taxes. | 666,663 | 618,354 | 47,022 | 1,287 |
| 11 Fees for services (non-employees) | | | | |
| a Management. | | | | |
| b Legal. | 2,528 | | 2,528 | |
| c Accounting. | 70,261 | 30,925 | 39,336 | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 24,063 | | 24,063 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 333,119 | 272,337 | 60,782 | 0 |
| 12 Advertising and promotion. | 144,572 | 37,213 | 88,910 | 18,449 |
| 13 Office expenses. | 812,270 | 733,867 | 78,403 | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 650,016 | 626,649 | 23,367 | |
| 17 Travel. | 113,147 | 108,436 | 4,711 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 109,773 | 92,018 | 17,755 | |
| 20 Interest. | 254,066 | 254,066 | | |
| 21 Payments to affiliates. | 194,236 | 194,236 | 0 | 0 |
| 22 Depreciation, depletion, and amortization. | 1,108,343 | 1,097,067 | 11,276 | |
| 23 Insurance. | 165,233 | 149,154 | 16,079 | |
| 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 REPAIRS AND MAINTENANCE | 708,117 | 708,117 | | |
| b CHILDCARE FOOD PROGRAM | 618,435 | 618,435 | | |
| c VOLUNTEER EXPENSES | 466,835 | 438,597 | 28,238 | |
| d | | | | |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e. | 17,455,075 | 16,152,214 | 1,259,994 | 42,867 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|------------|-----------------------|
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | |
| | 2 Savings and temporary cash investments | 5,413,573 | 2 | 6,070,084 |
| | 3 Pledges and grants receivable, net | 0 | 3 | |
| | 4 Accounts receivable, net | 650,664 | 4 | 795,652 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | |
| | 7 Notes and loans receivable, net | 0 | 7 | |
| | 8 Inventories for sale or use | 0 | 8 | |
| | 9 Prepaid expenses and deferred charges | 107,525 | 9 | 301,495 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 35,008,393 | | |
| | b Less accumulated depreciation | 10b 19,448,449 | 14,943,075 | 10c 15,559,944 |
| | 11 Investments—publicly traded securities | 7,298,351 | 11 | 8,384,335 |
| | 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 | |
| | 15 Other assets See Part IV, line 11 | 158,860 | 15 | 161,586 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 28,572,048 | 16 | 31,273,096 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,348,499 | 17 | 1,154,700 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 451,688 | 19 | 410,428 |
| | 20 Tax-exempt bond liabilities | 5,237,115 | 20 | 6,679,408 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | |
| | 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 10,916 | 24 | 14,888 |
| | 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 | 0 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 7,048,218 | 26 | 8,259,424 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 21,224,792 | 27 | 22,689,825 |
| | 28 Temporarily restricted net assets | 154,339 | 28 | 159,359 |
| | 29 Permanently restricted net assets | 144,699 | 29 | 164,488 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 21,523,830 | 33 | 23,013,672 |
| | 34 Total liabilities and net assets/fund balances | 28,572,048 | 34 | 31,273,096 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,015,937 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,455,075 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 560,862 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 21,523,830 |
| 5 | Net unrealized gains (losses) on investments | 5 | 928,980 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 23,013,672 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes | |
| <p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p> | 3a | Yes | |
| <p>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</p> | 3b | Yes | |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 25-0965621

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Form 990 (2017)

Form 990, Part III, Line 4a:

OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE CULTIVATE VALUES AND SKILLS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT. WE PROVIDE HIGH QUALITY CHILD CARE BY PROVIDING COMPREHENSIVE ACTIVITIES FROM DEVELOPMENTAL ACTIVITIES, HOMEWORK HELP TO FIELD TRIPS FOR CHILDREN SIX WEEKS OLD THROUGH AGE 15, DRAWING ON DIVERSE MEMBERS OF THE COMMUNITY. WE PARTICIPATE IN THE KEYSTONE STARS QUALITY INITIATIVE AT ALL SEVENTEEN LICENSED CHILD CARE LOCATIONS. IN ADDITION, WE PROVIDE HEALTHY SNACKS AND MEALS TO ALL CHILDREN AND HAVE ADOPTED, ALONG WITH Y-USA, HEPA (HEALTHY EATING AND PHYSICAL ACTIVITY) STANDARDS AT ALL LOCATIONS. OUR Y SERVED OVER 405,000 SNACKS & MEALS DURING THE SCHOOL YEAR AND DURING THE SUMMER AT VARIOUS LOCATIONS INCLUDING THOSE IDENTIFIED AS FOOD DESERTS. Kids participate in enrichment activities and connect with caring adults. Meals adhere to nutrition standards outlined in Y-USA's Healthy Eating & Physical Activity Standards. A 72-passenger renovated school bus serves as a mobile meals site taking freshly prepared meals directly into identified food deserts. In 2017, the Y began offering Power Scholars Academy, an academic achievement gap program, in partnership with United Way and Pfeiffer Burleigh School. The program enrolled 85 of the most academically at-risk children for a 6 week/5 days per week academic and enrichment program that focused on literacy and math gains as well as educational enrichment field trips. Outcomes show that participating children gained 1.5 months in literacy and 3 months in math. SUMMER CAMP WHEN SCHOOL LETS OUT FOR SUMMER, KIDS WHO DON'T CONTINUE TO READ, LEARN AND KEEP THEIR MINDS AND BODIES ACTIVE CAN FALL BEHIND THEIR CLASSMATES THAT DO. SOME PARENTS JUST DON'T HAVE THE KNOWLEDGE/RESOURCES TO KEEP THEIR KIDS ENGAGED AND PRODUCTIVE ALL SUMMER LONG. MANY FAMILIES CAN'T AFFORD TO ENROLL THEIR CHILDREN IN A STRUCTURED SUMMER PROGRAM. AS A SOLUTION, THE Y OFFERS DAY CAMPS THAT GO FAR BEYOND THE TYPICAL CAMP EXPERIENCE. OUR CAMP PROGRAMS ARE PACKED WITH PHYSICAL AND EDUCATIONAL ACTIVITIES, DAY TRIPS, CHARACTER BUILDING, ARTS/CRAFTS, GROUP GAMES AND MORE. CAMPERS LEARN THE IMPORTANCE OF VALUES AND ARE ENCOURAGED TO EXHIBIT THEM IN THEIR ACTIONS. THE Y OFFERS SCHOLARSHIPS SO THAT ALL CHILDREN HAVE THE OPPORTUNITY TO ENJOY THIS ENRICHING EXPERIENCE. EARLY LEARNING READINESS RECOGNIZING THAT TRADITIONAL PRESCHOOL MAY NOT BE THE BEST FIT FOR ALL FAMILIES, THE Y'S PLAY & LEARN PROGRAM REACHES OUT TO NEW AMERICAN FAMILIES AND BUILDS ON THE ASSETS OF THE CHILD'S FIRST TEACHER - THEIR PARENTS. YOUNG LEARNERS GET STIMULATING PRESCHOOL-LIKE EXPERIENCE AND CAREGIVERS RECEIVE SUPPORT. PLAY & LEARN IS A FREE PRE-SCHOOL-LIKE PROGRAM THAT CHILD AND CAREGIVER ATTEND TOGETHER THAT INCLUDES SONGS AND 13 LEARNING CENTERS FROM BOOKS AND PUZZLES, TO LISTENING AND DRESS-UP - ALL THAT REINFORCE LEARNING IN PREPARATION FOR KINDERGARTEN. Y STAFF SHOWS CAREGIVERS HOW A CHILD LEARNS THROUGH PLAY AND ACTIVE ENGAGEMENT THROUGH EVERYDAY ACTIVITIES LIKE RUNNING ERRANDS, EMPTYING THE DISHWASHER, SORTING LAUNDRY AND PREPARING DINNER. Y STAFF SHARES OODLES OF LEARNING IDEAS FOR AT HOME OR ON THE GO. WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES. YMCA CHILD CARE PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK AND FAMILIES, AND MAKE IT MORE POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT THAT OFFERS A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND REDUCED FEES THAT MAKE PARTICIPATION POSSIBLE TO MORE THAN 50% OF THE CHILDREN WE ENGAGE. OUR YMCA PROVIDES REDUCED FEES FOR CHILD CARE SERVICES. \$95,994 WAS AWARDED TO 190 CHILDREN TO DEFRAY THEIR FEES THIS YEAR, AND CONTINUE TO ACCEPT CHILDREN THROUGH THE STATE SUBSIDY PROGRAM. IN ADDITION, WE PROVIDE AID TO FAMILIES WHO NEED HELP DUE TO FAMILY VIOLENCE, SUBSTANCE ABUSE, POVERTY, MENTAL HEALTH, ETC. BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES. WE ALSO PROVIDE FREE FAMILY FUN EVENTS TO PROMOTE HEALTHY FAMILY INTERACTIONS AND ENRICH RELATIONSHIPS BETWEEN PARENTS AND CHILDREN ENROLLED IN OUR PROGRAM. THE YMCA CONTINUES TO BE A LEADER IN EARLY CARE AND EDUCATION. IN 2017 PENNSYLVANIA TAX CREDIT DONATIONS PROVIDED PRESCHOOL EDUCATION CREDITS OF \$18,500 TO 14 CHILDREN. LAST YEAR, OVER 2,700 PARTICIPANTS WERE SERVED IN LICENSED CHILD CARE.

Form 990, Part III, Line 4b:

OUR Y IS COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY WE STRIVE TO BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS AS A RESULT, MORE THAN 39,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY OUR PROGRAMS ARE DESIGNED TO HELP PEOPLE CREATE REALISTIC GOALS FOR SELF-IMPROVEMENT AND EMPHASIZE DISEASE PREVENTION THROUGH REGULAR EXERCISE, PROPER NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION SPORTS PROGRAMS FOR FAMILIES AND ADULTS PROMOTE TEAMWORK, INTERACTION AND DEVELOPMENT OF SOCIAL AND PHYSICAL SKILLS IN 2017, THE YMCA OFFERED MORE THAN 1,800 FREE SWIM LESSONS TO LOW-INCOME CHILDREN WE COLLABORATE WITH OTHER AGENCIES TO PROVIDE PROGRAMS STRUCTURED SPECIFICALLY FOR THOSE OVER 65 YEARS OF AGE, INCLUDING LAND AND WATER EXERCISE, AS WELL AS AN OPPORTUNITY FOR SOCIAL INTERACTION OUR AQUATIC PROGRAMS START DEVELOPING PHYSICAL SKILLS WITH INFANCY, WITH PARENT/CHILD SWIM CLASS AND CONTINUE UP THROUGH OUR ARTHRITIS AQUATICS CLASS FOR SENIORS, OUR FAMILY SWIM PROGRAM GIVES ADULTS AND CHILDREN SHARED TIME IN THE POOL TO APPRECIATE ONE ANOTHER AND PROMOTE INTER GENERATIONAL RELATIONSHIPS THROUGH HOLISTIC HEALTH PROGRAMS, THE Y HAS ADDED A NUMBER OF NATURAL HEALING THERAPEUTIC SERVICES TO OUR MENU OF COMMUNITY PROGRAMS INCLUDING ENERGY HEALING, REIKI, QIGONG, PRE/POSTNATAL YOGA AND A COMMUNITY EDUCATION SERIES TACKLING TOPICS RELATED TO POSTURE, HERBS, ACUPUNCTURE, CHRONIC PAIN AND OTHERS MANY OF THESE PROGRAMS ARE ADAPTED FOR YOUTH AND FAMILY AUDIENCES THROUGHOUT THE YEAR IN 2017, THE YMCA PARTNERED WITH THE REGIONAL CANCER CENTER TO OFFER A FREE HOLISTIC HEALTH SERIES - WELLNESS FOR LIFE - TO CANCER PATIENTS AND THEIR CAREGIVERS OUR Y CONTINUES TO EMPHASIZE SERVING POPULATIONS WITH SPECIAL NEEDS INCLUDING ADAPTIVE SWIMMING LESSONS, MOVEMENT AND STRENGTH BUILDING CLASSES FOR YOUTH AND ADULTS, SUPPORT GROUPS FOR THOSE LIVING WITH CHRONIC ILLNESS AND YOUTH RECREATION PROGRAMS/DAY CAMP/AFTERSCHOOL EXPERIENCES FOR THOSE IN THE AUTISM SPECTRUM WE ALSO RECOGNIZE THAT MORE THAN 3,400 LOCAL VETERANS ARE SEEKING TREATMENT FOR POSTTRAUMATIC STRESS SYNDROME AND EXTEND HOLISTIC PROGRAMS AND FREE MEMBERSHIPS TO THOSE CURRENTLY ENROLLED IN TREATMENT TEEN CENTER The YMCA Teen Center is a youth development program that focuses on providing year-round activities for low-income youth 12-18 years of age These activities promote healthy behaviors that are linked to success in the areas of education, career readiness and health The program's goal is to expose the teens to the forty (4) developmental Assets and help guide them to become contributing adult members of the Erie community We concentrate on character development, societal issues, academics, arts/self-expression, career exploration and post-secondary readiness Our monthly calendar reflects priorities with programs such as Life thru Music which is an innovative music mentoring program that integrates traditional music training with a business training model, Life thru Dance which offers teens the opportunity to take structured dance classes, Creative Expression which allows teens to express themselves on the page through journal writing, drawing, painting and daily homework help We also have weekly Speaker Series where local business leaders and entrepreneurs come talk to our teens about their backgrounds, careers and education level needed to obtain high paying, family-wage sustaining jobs Woven into programming are also activities that build physical health of the youth as well including a partnership with Gannon University's Club Fit, weight lifting, traveling basketball and more VOLUNTEER INVOLVEMENT IN 2017, WE HAD OVER 850 VOLUNTEERS GENERATE OVER 25,000 HOURS OF VOLUNTEER SERVICE TO THE Y AND TO OTHER LOCAL NONPROFITS, TOTALING MORE THAN \$260,000 WE HAVE BEEN CALLED ON BY PEER YS AND OTHER NONPROFITS TO HELP THEM IN THEIR VOLUNTEER PROGRAM EVOLUTION AND ARE LOOKED TO BY LOCAL NONPROFITS AS AN EXPERT IN VOLUNTEER MANAGEMENT OUR SERVICES ARE OFFERED AT AFFORDABLE FEES FOR THE COMMUNITY AT LARGE, WITH REASONABLE ACCOMMODATIONS FOR THOSE WITH SPECIAL NEEDS, AND WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE THE YMCA PROVIDED MORE THAN \$870,000 IN FINANCIAL ASSISTANCE FOR 8,000 MEMBERS WE SERVED OVER 39,000 PARTICIPANTS

Form 990, Part III, Line 4c:

OUR Y IS COMMITTED TO PROVIDING EDUCATIONAL EQUITY TO THOSE MOST AT RISK FOR SUCCESS. THE YMCA OF GREATER ERIE PARTNERED WITH THE CITY OF ERIE AND THE COMMONWEALTH OF PENNSYLVANIA TO BRING THIS IMPORTANT PROGRAM TO THE ERIE COMMUNITY. PRE-K COUNTS IS AN INITIATIVE CREATED BY THE COMMONWEALTH OF PENNSYLVANIA AND PRIVATE FOUNDATIONS TO BUILD AND STRENGTHEN PRE-KINDERGARTEN PARTNERSHIPS IN COMMUNITIES SO THAT EACH COMMUNITY CAN CREATE A SELF-SUSTAINING SYSTEM FOR PROVIDING HIGH QUALITY EARLY LEARNING EXPERIENCES TO CHILDREN IN ALL SETTINGS. THIS PROGRAM SPONSORED APPROXIMATELY 318 CHILDREN IN 2017.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Pete Eaglen First Vice Chair | 20 | X | | X | | | | 0 | 0 | 0 |
| Tim Glass Second Vice Chair | 20 | X | | X | | | | 0 | 0 | 0 |
| Ron Lord Immediate Past Chair | 20 | X | | X | | | | 0 | 0 | 0 |
| Josie Lubiejewski Secretary | 20 | X | | X | | | | 0 | 0 | 0 |
| Julie Wilson Treasurer | 20 | X | | X | | | | 0 | 0 | 0 |
| Carl Wolfrom Chairman | 20 | X | | X | | | | 0 | 0 | 0 |
| Ron Bielanin Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Jeff Evans Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Erin Fessler Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Kevin Flowers Board Member | 20 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Instructional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Marshall Fryer Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Carol Gilmore Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Tony Gilmore Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| David Haller Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Steve Herbsritt Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| John Kathman Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| John Kemp Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Lisa Koshan Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Mary Beth Kroemer Board Member | 20 | X | | | | | | 0 | 0 | 0 |
| Richard Merwin Board Member | 20 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Instructional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Thomas Myers Esq Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Ben Pratt Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Paul Sallie Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Renee Slabic Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Ken Slaney Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Mike Smiley Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Steve Squeglia Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Mike Sparks Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Mollie Sweeny Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| David Waples Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Dennis Wilkins Board Member | 2 0 | X | | | | | | 0 | 0 | 0 |
| Gerald VanDemerwe President/CEO | 40 0 | | | X | | | | 184,201 | 0 | 18,808 |
| Dawn Stearns CFO | 40 0 | | | X | | | | 102,369 | 0 | 27,245 |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number
25-0965621

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|----------|---|------------|------------|------------|------------|------------|------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 13,408,573 | 13,400,923 | 13,142,927 | 14,512,041 | 13,937,137 | 68,401,601 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 13,408,573 | 13,400,923 | 13,142,927 | 14,512,041 | 13,937,137 | 68,401,601 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 68,401,601 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------|--|------------|------------|------------|------------|------------|------------|
| 7 | Amounts from line 4 | 13,408,573 | 13,400,923 | 13,142,927 | 14,512,041 | 13,937,137 | 68,401,601 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 774,333 | 499,427 | 435,671 | 335,443 | 513,291 | 2,558,165 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 70,959,766 |

12 Gross receipts from related activities, etc (see instructions) **12** 0

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--------|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 96.39% |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | 96.63% |

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 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 | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | 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 substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number
25-0965621

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 7,449,815 | 7,653,215 | 8,008,031 | 7,781,906 | 7,108,819 |
| b Contributions | 95,389 | 85,167 | 18,149 | 31,671 | 25,447 |
| c Net investment earnings, gains, and losses | 1,340,487 | 531,461 | -83,117 | 461,263 | 1,038,556 |
| d Grants or scholarships | | | 0 | | |
| e Other expenditures for facilities and programs | 317,934 | 788,809 | 248,551 | 227,571 | 353,487 |
| f Administrative expenses | 24,063 | 31,219 | 41,297 | 39,238 | 37,429 |
| g End of year balance | 8,543,694 | 7,449,815 | 7,653,215 | 8,008,031 | 7,781,906 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 96 21 %
 - b** Permanent endowment ▶ 1 86 %
 - c** Temporarily restricted endowment ▶ 1 93 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,602,567 | | 1,602,567 |
| b Buildings | | 28,272,857 | 15,243,571 | 13,029,286 |
| c Leasehold improvements | | 55,328 | 46,588 | 8,740 |
| d Equipment | | 5,077,641 | 4,158,290 | 919,351 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 15,559,944 |

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | ▶ | |

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | ▶ |

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 0 |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 18,486,585 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 928,980 |
| b | Donated services and use of facilities | 2b | 522,063 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | -956,332 |
| e | Add lines 2a through 2d | 2e | 494,711 |
| 3 | Subtract line 2e from line 1 | 3 | 17,991,874 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 24,063 |
| b | Other (Describe in Part XIII) | 4b | 0 |
| c | Add lines 4a and 4b | 4c | 24,063 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 18,015,937 |

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 16,996,743 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 522,063 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 522,063 |
| 3 | Subtract line 2e from line 1 | 3 | 16,474,680 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 24,063 |
| b | Other (Describe in Part XIII) | 4b | 956,332 |
| c | Add lines 4a and 4b | 4c | 980,395 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 17,455,075 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 25-0965621

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | INCOME FROM THE ORGANIZATION'S ENDOWMENT FUND IS USED FOR MEETING OPERATIONS AND FACILITY NEEDS |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITION UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990 | MEMBERSHIP SUBSIDY EXPENSES - -871186 CHILDCARE SUBSIDY EXPENSES - -95994 COGS - 10848 |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements | MEMBERSHIP SUBSIDY EXPENSES - 871186 CHILDCARE SUBSIDY EXPENSES - 95994 COGS - -10848 |

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number
25-0965621

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|--|---------------------------------------|----------------------------|---|
| | | QUAD RACE (event type) | 3 ON 3 TOURNAM (event type) | 9 (total number) | Total events (add col (a) through col (c)) |
| 1 | Gross receipts | 38,179 | 18,211 | 67,910 | 124,300 |
| 2 | Less Contributions | 25,211 | | | 25,211 |
| 3 | Gross income (line 1 minus line 2) | 12,968 | 18,211 | 67,910 | 99,089 |
| Direct Expenses | 4 Cash prizes | 825 | 400 | 900 | 2,125 |
| | 5 Noncash prizes | 10,004 | 1,154 | 6,559 | 17,717 |
| | 6 Rent/facility costs | 1,537 | 1,542 | 6,240 | 9,319 |
| | 7 Food and beverages | 1,005 | | 6,158 | 7,163 |
| | 8 Entertainment | | 950 | 3,256 | 4,206 |
| | 9 Other direct expenses | 4,229 | 5,033 | 7,100 | 16,362 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 42,197 |

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

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

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number
25-0965621

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) MEMBERSHIP OPEN DOOR FINANCIAL ASSISTANCE | 8170 | 871,186 | | Book | REDUCED MEMBER FEES |
| (2) CHILD CARE SLIDING FEE | 190 | 95,994 | | Book | REDUCE CHILDCARE FEE |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (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 | N/A |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number
25-0965621

Part I Questions Regarding Compensation

| | | Yes | No | | |
|---|---|---|----|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p> | 1b | Yes | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | Yes | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | | |
| <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> | 4a | | No | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | | No | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> | 5a | | No | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5b | | No | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> | 6a | | No | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | | No | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 1a Health or social club dues or initiation fees | THE ORGANIZATION PAYS FOR THE MEMBERSHIP OF ITS CEO TO A LOCAL SOCIAL CLUB. THE MEMBERSHIP IS ONLY USED FOR BUSINESS. |

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number
25-0965621

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include ERIE COUNTY GENERAL AUTHORITY.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.), A, B, C, D (Summary columns), and 14-17 (Refunding issues, final allocation, records).

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, Are there any lease arrangements that may result in private business use of bond-financed property?), A, B, C, D (Summary columns).

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number 25-0965621

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) ELECTRICAL & MECHANICAL SYS INC (STEVE HERBSTTRITT) | OWNER/BOARD MEMBER | 150,362 | INDEPENDENT CONTRACTOR | | No |
| (2) Weber Murphy Fox (Dennis Wilkins) | Owner/Board Member | 699,738 | Construction Services | | No |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number

25-0965621

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 19 | 7,683 | Other - FOOD BANK VALUE |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (Supplies) | X | 59 | 198,055 | Other - Retail Value |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II Supplemental Information.

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

| Return Reference | Explanation |
|---|---|
| Schedule M, Part I Explanations of reporting method for number of contributions | Food inventory - number of contributions Other - Supplies Number of contributions |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ERIE

Employer identification number

25-0965621

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part III, Line 4d Description of other program services | (Expenses \$ 479,258 including grants of \$ 0)(Revenue \$ 0) THE YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS THROUGH A COLLABORATION WITH THE CITY OF ERIE THE YMCA OPERATES THE ERIE CITY SUMMER PARKS AND SWIM PROGRAM IN THE HEART OF DOWNTOWN NEIGHBORHOODS, PROVIDING ACTIVITIES, FIELD TRIPS, MEALS, SPECIAL EVENTS, OPEN SWIMMING, AND MENTORING TO MORE THAN 1,000 YOUTH 6 YEARS THROUGH 18 YEARS, MOST FROM LOW-INCOME FAMILIES OUR Y ALSO OPERATES THE CITY OF ERIE'S BRIAN LEE CROSBY LEARN TO SWIM PROGRAM TARGETING LOW-INCOME FAMILIES PROVIDING SWIM LESSONS TO 227 CHILDREN THE YMCA COLLABORATES WITH THE HOUSING AUTHORITY OF THE CITY OF ERIE TO OPERATE THE SUMMER RECREATION PROGRAM AT FOUR SITES, ALONG WITH PORTABLE SWIMMING POOLS THE SCHOOL YEAR PROGRAM INCLUDES FIVE SITES, INCLUDING A LIBRARY AND ART HOUSE PARTICIPANTS IN THESE PROGRAMS ARE FROM LOW INCOME HOUSEHOLDS LIVING IN OR NEAR SUBSIDIZED HOUSING AND ARE GIVEN OPPORTUNITIES TO PARTICIPATE IN YMCA PROGRAMS, SPORTS, MEALS, INCENTIVE AWARD PROGRAMS FOR GOOD BEHAVIOR, TRACK AND FIELD, GOLF, ART, DANCE, PHOTOGRAPHY, THEATER, AND SPECIAL FIELD TRIPS COLLABORATIONS WITH AN AREA MEDICAL HOSPITAL, GIRL SCOUTS AND BOY SCOUTS, 4-H, THERAPY DOGS AND LOCAL DRUG PREVENTION AGENCIES ENHANCE THE PROGRAM OPPORTUNITIES FOR MORE THAN 1,000 YOUTH |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 2 Family/business relationships amongst interested persons | Tony Gilmore - Family relationship, Carol Gilmore - Family relationship |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE RETURN |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 12c Conflict of interest policy | TO ENSURE THE YMCA OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS (1) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, ARE BASED ON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING (2) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE YMCA'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION IF A POSSIBLE CONFLICT OF INTEREST IS IDENTIFIED IT IS THEN PROCESSED ACCORDING TO THE CONFLICT OF INTEREST POLICY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | THE NATIONAL YMCA HIRES AN OUTSIDE CONSULTANT TO MAKE RECOMMENDATIONS FOR EXECUTIVE COMPENSATION AND PROFESSIONAL STAFF INCREASES THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE RECOMMENDATIONS MADE BY THE OUTSIDE CONSULTANT AND PROVIDES FINAL APPROVAL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | All positions |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 19 Required documents available to the public | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | Other Program Revenue - Total Revenue 574501, Related or Exempt Function Revenue 574501, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Residence Revenue - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated B usiness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| OVERSIGHT PROCESS | THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------------------------|
| FORM 990, PART VI, SECTION C, LINE 18 | AVAILABLE TO THE PUBLIC UPON REQUEST |