

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

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

**C** Name of organization  
WAPAKONETA FAMILY YMCA  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
1100 DEFIANCE STREET  
City or town, state or province, country, and ZIP or foreign postal code  
WAPAKONETA, OH 45895

**D** Employer identification number  
31-1568315

**E** Telephone number  
(419) 739-9622

**G** Gross receipts \$ 1,207,617

**F** Name and address of principal officer  
JOSH LITTLE  
1100 DEFIANCE ST  
WAPAKONETA, OH 45895

**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 WAPAKYMCA ORG

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation

**M** State of legal domicile OH

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
THE MISSION OF THE WAPAKONETA FAMILY YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL THE WAPAKONETA FAMILY YMCA IS A CHARITABLE, COMMUNITY SOCIAL-SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS WE ARE DEDICATED TO YOUTH DEVELOPMENT, SOCIAL RESPONSIBILITY, AND HEALTHY LIVING BY PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG VALUES, LEADERSHIP DEVELOPMENT, AND COMMUNITY INTERACTION EVERYONE IS WELCOME AT OUR YMCA, REGARDLESS OF THE ABILITY TO PAY - ALL WHO ARE IN NEED CAN RECEIVE FINANCIAL ASSISTANCE FOR MEMBERSHIP AND PROGRAMS OUR YMCA WAS FOUNDED AND IS LED BY VOLUNTEERS FROM OUR COMMUNITY, VOLUNTEERS ALSO SERVE AS MENTORS, COACHES, PROGRAM LEADERS, INSTRUCTORS AND MORE THE YMCA BELIEVES WE ALL NEED A PLACE TO BELONG - A PLACE WHERE WE GENUINELY CARE ABOUT ONE ANOTHER, WHERE WE PULL TOGETHER FOR

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	106
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	52
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h)	126,626	143,165
<b>9</b>	Program service revenue (Part VIII, line 2g)	1,000,394	1,032,149
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,179	-8,964
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,209	13,288
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,135,408	1,179,638

<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	623,335	686,028
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <sup>213</sup>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	617,675	590,949
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,241,010	1,276,977
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	-105,602	-97,339

		Beginning of Current Year	End of Year
<b>20</b>	Total assets (Part X, line 16)	2,615,125	2,598,012
<b>21</b>	Total liabilities (Part X, line 26)	101,453	188,712
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	2,513,672	2,409,300

## 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: 2016-10-31  
Type or print name and title: JOSH LITTLE CEO

**Paid Preparer Use Only**  
Print/Type preparer's name: PATRICK J BUTLER CPA  
Preparer's signature: PATRICK J BUTLER CPA  
Date: 2016-11-04  
Check  if self-employed  
PTIN: P00818699  
Firm's name: STROH JOHNSON & COMPANY LLP CPA'S  
Firm's EIN: 34-1454245  
Firm's address: 1201 DEFIANCE ST  
WAPAKONETA, OH 458951059  
Phone no: (419) 738-9661

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

THE MISSION OF THE WAPAKONETA FAMILY YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL THE WAPAKONETA FAMILY YMCA IS A CHARITABLE, COMMUNITY SOCIAL-SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS WE ARE DEDICATED TO YOUTH DEVELOPMENT, SOCIAL RESPONSIBILITY, AND HEALTHY LIVING BY PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG VALUES, LEADERSHIP DEVELOPMENT, AND COMMUNITY INTERACTION EVERYONE IS WELCOME AT OUR YMCA, REGARDLESS OF THE ABILITY TO PAY - ALL WHO ARE IN NEED CAN RECEIVE FINANCIAL ASSISTANCE FOR MEMBERSHIP AND PROGRAMS OUR YMCA WAS FOUNDED AND IS LED BY VOLUNTEERS FROM OUR COMMUNITY, VOLUNTEERS ALSO SERVE AS MENTORS, COACHES, PROGRAM LEADERS, INSTRUCTORS AND MORE THE YMCA BELIEVES WE ALL NEED A PLACE TO BELONG - A PLACE WHERE WE GENUINELY CARE ABOUT ONE ANOTHER, WHERE WE PULL TOGETHER FOR

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

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

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 \$ 147,358 including grants of \$ ) (Revenue \$ )
HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH FOR THE FIRST TIME IN OUR NATION'S HISTORY, DEMOGRAPHICS PROJECT THAT CHILDREN WILL LIVE SHORTER LIVES THAN THEIR PARENTS AND FACE A DECLINING STANDARD OF LIVING EVERY DAY, THE YMCA HELPS YOUNG PEOPLE DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN YMCA PROGRAMS OFFER A RANGE OF EXPERIENCES THAT ENRICH A CHILD'S COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT ENABLE A CERTAIN % OF YOUNG PEOPLE TO PARTICIPATE YMCA CHILDREN AND YOUTH PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING TOMORROW'S LEADERS IN SPIRIT, MIND, AND BODY IN ADDITION TO PROVIDING SPECIFIC SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE AND LIFELONG SKILLS THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP THESE PROGRAMS ARE OFFERED AT AFFORDABLE FEES TO THE COMMUNITY AT LARGE, AND FINANCIAL ASSISTANCE IS GIVEN TO THOSE WHO CANNOT AFFORD THE FULL FEE ONE HUNDRED FIFTEEN (115) CHILDREN WERE TAUGHT TO SWIM THROUGH THE YMCA SPLASH PROGRAM, AS WELL AS OVER 200 PARENTS RECEIVED SWIM SAFETY TRAINING FOR THEIR CHILDREN WHO PARTICIPATED IN THE PROGRAM THEY WERE ALSO TAUGHT ABOUT SAFETY IN AND AROUND THE WATER IN THIS FREE ANNUAL PROGRAM, WHICH IS OFFERED TO THE COMMUNITY RIGHT BEFORE THE START OF SUMMER THIS PROGRAM IS A COLLABORATIVE EFFORT BETWEEN OUR YMCA AND A COMMUNITY SERVICE CLUB THIS PROGRAM IS OFFERED FREE OF CHARGE TO ANYONE IN THE COMMUNITY DAY CAMP OFFERS ADVENTURE AND LEARNING ACTIVITIES THAT PROVIDE CHALLENGE, EDUCATION, SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL BEING, SOCIAL GROWTH, AND SELF-RESPECT OUR CAMP PROVIDES A REVERENCE FOR NATURE AND RESPECT FOR THE INTER-RELATEDNESS OF ALL LIVING THINGS ON EARTH CAMP IS OPEN TO ALL, REGARDLESS OF INCOME OR SPECIAL NEEDS, SO THAT CHILDREN APPRECIATE DIVERSITY, BECOME COMMUNITY LEADERS AND DEVELOP LIFELONG VALUES THROUGH FINANCIAL ASSISTANCE, WE SERVED 58 CHILDREN AND WE APPROVED FINANCIAL ASSISTANCE IN THE AMOUNT OF 18,975 SERVING TEENS AND YOUTH IS AN INTEGRAL PART OF THE YMCA MISSION WE PROVIDE LOW- AND NO-COST OPPORTUNITIES FOR YOUNG PEOPLE TO GATHER SOCIALLY AND PHYSICALLY TO DEVELOP SKILLS THAT WILL TAKE THEM INTO ADULTHOOD

4b (Code ) (Expenses \$ 891,492 including grants of \$ ) (Revenue \$ )
HEALTH AND WELL-BEING FOR ALL AT A TIME WHEN 33% OF CHILDREN AND NEARLY 36% OF ADULTS ARE CLASSIFIED AS OBESE, THE YMCA PROVIDES OVER 5,200 PEOPLE WITH THE SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS THEY NEED FOR THEIR SUCCESSFUL PURSUIT OF HEALTH AND WELL-BEING IN SPIRIT, MIND, AND BODY MEN, WOMEN AND CHILDREN OF ALL AGES, FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS IMPROVE HEALTH AND WELL-BEING AT THE YMCA IN 2015, WE PROVIDED 128,231 IN FINANCIAL ASSISTANCE TO OVERCOME ECONOMIC BARRIERS FOR PARTICIPATION TO 2,531 INDIVIDUALS HELPING PEOPLE OF ALL AGES AND ABILITIES DEVELOP HEALTH IN SPIRIT, MIND, AND BODY IS AT THE CORE OF THE YMCA MOVEMENT 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 YOUTH, FAMILIES, AND ADULTS PROMOTE TEAMWORK, INTERACTION, AND DEVELOPMENT OF SOCIAL AND PHYSICAL SKILLS OUR PACE CLASS IS AN AQUATICS PROGRAM THAT KEEPS SENIORS ACTIVE AND FLEXIBLE, OUR PRESCHOOL SPORTS PROGRAMS HELP TO DEVELOP PHYSICAL SKILLS IN TODDLERS AND PRESCHOOLERS, OUR FAMILY SWIM TIME GIVES ADULTS AND CHILDREN SHARED TIME IN THE POOL TO APPRECIATE ONE ANOTHER AND PROMOTE INTERGENERATIONAL RELATIONSHIPS 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 MEMBERS CAN PARTICIPATE IN MOST ADULT HEALTH AND WELLNESS PROGRAMS FREE OF ADDITIONAL FEES OUR YMCA OFFERS PROGRAMS DESIGNED TO PROMOTE TOTAL WELLNESS OF INDIVIDUALS, THROUGH GROUP SUPPORT AND INCENTIVES THAT WILL GIVE THEM THE TOOLS NEEDED TO MAKE PERMANENT LIFESTYLE CHANGES FOR THE BETTER THESE PROGRAMS TEAM UP MEMBERS AND PARTICIPANTS WITH OTHERS TO GIVE THEM ADDITIONAL SUPPORT AND ENCOURAGEMENT THE YMCA IS A MEMBERSHIP ORGANIZATION AND THE COMBINATION OF INDIVIDUALS IN A COMMON ORGANIZATION PROVIDES STRUCTURE AND STRENGTH AS A VOLUNTEER ORGANIZATION, YMCA MEMBERS SERVE ON THE BOARD OF TRUSTEES AND RELATED COMMITTEES MEMBERS ALSO PROVIDE VOLUNTEER PROGRAM LEADERSHIP THROUGH THE BOARD, MEMBERS DETERMINE THE QUALITY AND QUANTITY OF SERVICES, FACILITIES, AND LEADERSHIP, AND ASSESS THEMSELVES DUES TO PROVIDE FOR THESE THINGS THE YMCA PARTICIPATES IN A LONG RANGE PLANNING PROCESS TO DETERMINE THE DIRECTION OF ITS PROGRAMMING, AND ALL ELEMENTS OF THE PLAN ARE TESTED AGAINST THE MISSION TO DETERMINE IF THEY CONTRIBUTE TO OUR PURPOSE THIS PLAN IS APPROVED BY THE MEMBERS OF THE BOARD OF TRUSTEES MEMBERS ARE ALSO ASKED TO CONTRIBUTE FINANCIALLY TO THE YMCA EACH YEAR, WE STRIVE TO RAISE FUNDS THROUGH AN ANNUAL SUPPORT CAMPAIGN TO HELP OFFSET THE COST OF MEMBERSHIPS AND PROGRAMS TO THOSE IN OUR COMMUNITY THAT DON'T HAVE THE ABILITY TO PAY THE FULL MEMBERSHIP FEES IN SUPPORT OF OUR EXEMPTION, THE YMCA IS COMMITTED TO PROVIDING MEMBERSHIP PROGRAMS AND CHILD CARE TO THOSE WHO CANNOT AFFORD TO PAY THIS IS IN SHARP CONTRAST TO THOSE WHO PROVIDE FITNESS SERVICES IN PRIVATE, FOR PROFIT ORGANIZATIONS THE YMCA PROVIDES SPACE FOR OTHER NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS TO UTILIZE SPACE IN THE YMCA AT LITTLE OR NO-COST THIS TYPE OF ACCESS HELPS OTHER ORGANIZATIONS FACE BROADER COMMUNITY PROBLEMS THE YMCA PROVIDED 54,500 WORTH OF SPACE TO OUTSIDE ORGANIZATIONS LAST YEAR ADDITIONALLY, THE YMCA DONATED 1,260 WORTH OF YMCA GUEST PASSES AND MERCHANDISE TO VARIOUS COMMUNITY ORGANIZATIONS, SCHOOLS, AND FUNDRAISERS ADDITIONALLY, OUR STAFF TEAM PROVIDED 10,166 IN OUTREACH AND SUPPORT FOR COMMUNITY SERVICE ORGANIZATIONS AND GROUPS AS VOLUNTEERS LAST YEAR, WE PROVIDED FINANCIAL ASSISTANCE TO 885 INDIVIDUALS, AWARDING 71,539 IN MEMBERSHIP ASSISTANCE, AND 34,598 TO 1765 INDIVIDUALS FOR PROGRAM ASSISTANCE, SCHOOL WALKING PROGRAM, AND OUTREACH TO UNDER-SERVED COMMUNITY THROUGH PROGRAMS WE HAVE A MEMBERSHIP BASE OF APPROXIMATELY 5,200 INDIVIDUALS LAST YEAR, 10% OF OUR MEMBERSHIP BASE RECEIVED SOME FORM OF FINANCIAL HELP FOR MEMBERSHIP AND PROGRAMS, TOUCHING THE LIVES OF THOSE AFFECTED AND MAKING A DIFFERENCE FOR GENERATIONS TO COME

4c (Code ) (Expenses \$ 9,579 including grants of \$ ) (Revenue \$ )
FAMILY STRENGTHENING PARENTS NOW SPEND AN AVERAGE OF 10-12 HOURS LESS PER WEEK WITH THEIR CHILDREN THAN THEY DID IN 1960 THE YMCA IS COMMITTED TO HELPING FAMILIES BUILD STRONGER BONDS BY BRINGING THEM TOGETHER IN A VARIETY OF ACTIVITIES THAT HELP FORM STABLE RELATIONSHIPS, ENHANCE COMMUNICATION AND PROMOTE HEALTHIER LIFESTYLES OUR YMCA HELPS FAMILIES BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES THROUGH OUR CHILD CARE PROGRAM WE OFFER HIGH QUALITY CHILD CARE ACTIVITIES FOR SCHOOL AGE CHILDREN FROM ALL SEGMENTS OF OUR COMMUNITY WE OFFER STATE LICENSED CHILD CARE, WHICH PROVIDES A SAFE AND NURTURING ENVIRONMENT WHERE YOUTH CAN DEVELOP SELF-ESTEEM, GOOD VALUES AND AN APPRECIATION OF CHARITABLE SERVICE WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES OUR CHILDCARE PROGRAM INCLUDES COUNSELING OF TROUBLED YOUTH AND PARENTS, ASSISTING CHILD VICTIMS OF PHYSICAL AND SEXUAL ABUSE, AND HELPING PARENTS LEARN MORE ABOUT HOW TO RAISE CHILDREN THAT ARE HAPPY AND HEALTHY IN SPIRIT, MIND AND BODY LAST YEAR, WE SERVED 19 PARTICIPANTS WITH ASSISTANCE AND AWARDED FINANCIAL ASSISTANCE IN THE AMOUNT OF 3,119 IN OUR CHILD CARE PROGRAM YMCA CHILD CARE PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK AND FAMILY AND MAKE IT POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT THE YMCA PROVIDES TUITION ASSISTANCE FOR CHILD CARE SERVICES OVER 3,119 WAS AWARDED TO FAMILIES TO DEFRAY THEIR FEES THIS YEAR IN ADDITION, WE PROVIDE AID TO FAMILIES WHO NEED HELP DUE TO FAMILY VIOLENCE, SUBSTANCE ABUSE, ETC BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES WE ALSO PROVIDE A VARIETY OF ACTIVITIES THAT EMPHASIZE PARENT EDUCATION AND HELP PARENTS LEARN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO DEVELOP SELF-ESTEEM AND MORAL AND ETHICAL VALUES LAST YEAR, 120 CHILD CARE SCHOLARSHIP UNITS WERE GIVEN THROUGHOUT THE SCHOOL YEAR, AND 696 CAMP SCHOLARSHIP UNITS WERE GIVEN FOR DAY CAMP DURING THE SUMMER 10% OF OUR AFTER-SCHOOL CHILD CARE PROGRAM IS HELPED WITH FINANCIAL ASSISTANCE, AND 50% OF OUR DAY CAMPERS WERE ON SCHOLARSHIP AS WELL IN LIGHT OF THE RISING OBESITY RATES IN THIS COUNTRY, OUR YMCA ENGAGES OUR COMMUNITY IN A VARIETY OF EVENTS AND COMMUNITY ACTIVITIES DESIGNED TO HELP THE "AT RISK POPULATION" DEVELOP HABITS AND RELATIONSHIPS THAT LEAD TO MORE ACTIVE LIFESTYLES ONE SUCH EVENT IS HEALTHY KIDS DAY, A FREE EVENT FOR THE COMMUNITY, COLLABORATING WITH MANY COMMUNITY HEALTH ORGANIZATIONS TO PROVIDE INFORMATION, SCREENINGS, AND ACTIVITIES THAT WILL IMPROVE THE HEALTH OF OUR FAMILIES THIS EVENT SERVES OVER 300 FAMILIES ANNUALLY

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

4e Total program service expenses 1,048,429

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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>		No
<b>11</b> 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		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>f</b> 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>		No
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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>		No
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

<p><b>21</b> 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></p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> 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></p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> 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></p>	<p><b>23</b></p>	<p>No</p>
<p><b>24a</b> 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></p>	<p><b>24a</b></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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></p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</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></p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> 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></p>	<p><b>26</b></p>	<p>No</p>
<p><b>27</b> 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></p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> 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)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28a</b></p>	<p>Yes</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28b</b></p>	<p>No</p>
<p><b>c</b> 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></p>	<p><b>28c</b></p>	<p>Yes</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i></p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> 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></p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> 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></p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> 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></p>	<p><b>34</b></p>	<p>No</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>	<p>No</p>
<p><b>b</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></p>	<p><b>35b</b></p>	
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>	<p><b>36</b></p>	<p>No</p>
<p><b>37</b> 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></p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>

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 number, description, sub-questions (1a-13c), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

**Part VI Governance, Management, and Disclosure**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**JOSH LITTLE 1100 DEFIANCE ST WAPAKONETA, OH 45895 (419) 739-9622**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF DORNER BOARD MEMBER		X						0	0	0
(2) REX KATTERHEINRICH BOARD MEMBER		X						0	0	0
(3) ED SHROYER BOARD MEMBER		X						0	0	0
(4) AARON KIEFER BOARD MEMBER		X						0	0	0
(5) DAVID SUDHOFF BOARD MEMBER		X						0	0	0
(6) MIKE BURTON BOARD MEMBER		X						0	0	0
(7) DENNY FALLER BOARD MEMBER		X						0	0	0
(8) GARY HERMAN BOARD MEMBER		X						0	0	0
(9) MARY RUCK BOARD MEMBER		X						0	0	0
(10) AARON HOLTZ BOARD MEMBER		X						0	0	0
(11) MARK JARVIS BOARD MEMBER		X						0	0	0
(12) RON GASIOR BOARD MEMBER		X						0	0	0
(13) BECKY SUNDAY BOARD MEMBER		X						0	0	0
(14) DAN HARPSTER BOARD MEMBER		X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BETH STEINER BOARD MEMBER		X						0	0	0
(16) MICHAEL ZWEZ BOARD MEMBER		X						0	0	0
(17) JOSH LITTLE CEO	50 00			X				65,006	0	0
(18) JULIE MIARS-GOLDEN BOARD SECRET				X				0	0	0
(19) ALAN DAVIS BOARD PRESID				X				0	0	0
(20) ROBERT ASKINS BOARD VICE P				X				0	0	0
(21) DEB ZWEZ BOARD TREASU				X				0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							65,006			

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 143,165					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		143,165			
<b>Program Service Revenue</b>	Business Code					
	<b>2a</b> HEALTH & WELL-BEING FOR ALL _____		876,040	876,040		
	<b>b</b> DEVELOPMENT CHILD & YOUTH _____		146,612	146,612		
	<b>c</b> FAMILY STRENGTHENING _____		9,497	9,497		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,032,149				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,560	3,560		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	12,496			
		(ii) Other		2,959		
		<b>b</b> Less cost or other basis and sales expenses	14,303	13,676		
		<b>c</b> Gain or (loss)	-1,807	-10,717		
	<b>d</b> Net gain or (loss) . . . . . ▶		-12,524	-12,524		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> _____				
		<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____				
<b>b</b> Less direct expenses . . . . . <b>b</b> _____						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue		Business Code				
<b>11a</b> REIMBURSED WAGES _____		12,824	12,824			
<b>b</b> MISCELLANEOUS INCOME _____		464	464			
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		13,288				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		1,179,638	1,036,473			

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	561,278	434,006	127,272	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	24,772	19,817	4,955	
<b>9</b>	Other employee benefits . . . . .	52,578	42,063	10,515	
<b>10</b>	Payroll taxes . . . . .	47,400	37,920	9,480	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	10,345	8,276	2,069	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	486		486	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
<b>12</b>	Advertising and promotion . . . . .	10,354	10,354		
<b>13</b>	Office expenses . . . . .	115,576	92,461	23,115	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .	13,109	10,487	2,622	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	3,454		3,454	
<b>20</b>	Interest . . . . .	704		704	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	156,802	156,802		
<b>23</b>	Insurance . . . . .	23,057	18,446	4,611	
<b>24</b>	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 )				
<b>a</b>	UTILITIES	91,594	73,275	18,319	
<b>b</b>	EQUIPMENT RENTAL & MAINT	30,352	30,352		
<b>c</b>	CONTRACTURAL SERVICES	28,233	22,586	5,647	
<b>d</b>	NATIONAL SUPPORT	20,429	16,342	4,087	
<b>e</b>	All other expenses	86,454	75,242	10,999	213
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	1,276,977	1,048,429	228,335	213
<b>26</b>	<b>Joint costs.</b> 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 X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	122,952	<b>1</b>	106,850
	<b>2</b> Savings and temporary cash investments . . . . .	131,715	<b>2</b>	82,550
	<b>3</b> Pledges and grants receivable, net . . . . .	10,343	<b>3</b>	9,366
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	1,455
	<b>10a</b> Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	<b>10a</b> 4,513,687		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 2,214,330	2,247,056	<b>10c</b> 2,299,357
	<b>11</b> Investments—publicly traded securities . . . . .	103,059	<b>11</b>	98,434
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,615,125	<b>16</b>	2,598,012	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	35,119	<b>17</b>	39,626
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	51,781	<b>19</b>	29,086
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	120,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	14,553	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	101,453	<b>26</b>	188,712
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,513,672	<b>27</b>	2,409,300
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,513,672	<b>33</b>	2,409,300	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,615,125	<b>34</b>	2,598,012	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,179,638
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,276,977
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-97,339
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,513,672
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-7,033
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,409,300

**Part XII Financial Statements and Reporting**

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

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

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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WAPAKONETA FAMILY YMCA

Employer identification number

31-1568315

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	144,534	120,249	120,884	126,626	143,165	655,458
<b>2</b> 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	879,931	933,773	946,614	1,010,512	1,048,997	4,819,827
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,024,465	1,054,022	1,067,498	1,137,138	1,192,162	5,475,285
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						5,475,285

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6	1,024,465	1,054,022	1,067,498	1,137,138	1,192,162	5,475,285
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	1,024,465	1,054,022	1,067,498	1,137,138	1,192,162	5,475,285

**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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.000 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	100.000 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	0 %

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</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.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> 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).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		



**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **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.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

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

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**Part VI Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
WAPAKONETA FAMILY YMCA

**Employer identification number**  
31-1568315

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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
<b>6</b> 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
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		160,897		160,897
<b>b</b> Buildings . . . . .		3,613,755	1,621,299	1,992,456
<b>c</b> Leasehold improvements . . . . .		82,311	42,255	40,056
<b>d</b> Equipment . . . . .		649,056	543,108	105,948
<b>e</b> Other . . . . .		7,668	7,668	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ▶				2,299,357

**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		
<b>Total.</b> (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
<b>Total.</b> (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
<b>Total.</b> (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
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,172,605
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-7,033	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-7,033
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,179,638
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	1,179,638

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,276,977
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,276,977
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	1,276,977

**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



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

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.

2015

Open to Public Inspection

Information about Schedule L (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 WAPAKONETA FAMILY YMCA

Employer identification number

31-1568315

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?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

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) ALAN DAVIS	BOARD MEMBER		BOARD MEMBER WACF		No
(2) REX KATTERHEINRICH	BOARD MEMBER		BOARD MEMBER WACF		No
(3) MARK JARVIS	BOARD MEMBER		BOARD MEMBER WACF		No
(4) DAVE SUDHOFF	BOARD MEMBER	219,125	SERVICE CONTRACTOR		No

**Part V Supplemental Information**

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

Return Reference	Explanation

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

**Supplemental Information to Form 990 or 990-EZ**

**2015**

**Open to Public  
Inspection**

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](http://www.irs.gov/form990).

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
WAPAKONETA FAMILY YMCA

Employer identification number

31-1568315

**Return  
Reference**

**Explanation**

FORM 990 -  
ORGANIZATION'S  
MISSION

THE MISSION OF THE WAPAKONETA FAMILY YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL. THE WAPAKONETA FAMILY YMCA IS A CHARITABLE, COMMUNITY SOCIAL-SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS. WE ARE DEDICATED TO YOUTH DEVELOPMENT, SOCIAL RESPONSIBILITY, AND HEALTHY LIVING BY PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG VALUES, LEADERSHIP DEVELOPMENT, AND COMMUNITY INTERACTION. EVERYONE IS WELCOME AT OUR YMCA, REGARDLESS OF THE ABILITY TO PAY - ALL WHO ARE IN NEED CAN RECEIVE FINANCIAL ASSISTANCE FOR MEMBERSHIP AND PROGRAMS. OUR YMCA WAS FOUNDED AND IS LED BY VOLUNTEERS FROM OUR COMMUNITY, VOLUNTEERS ALSO SERVE AS MENTORS, COACHES, PROGRAM LEADERS, INSTRUCTORS AND MORE. THE YMCA BELIEVES WE ALL NEED A PLACE TO BELONG - A PLACE WHERE WE GENUINELY CARE ABOUT ONE ANOTHER, WHERE WE PULL TOGETHER FOR A COMMON CAUSE, WHERE WE TREAT EACH OTHER WITH LOVING KINDNESS, OPEN COMMUNICATION, AND SUPPORT, WHERE WE SHARE IN DECISIONS. THE YMCA NURTURES CHILDREN, SUPPORTS FAMILIES, AND STRENGTHENS SOCIETY. IT'S A FORCE FOR HOPE. OUR YMCA GOALS INCLUDE BUILDING SELF-ESTEEM AND NURTURING A SENSE OF ACCOMPLISHMENT. WE ALSO STRIVE TO DEMONSTRATE, MODEL, AND TEACH OUR CHARACTER DEVELOPMENT CORE VALUES OF CARING, HONESTY, RESPECT RESPONSIBILITY, AND FAITH, TO ALL WHO ENTER THE YMCA, FOCUSING ON YOUTH AND ADOLESCENTS. WE UPHOLD THE GOAL OF PROMOTING FAMILIES AND SUPPORT PEOPLE OF ALL KINDS IN THEIR EFFORTS TO BE RESPONSIBLE PARENTS WHO ARE CONCERNED WITH THE PHYSICAL, EMOTIONAL, AND SPIRITUAL HEALTH OF THEIR CHILDREN THROUGH COMMUNITY-BASED EXERCISE, SPORTS, AND EDUCATION PROGRAMS. THE YMCA PROMOTES GOOD HEALTH FOR PEOPLE OF ALL AGES, ALL ABILITIES, AND ALL INCOMES. DIVERSITY IS A SOURCE OF STRENGTH. EVERY PERSON HAS AN INHERENT WORTH AND HAS SOMETHING TO CONTRIBUTE TO THE LARGER COMMUNITY. THE YMCA FOSTERS AN ENVIRONMENT WHERE DIVERSITY IS CELEBRATED AND WHERE MEMBERS, VOLUNTEERS, AND STAFF CAN REACH THEIR FULLEST POTENTIAL. OUR YMCA VISION IS TO IMPROVE YOUTH DEVELOPMENT BY FOCUSING ON CHARACTER DEVELOPMENT IN ALL PROGRAMS EMPHASIZING THE VALUES OF CARING, HONESTY, RESPECT, RESPONSIBILITY AND FAITH BUILDING ASSETS IN YOUTH THROUGH A WIDE VARIETY OF PROGRAMS TEACHING KIDS TO SWIM, AND TO PLAY AND ENJOY SPORTS PROVIDING GOOD ROLE MODELS, AND BEING A SAFE PLACE FOR KIDS TO GROW. OUR VISION INCLUDES IMPROVING HEALTHY LIFESTYLES BY OFFERING QUALITY BEFORE AND AFTER-SCHOOL PROGRAMS WHICH ALLOW PARENTS TO WORK WITH THE SECURITY THAT THEIR CHILDREN ARE SAFE GIVING CHILDREN AND PARENTS OR CARE GIVERS ACTIVITIES TO DO TOGETHER PROVIDING FINANCIAL ASSISTANCE TO LOW-INCOME FAMILIES FOR Y PROGRAMS PROMOTING HEALTHY LIFESTYLE PROGRAMS CONDUCTING FAMILY PROGRAMS AND DISTRIBUTING INFORMATION FOR PARENTS AND BY HELPING FAMILIES IN NEED AND OUR VISION INCLUDES BUILDING SOCIAL RESPONSIBILITY BY COLLABORATING WITH SCHOOLS, CHURCHES, HOSPITALS, CHAMBER OF COMMERCE, AND OTHER ORGANIZATIONS TO BETTER SERVE THE COMMUNITY INVOLVING COMMUNITY LEADERS AS BOARD AND COMMITTEE MEMBERS TO HELP GUIDE THE ORGANIZATION TO MEET COMMUNITY NEEDS INVOLVING HUNDREDS OF VOLUNTEERS EACH YEAR AND EMPLOYING 50-70 STAFF WITH A HIGH CONCENTRATION OF TEENAGERS AND BY BUILDING LEADERS FOR THE FUTURE. IN SUMMARY, OUR PURPOSE IS TO EXIST TO MAKE A DIFFERENCE FOR GENERATIONS TO COME.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>OVERALL GOAL OF BUILDING TOMORROW'S LEADERS IN SPIRIT, MIND, AND BODY IN ADDITION TO PROVIDING SPECIFIC SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE AND LIFELONG SKILLS THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP THESE PROGRAMS ARE OFFERED AT AFFORDABLE FEES TO THE COMMUNITY AT LARGE, AND FINANCIAL ASSISTANCE IS GIVEN TO THOSE WHO CANNOT AFFORD THE FULL FEE ONE HUNDRED FIFTEEN (115) CHILDREN WERE TAUGHT TO SWIM THROUGH THE YMCA SPLASH PROGRAM, AS WELL AS OVER 200 PARENTS RECEIVED SWIM SAFETY TRAINING FOR THEIR CHILDREN WHO PARTICIPATED IN THE PROGRAM THEY WERE ALSO TAUGHT ABOUT SAFETY IN AND AROUND THE WATER IN THIS FREE ANNUAL PROGRAM, WHICH IS OFFERED TO THE COMMUNITY RIGHT BEFORE THE START OF SUMMER THIS PROGRAM IS A COLLABORATIVE EFFORT BETWEEN OUR YMCA AND A COMMUNITY SERVICE CLUB THIS PROGRAM IS OFFERED FREE OF CHARGE TO ANYONE IN THE COMMUNITY DAY CAMP OFFERS ADVENTURE AND LEARNING ACTIVITIES THAT PROVIDE CHALLENGE, EDUCATION, SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL BEING, SOCIAL GROWTH, AND SELF-RESPECT OUR CAMP PROVIDES A REVERENCE FOR NATURE AND RESPECT FOR THE INTER-RELATEDNESS OF ALL LIVING THINGS ON EARTH CAMP IS OPEN TO ALL, REGARDLESS OF INCOME OR SPECIAL NEEDS, SO THAT CHILDREN APPRECIATE DIVERSITY, BECOME COMMUNITY LEADERS AND DEVELOP LIFELONG VALUES THROUGH FINANCIAL ASSISTANCE, WE SERVED 58 CHILDREN AND WE APPROVED FINANCIAL ASSISTANCE IN THE AMOUNT OF 18,975 SERVING TEENS AND YOUTH IS AN INTEGRAL PART OF THE YMCA MISSION WE PROVIDE LOW- AND NO-COST OPPORTUNITIES FOR YOUNG PEOPLE TO GATHER SOCIALLY AND PHYSICALLY TO DEVELOP SKILLS THAT WILL TAKE THEM INTO ADULTHOOD</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>HELPING PEOPLE OF ALL AGES AND ABILITIES DEVELOP HEALTH IN SPIRIT, MIND, AND BODY IS AT THE CORE OF THE YMCA MOVEMENT. 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 YOUTH, FAMILIES, AND ADULTS PROMOTE TEAMWORK, INTERACTION, AND DEVELOPMENT OF SOCIAL AND PHYSICAL SKILLS. OUR PACE CLASS IS AN AQUATICS PROGRAM THAT KEEPS SENIORS ACTIVE AND FLEXIBLE. OUR PRESCHOOL SPORTS PROGRAMS HELP TO DEVELOP PHYSICAL SKILLS IN TODDLERS AND PRESCHOOLERS. OUR FAMILY SWIM TIME GIVES ADULTS AND CHILDREN SHARED TIME IN THE POOL TO APPRECIATE ONE ANOTHER AND PROMOTE INTERGENERATIONAL RELATIONSHIPS. 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. MEMBERS CAN PARTICIPATE IN MOST ADULT HEALTH AND WELLNESS PROGRAMS FREE OF ADDITIONAL FEES. OUR YMCA OFFERS PROGRAMS DESIGNED TO PROMOTE TOTAL WELLNESS OF INDIVIDUALS, THROUGH GROUP SUPPORT AND INCENTIVES THAT WILL GIVE THEM THE TOOLS NEEDED TO MAKE PERMANENT LIFESTYLE CHANGES FOR THE BETTER. THESE PROGRAMS TEAM UP MEMBERS AND PARTICIPANTS WITH OTHERS TO GIVE THEM ADDITIONAL SUPPORT AND ENCOURAGEMENT. THE YMCA IS A MEMBERSHIP ORGANIZATION AND THE COMBINATION OF INDIVIDUALS IN A COMMON ORGANIZATION PROVIDES STRUCTURE AND STRENGTH. AS A VOLUNTEER ORGANIZATION, YMCA MEMBERS SERVE ON THE BOARD OF TRUSTEES AND RELATED COMMITTEES. MEMBERS ALSO PROVIDE VOLUNTEER PROGRAM LEADERSHIP. THROUGH THE BOARD, MEMBERS DETERMINE THE QUALITY AND QUANTITY OF SERVICES, FACILITIES, AND LEADERSHIP, AND ASSESS THEMSELVES DUES TO PROVIDE FOR THESE THINGS. THE YMCA PARTICIPATES IN A LONG RANGE PLANNING PROCESS TO DETERMINE THE DIRECTION OF ITS PROGRAMMING, AND ALL ELEMENTS OF THE PLAN ARE TESTED AGAINST THE MISSION TO DETERMINE IF THEY CONTRIBUTE TO OUR PURPOSE. THIS PLAN IS APPROVED BY THE MEMBERS OF THE BOARD OF TRUSTEES. MEMBERS ARE ALSO ASKED TO CONTRIBUTE FINANCIALLY TO THE YMCA. EACH YEAR, WE STRIVE TO RAISE FUNDS THROUGH AN ANNUAL SUPPORT CAMPAIGN TO HELP OFFSET THE COST OF MEMBERSHIPS AND PROGRAMS TO THOSE IN OUR COMMUNITY THAT DON'T HAVE THE ABILITY TO PAY THE FULL MEMBERSHIP FEES. IN SUPPORT OF OUR EXEMPTION, THE YMCA IS COMMITTED TO PROVIDING MEMBERSHIP PROGRAMS AND CHILD CARE TO THOSE WHO CANNOT AFFORD TO PAY. THIS IS IN SHARP CONTRAST TO THOSE WHO PROVIDE FITNESS SERVICES IN PRIVATE, FOR PROFIT ORGANIZATIONS. THE YMCA PROVIDES SPACE FOR OTHER NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS TO UTILIZE SPACE IN THE YMCA AT LITTLE OR NO-COST. THIS TYPE OF ACCESS HELPS OTHER ORGANIZATIONS FACE BROADER COMMUNITY PROBLEMS. THE YMCA PROVIDED 54,500 WORTH OF SPACE TO OUTSIDE ORGANIZATIONS LAST YEAR. ADDITIONALLY, THE YMCA DONATED 1,260 WORTH OF YMCA GUEST PASSES AND MERCHANDISE TO VARIOUS COMMUNITY ORGANIZATIONS, SCHOOLS, AND FUNDRAISERS. ADDITIONALLY, OUR STAFF TEAM PROVIDED 10,166 IN OUTREACH AND SUPPORT FOR COMMUNITY SERVICE ORGANIZATIONS AND GROUPS AS VOLUNTEERS. LAST YEAR, WE PROVIDED FINANCIAL ASSISTANCE TO 885 INDIVIDUALS, AWARDED 71,539 IN MEMBERSHIP ASSISTANCE, AND 34,598 TO 1765 INDIVIDUALS FOR PROGRAM ASSISTANCE, SCHOOL WALKING PROGRAM, AND OUTREACH TO UNDER-SERVED COMMUNITY THROUGH PROGRAMS. WE HAVE A MEMBERSHIP BASE OF APPROXIMATELY 5,200 INDIVIDUALS. LAST YEAR, 10% OF OUR MEMBERSHIP BASE RECEIVED SOME FORM OF FINANCIAL HELP FOR MEMBERSHIP AND PROGRAMS, TOUCHING THE LIVES OF THOSE AFFECTED AND MAKING A DIFFERENCE FOR GENERATIONS TO COME.</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>STATE LICENSED CHILD CARE, WHICH PROVIDES A SAFE AND NURTURING ENVIRONMENT WHERE YOUTH CAN DEVELOP SELF-ESTEEM, GOOD VALUES AND AN APPRECIATION OF CHARITABLE SERVICE WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES OUR CHILDCARE PROGRAM INCLUDES COUNSELING OF TROUBLED YOUTH AND PARENTS, ASSISTING CHILD VICTIMS OF PHYSICAL AND SEXUAL ABUSE, AND HELPING PARENTS LEARN MORE ABOUT HOW TO RAISE CHILDREN THAT ARE HAPPY AND HEALTHY IN SPIRIT, MIND AND BODY LAST YEAR, WE SERVED 19 PARTICIPANTS WITH ASSISTANCE AND AWARDED FINANCIAL ASSISTANCE IN THE AMOUNT OF 3,119 IN OUR CHILD CARE PROGRAM YMCA CHILD CARE PROGRAMS RELIEVE THE BURDEN OF BALANCING WORK AND FAMILY AND MAKE IT POSSIBLE FOR PARENTS OF CHILDREN IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT THE YMCA PROVIDES TUITION ASSISTANCE FOR CHILD CARE SERVICES OVER 3,119 WAS AWARDED TO FAMILIES TO DEFRAY THEIR FEES THIS YEAR IN ADDITION, WE PROVIDE AID TO FAMILIES WHO NEED HELP DUE TO FAMILY VIOLENCE, SUBSTANCE ABUSE, ETC BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES WE ALSO PROVIDE A VARIETY OF ACTIVITIES THAT EMPHASIZE PARENT EDUCATION AND HELP PARENTS LEARN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO DEVELOP SELF-ESTEEM AND MORAL AND ETHICAL VALUES LAST YEAR, 120 CHILD CARE SCHOLARSHIP UNITS WERE GIVEN THROUGHOUT THE SCHOOL YEAR, AND 696 CAMP SCHOLARSHIP UNITS WERE GIVEN FOR DAY CAMP DURING THE SUMMER 10% OF OUR AFTER-SCHOOL CHILD CARE PROGRAM IS HELPED WITH FINANCIAL ASSISTANCE, AND 50% OF OUR DAY CAMPERS WERE ON SCHOLARSHIP AS WELL IN LIGHT OF THE RISING OBESITY RATES IN THIS COUNTRY, OUR YMCA ENGAGES OUR COMMUNITY IN A VARIETY OF EVENTS AND COMMUNITY ACTIVITIES DESIGNED TO HELP THE "AT RISK POPULATION" DEVELOP HABITS AND RELATIONSHIPS THAT LEAD TO MORE ACTIVE LIFESTYLES ONE SUCH EVENT IS HEALTHY KIDS DAY, A FREE EVENT FOR THE COMMUNITY, COLLABORATING WITH MANY COMMUNITY HEALTH ORGANIZATIONS TO PROVIDE INFORMATION, SCREENINGS, AND ACTIVITIES THAT WILL IMPROVE THE HEALTH OF OUR FAMILIES THIS EVENT SERVES OVER 300 FAMILIES ANNUALLY</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	DENNY FALLER COLLEEN FALLER BOARD MEMBER EMPLOYEE SPOUSE DENNY FALLER KELLY DUFF BOARD MEMBER EMPLOYEE DAUGHTER BOB ASKINS LINDSAY ZIELONKA BOARD MEMBER EMPLOYEE DAUGHTER



<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS ELECTRONICALLY SENT TO ALL BOARD OF TRUSTEE MEMBERS THEY ARE ASKED TO REVIEW AND SEND COMMENTS OR QUESTIONS TO THE CHIEF EXECUTIVE OFFICER OR BOARD PRESIDENT WITHIN 48 HOURS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	QUESTIONNAIRE IS COMPLETED ANNUALLY FOR ALL BOARD MEMBERS AND KEY STAFF BY THE CHIEF EXECUTIVE OFFICER AND INFORMATION IS COMPILED AND REVIEWED TO DOCUMENT ANY POTENTIAL CONFLICTS OF INTEREST

**Return Reference****Explanation**

FORM 990, PAGE 6, PART  
VI, LINE 15A

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD OF TRUSTEES OFFICERS  
AND APPROVED BY THE FULL BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL FINANCIAL STATEMENTS AND IRS FORMS INCLUDING FORM 1023 AND ALL TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST