Form 990

DLN: 93493158000128

2017

OMB No 1545-0047

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

-		of the Treasu enue Service	► Information about Form 990 and its instruction	ns is at <u>www IRS</u>	gov/form	990		pen to Public Inspection
A F	or th	ne 201 7 ca	 alendar year, or tax year beginning 01-01-2017 , and en	nding 12-31-201	L7			
B Che	ck if a	applicable change nange	C Name of organization Young Men's Christian Association of Northwest North Carolina (4626)	<u> </u>		D Employer Id 56-0530015		cation number
	itial re	-	Doing business as YMCA of Northwest North Carolina					
		rn/terminated d return	Number and street (or P O box if mail is not delivered to street address	ss) Room/suite		E Telephone nu	mber	
		ion pending	301 N Main St 1900	i Koomy suite		(336) 777-6	5232	
			City or town, state or province, country, and ZIP or foreign postal code Winston Salem, NC 271013890	9		G Gross receipt	s \$ 34	,188,359
			F Name and address of principal officer	H(a) Is this	a group return	for	
			Stanley Law 301 N Maın St 1900			linates?		□Yes 🗹 No
			Winston Salem, NC 271013890	H(E	nclude (c	subordinates ed?		☐ Yes ☐No
		mpt status	✓ 501(c)(3)			" attach a list	•	,
J W	ebsi	te:► ww	w ymcanwnc org	"(6	Group	exemption nun	ıber I	>
K For	n of o	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Yea	ar of forma	tion 1888 M 9	tate o	f legal domicile NC
Pa	rt I	Sum	mary					
Activities & Governance		Briefly des Helping pe informatio	cribe the organization's mission or most significant activities cople reach their God-given potential in spirit, mind and body. Sin	See Schedule O fo	or values,	areas of focus,	and o	other pertinent
60	2	Check thi	s box \blacktriangleright \square if the organization discontinued its operations or di	sposed of more t	han 25%	of its net asset		
× 5	1		of voting members of the governing body (Part VI, line 1a) . of independent voting members of the governing body (Part VI,				3	28
me	1		nber of individuals employed in calendar year 2017 (Part V.) ine	•			5	2,648
ctiv	1		nber of volunteers (estimate if necessary)				6	3,096
ď	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			1	7a	C
	b	Net unrel	ated business taxable income from Form 990-T, line 34				7b	C
				_	Pric	or Year		Current Year
₫	1		ions and grants (Part VIII, line 1h)	<u> </u>		4,816,697		5,446,023
Ravenue	1	-	service revenue (Part VIII, line 2g)	<u> </u>		27,226,664 1,732,883		27,667,553 344,974
æ	1	1 Other revenue (Part VIII, column (A), lines 5, 4, and 7d)						206,844
	1		enue—add lines 8 through 11 (must equal Part VIII, column (A)), line 12)		206,470 33,982,714		33,665,398
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)			52,575		73,800
	14	Benefits p			(
æ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lii	17,558,018		17,810,98		
ens	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)			3,500		
Expenses	1		aising expenses (Part IX, column (D), line 25) ▶988,982					
	1	,	penses (Part IX, column (A), lines 11a-11d, 11f-24e) enses Add lines 13-17 (must equal Part IX, column (A), line 2			14,057,817		14,459,42
	1	•	less expenses Subtract line 18 from line 12	°' -		31,671,910 2,310,804		32,344,217 1,321,186
Net Assets or Fund Balances		Revenue	iess expenses subtract line to from line 12 i i i i i i	В	eginning	of Current Year		End of Year
sset 3 ala	20	Total ass	ets (Part X, line 16)			49,266,352		49,323,600
A PE	21	Total liab	ilities (Part X, line 26)	[14,314,203		12,851,209
žŢ	22	Net asset	s or fund balances Subtract line 21 from line 20			34,952,149		36,472,39
Unde	ledge nowl	alties of person and belied edge	erjury, I declare that I have examined this return, including acc f, it is true, correct, and complete Declaration of preparer (other ure of officer		based or	n all information 3-06-07		
Here		Stanley	Law President & CEO					
			r print name and title					
			rınt/Type preparer's name Preparer's signature ane Potter Jane Potter	Date	Chec	ck I if PTIN	57495	
Paid		<u> </u>			self-	employed 's EIN ► 56-1138		
Pre	•	eı -	rm's name ► Butler Burke LLP rm's address ► 100 Club Oaks Court Suite A			r's EIN ► 56-1138 ne no (336) 768-		
Use	· Or	ııy	Winston Salem, NC 27104			, , ,	•	
May t	he IF	RS discuss	this return with the preparer shown above? (see instructions)				✓ Y	es 🗆 No

Form	n 990 (2017)					Page 2		
Pai	rt IIII Statement	of Program Servi	ce Accomplis	hments				
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗆		
1	Briefly describe the o			•				
thro					strengthen the foundations of the cial responsibility for all See Scheo			
2	Did the organization the prior Form 990 or	☐ Yes ☑ No						
	If "Yes," describe the							
3	Did the organization							
	services?	☐ Yes 🗹 No						
	If "Yes," describe the	se changes on Schedu	le O					
4	Section 501(c)(3) and	ation's program service d 501(c)(4) organizati ue, if any, for each pro	ons are required	to report the amount	e largest program services, as mea of grants and allocations to others	sured by expenses , the total		
4a	(Code) (Expenses \$	17,452,413	ıncludıng grants of \$	0) (Revenue \$	20,692,814)		
	See Additional Data							
4b	(Code) (Expenses \$	9,946,671	ıncludıng grants of \$	47,800) (Revenue \$	6,247,041)		
	See Additional Data					_		
4c	(Code) (Expenses \$	673,926	ıncludıng grants of \$	26,000) (Revenue \$	727,702)		
	See Additional Data							
4d	Other program service	es (Describe in Sched	ule O)					
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)		
4e	Total program serv	rice expenses >	28,073,0	10				

or X as applicable

Checklist of Required Schedules

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

No

Nο

Nο

No

Νo

Νo

Nο

Form **990** (2017)

11a

11b

11c

11d

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11f

12a

12b

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14a

14b

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Page 3

No

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

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

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

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

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

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

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

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

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

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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

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

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

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

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No

Nο

Νo

Nο

Page 4

Part IV	Checklist of Required Schedules (continued)	

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

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

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

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

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

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

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

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

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20a

20b

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24a

24b

24c

24d

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25b

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2017)

Yes

Yes

Yes

Yes

Yes

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Enterthe growth and are Barrier 1996 Fator Out that are book and book and book are book and book and book are book as a bo		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 69 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	20		
·	The rest, to line 3a of 3b, did the organization me Form 6860-17.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		i

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Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to li	ines
				✓
Sa	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
36	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	8	103	110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	² n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			
c -		16b		
<u>5e</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
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.)		
	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			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	week (list is both an officer and a any hours director/trustee) on					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne bo	ox, u n off	t cha unle: ficer	r and a	son	Repo compe fron organiza	D) (E) Reportable ensation compensation in the from related ation (W- 9-MISC) 2/1099-MISC)		w-	(F) Estimated amount of othe compensation from the organization an		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1095	-MISC)	2/1099-MISC)	organizati relati organiza	ed	
See	Addıtıonal Data Table						_					+			
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15.0	Sub-Total						<u> </u>					\perp			
	Sub-Total			•	. '		•								
							▶			35,394		0		111,903	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mor	e than \$1	00,000				
													Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey eı •	mpl	oyee,	or hi	ghest com	pensated	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes		
5	Did any person listed on line 1a receiv								_	on or ind	ıvıdual for			_	
	services rendered to the organization		ete Sch	edule) fo	or su	ıcn pei	rson	• • •	• •		5		No	
1	ection B. Independent Contract Complete this table for your five high		d indep	ender	nt co	ntra	actors	that	received i	more thar	1 \$100,000 of cor	nper	nsation		
	from the organization Report comper	sation for the c	alendar	year	end	ıng	with o	r wit	hin the or	ganızatıo	n's tax year (B)		(c	<u> </u>	
DUDE	Name a	ind business addre	ess								ription of services		Compen	sation	
	O GROUP DX 890856									SERVICES	. & LANDSCAPING		1,	,063,725	
CHAR	LOTTE, NC 28289									I) / A C				715 570	
	ster & Cockrum Gun Club Road								ļ.	нияс геріас	cement & repair			715,570	
Winst	on Salem, NC 27103									S				FF7 406	
	es D Lowder Inc Griffith Road									Constructio	1 Services			557,406	
Winst	on Salem, NC 27103									DEACURY	MCT MEDCHANT CO	· o.		242 675	
110 S	STRATFORD ROAD									REASURY I BROKERAGI	MGT, MERCHANT CO E SVCS	. α		342,675	
WINS	TON SALEM, NC 27104									Construction	Services			315,700	
	Vilson Park Road									Joriaci ucciOI	, Del Vices			313,700	
State	sville, NC 28625	a (including but	not lim	utad t	o +h		listad	ahai	(a) who ==	sowed =	ore than #100 or	10 of	:		

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 ▶ 14

		(2017)											Page 9
Part '	VII							_					. 🗸
		Check if Schedul	e O contains a	respo	nse or note to any	(A) revenue	Rel e> fu	(B) ated or cempt nction venue	Unre busii reve	lated ness	Reve exclude tax under 512-	nue d from sections
w w	1a	Federated campaig	ns	1a	600,563		'		•		•		
ants	ŀ	b Membership dues	[1 b	0								
Gr.		c Fundraising events		1c	65,815								
ffs.		d Related organizatio	ns	1d	0								
E E	6	e Government grants (co	ontributions)	1e	688,670								
tions, Giffs, Grants er Similar Amounts	f	All other contributions, and similar amounts nabove	, gifts, grants, ot included	1f	4,090,975								
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution In lines 1a-1f \$		125,	314								
Contand	h	Total.Add lines 1a-1	.f	•	•	5	,446,023						
<u> 1</u>					Business	Code							
Service Revenue	2a	Healthy Living				813410	20,6	592,814	20,692	,814			
å	b	Youth Development				813410	· · · · · · · · · · · · · · · · · · ·	247,041	6,247	_			
بر چ	С	Social Responsibility				813410	7	727,702	727	,702			
3	d			-									
æ	e			-				0		0		0	0
Program	f	All other program se	rvice revenue		27.6	67,557							
\$	g.	Total. Add lines 2a-2f	f	f	▶								
		Investment income (ii similar amounts) .	ncluding dividei	nds, i	nterest, and other	1	100,93	1	0		0		100,931
		Income from investme			ond proceeds			0	0		0		0
		Royalties						0	0		0		0
			(ı) Real		(II) Personal								
	6a	Gross rents			_	1							
	h	Less rental expenses		0	0	1							
		, 2300 Fortest exponent			-								
	c	Rental income or (loss)		0	0								
	d	Net rental income o	r (loss)			1		0	0		0		0
	_	. Net rental income o	(ı) Securitie		(II) Other								
	7a	Gross amount				1							
		from sales of assets other	21.	5,984	250,537								
		than inventory											
	b	Less cost or other basis and	22.	2,478	0								
	_	sales expenses		6,494	250,537	-							
		Gain or (loss) Net gain or (loss)			•	1	244,04	3	0		0		244,043
		Gross income from fu		rts	•		•	+					
e E		(not including \$	65,815 of	f									
듄		contributions reporte See Part IV, line 18		a	420,080								
Re	b	Less direct expense	s	ь	263,292	1							
ē	c	: Net income or (loss)	from fundraisir	ng ev	ents 🕨		156,78	8			0		156,788
Other Revenue	9a	Gross income from g See Part IV, line 19		s									
		See Part IV, IIIle 19		a	0								
	b	Less direct expense	s	ь	0	1							
	c	: Net income or (loss)	from gaming a	ctıvıtı	es >		1	0	0		0		0
	10a	Gross sales of invent returns and allowand											
		returns and anowand	.es	a	87,247								
	b	Less cost of goods s	sold	ь	37,191	1							
		: Net income or (loss)		ו nvent	ory >	,	50,05	6	0		0		50,056
		Miscellaneous			Business Code								
	11	a ₀											
						L							
	b	•											
	c	:											
	d	All other revenue .						0	0		0		0
	е	Total. Add lines 11a	-11d					0					
	12	Total revenue. See	Instructions					1	27 667 557				EE4 040
					<u> </u>		33,665,39	이	27,667,557		0		551,818 0 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	•	` '	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> ⊔</u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,250	3,250		
2 Grants and other assistance to domestic individuals See Part IV, line 22	44,550	44,550		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	26,000	26,000		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	382,444	28,513	293,991	59,940
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	14,183,859	12,197,358	1,431,537	554,964
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	879,403	671,548	180,631	27,224
9 Other employee benefits	1,165,611	928,033	186,901	50,677
10 Payroll taxes	1,199,668	1,049,015	119,502	31,151
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	12,120	0	12,120	0
c Accounting	27,500	0	27,500	0
d Lobbying	4,486	4,486	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	25,641	0	0	25,641
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	909,583	469,520	436,253	3,810
12 Advertising and promotion	400,276	323,029	0	77,247
13 Office expenses	2,056,159	1,884,121	106,395	65,643
14 Information technology	751,393	472,230	246,600	32,563
15 Royalties	0	0	0	0
16 Occupancy	6,890,946	6,818,331	68,368	4,247

310,633

157,182

324,839

394,474

1,993,261

133,566

32,714

8,716

25,938

32,344,212

0

0

238,436

103,277

324,839

387,667

1,959,091

118,977

15,876

1,552

3,311

28,073,010

0

45,812

44,447

6,807

25,192

13,059

14,478

22,627

3,282,220

0

0

0

26,385

9,458

8,978

1,530

2,360

7,164

0

0

988,982

Form **990** (2017)

0

0

0

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

20 Interest

21 Payments to affiliates . . .

expenses on Schedule O)

b Volunteer recognition

e All other expenses

c Recruitment

17 Travel .

23 Insurance .

a Dues

d

9

10c

11 0 12

15

16

17

19

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21

22

23

24

25

26

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28

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30 0

31 0

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33

34

340.103

37,109,638

2.168.047

176,703

49,266,352

1,591,144

1,117,759

779.236

428.137

14,314,203

31.762.875

1,864,569

1.324.705

34,952,149

49.266.352

10,397,927

0 13

0 14

0 18 Page **11**

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O

400.355

36,994,744

2.399.909

49.323,606

1,687,337

1,101,198

8,963,815

623.384

475.475

12,851,209

32,580,013

2,434,092

1.458.292

36,472,397

49.323.606

Form **990** (2017)

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O

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

b Less accumulated depreciation

Grants payable . .

Deferred revenue . .

11

12

13

14

15

16

17

18

19

20

21

23

24

Liabilities 22

Fund Balances

Assets or

Net

32

33

34

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	67,550	1	42,2
_		7.074.040		

	2	Savings and temporary cash investments	7,871,246	2	7,821,465
	3	Pledges and grants receivable, net	626,038	3	967,729
	4	Accounts receivable, net	907,027	4	697,157
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	
ete	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
✓	۵	Proposed expenses and deferred charges	340 103	0	400 355

10a

10b

74,892,976

37.898.232

Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Page **12**

No

No

Form 990 (2017)

2a

2b

2c

3а

3b

Yes

Yes

Form 990 (2017)

Schedule 0

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Prior period adjustments . 8 Other changes in net assets or fund halances (explain in Schedule O)

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

_	other changes in flet assets of fund balances (explain in schedule o)	- '		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36	,472,397
Par	t XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			 Yes	No
1	Accounting method used to prepare the Form 990			

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

10 Net	assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36	,472,397
Part XII	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			 Yes	No
	e organization changed its method of accounting from a prior year or checked "Other," explain in			

Additional Data

Software ID: 17005876

Software Version: 2017v2.2 **EIN:** 56-0530015

Name: Young Men's Christian Association of Northwest North

Carolina (4626)

Form 990 (2017)

Form 990, Part III, Line 4a:

Healthy Living-The Y is a leading voice on health and well-being. We bring families closer together, encourage good health, and foster connections through fitness, sports, fun, and shared interests. As a result, 147,588 people in our community received the support, guidance, and resources they needed to achieve greater health in spirit, mind, and body. This is particularly important as our nation struggles with an obesity crisis and increasingly high rates of preventable diseases, families struggle with work/life balance, and individuals search for personal fulfillment. The Y is a place for people of all ages to pursue wellness goals, whether it is young children learning lifelong healthy habits, adults working to prevent chronic disease through exercise and nutrition, or seniors maintaining a high quality of life through physical activity and friendship. Our programs are accessible, affordable, and open to all faiths, backgrounds, abilities, and income levels. In 2017, we provided \$2,204,266 of direct financial assistance to people who otherwise would have faced economic barriers to participation. For additional details regarding these critical programs and their impact, see Schedule O.

Form 990, Part III, Line 4b: Youth Development - Our YMCA is committed to nurturing the potential of every child and teen. We believe that all kids deserve the opportunity to discover who they are and what they can achieve That's why we help young people cultivate the values, skills, and relationships that lead to positive behaviors, better health, and educational

achievement Our YMCA programs (such as Child Care, Camping, Youth Sports, Youth and Government, Summer Learning Academies, Aquatics and water safety, and Black

and Latino Achievers) offer a range of experiences that enrich cognitive, social, physical, and emotional growth. Expenses include subsidies and direct financial assistance

that make participation possible for many of the young people we engage. For additional details regarding these critical programs and their impact, see Schedule O.

Form 990, Part III, Line 4c:

Social Responsibility - Our YMCA believes in giving back and supporting our neighbors. We have been listening and responding to our communities' most critical social needs for 129 years. In 2017, we provided \$2,204,266 of direct financial assistance to people who otherwise would have faced economic barriers to participation. Y programs, such

as our literacy initiative, English as a second language, outdoor education, and partnerships with under-served communities are examples of how we deliver training, resources, and support that empower our neighbors to effect change, bridge gaps, and overcome obstacles. In 2017, we engaged over 13,000 YMCA members, participants, and volunteers in activities that strengthen our community and pave the way for future generations to thrive. For additional details regarding these critical programs and

their impact, see Schedule O

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from the from related compensation m the

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

and Independent Contractors

Audit Committee Chair

HR Committee Chair

Marketing Committee Chair

Max Smith

Seth Carpien

Kyle Armentrout

Susan Bachmeier

Director

Director

Director

Tim Brewer

	any hours		direct	or/tı	rust	ee)		organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	0	key employee	Highest compensated	₫	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Edie Holland	4 0	х		х				0	0	0	
Chief Volunteer Officer											
Chrıs Parker	3 0	x		х				0	0	0	
Vice Chair/CVO Elect		_ ^							0		

Chief Volunteer Officer		,,			_	_	
Chris Parker	3 0	V	V		0	0	
Vice Chair/CVO Elect		^	^		l o	0	
Jım Smoak	3 0	V	V		0	0	
Treasurer/Finance Committee Chair		×	X		U	U	
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vice Chair/CVO Elect		^	^		0	0	
lım Smoak	3 0		V		0	0	
Treasurer/Finance Committee Chair		^	Х		0	0	
Simpson (Skip) Brown	3 0		~		0	0	
Secretary		_ ^	^		0	0	
David Hinton	2 0						

Chris Parker	3 0	>	V				
Vice Chair/CVO Elect		Х	Х		ا		0
Jım Smoak	3 0	Х	х				0
Treasurer/Finance Committee Chair		^	^		0	0	
Sımpson (Skıp) Brown	3 0		V				
Secretary		X	Х		0	0	0
David Hinton	2 0						

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the compensation from related director/trustee) any hours organization (Worganizations from the

Individual trustee or director

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Institutional

Trustee

Former
Highest compensated employee

employee

2/1099-MISC)

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(W- 2/1099-

MISC)

organization and

related

organizations

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

	any hours for related organizations below dotted line)
Barbara Carter	2 0
Director	
Michael Clements	2 0
Director	
Galen Craun	2 0

Director

Director

Director

Director

Director

Director

Director

Jay Luke

Director

Rob Davis

Keith Kiser

Ashley Kohlrus

Molly Kremidas

J Wesley Davis

The Honorable Chester Davis

and Independent Contractors

(D) Reportable **(F)** Estimated (A) (B) (C) (E) Name and Title Position (do not check more Reportable Average than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from the from related compensation the

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

and Independent Contractors

Director

Stan Law

Donna Rodgers

Senior VP/CFO

President/CEO 5/1/17 - current

	any hours	0	direct	or/t	rust	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Sylvia Oberle	2 0	х						0	0	C
Director		^						0		Ŭ
David R Plyler	2 0	x						0	0	
Director		^								0
Norman D Potter	2 0									

Sylvia Oberle	2 0						
Director	••••••	Х			0	0	
David R Plyler	2 0						
Director		Х			U	0	
Norman D Potter	2 0						
Director		Х			O	0	
David Spross	2 0						

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55 0

55 0

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Director		^			U	0	
Norman D Potter	2 0				0	0	
Director		×			U	0	
David Spross	2 0				0	0	
Director		X			l o	0	
Cynthia Tessien	2 0						
Director		×			U	0	
	2.0						

Norman D Potter		X				0	١	0
Director		^				O .		
David Spross	2 0	V				0		
Director		Х				U	0	0
Cynthia Tessien	2 0					0		
Director		Х				U	0	0
Fred Trivette	2 0							
Director		Х				U	0	0
	2 በ			\neg				

0

0

23,513

27,916

0

David Spross					0	_	0
Director		^			0		
Cynthia Tessien	2 0					0	
Director		^			0		0
Fred Trivette	2 0				0		0
Director		^			U		
Tim Whitener	2 0						
Director		X			0		0

Director					_	Ĭ	
Fred Trivette	2 0					0	
Director		X			0	0	0
Tım Whitener	2 0						
Director		X			0	0	l "
Linda Wood	2 0						

Х

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0

168,449

158,417

and Independent Contractors (A) Name and Title

Curtis Hazelbaker

Darryl Head

Senior VP/COO

Carrie Collins

VP/CMO/CDO

President/CEO 1/1/17 - 1/10/17

hours per week (list any hours for related organization below dotted line)
40
55

55 0

......

(B)

Average

Position (do not check more than one box, unless person is both an officer and a director/trustee)							
Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		
		×					
				x			
				х			

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

(C)

(D)

Reportable

compensation

from the

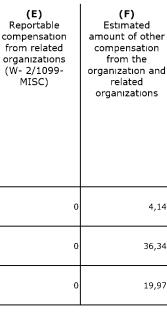
organization (W-

2/1099-MISC)

23,356

160,930

124,242



(F)

Estimated

compensation

from the

related organizations

4,149

36,347

19,978

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493158000128
SCI	HED	ULE A		Public (Charity Statu	s and Put	olic Supp		OMB No 1545-0047
	m 99	0 or	Con		rganization is a sect				2017
990I	EZ)				4947(a)(1) nonexe ▶ Attach to Form				2017
		the Treasury	► Inf	ormation abou	ıt Schedule A (Form			ictions is at	Open to Public Inspection
Nam	e of th	he organiza		west North Carolir	na (4626)			Employer identific	ation number
roung								56-0530015	
	rt I				us (All organization			See instructions.	
_	organiz				it is (For lines 1 thro			/ *	
1		•		•	sociation of churches				
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	r a cooperat	ive hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6	Ш		•	-	governmental unit de				
7	✓	section 17	0(b)(1)(A)	(vi). (Complete				init or from the genera	al public described in
8		A communi	ty trust desc	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	-
11		An organiza	ition organiz	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	
а		Type I. A sorganization	supporting or n(s) the pow	ganization oper er to regularly a	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A	supporting o		ervised or controlled i ation vested in the sar				
				V, Sections A				,	
С					supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	, ,
e			•	-	' t IV, Sections A and ved a written determir	•		ne I. Tyne II Tyne II'	functionally
Ū	Ш				integrated supporting		its that it is a Ty	pc 1, 1, pc 11, 1, pc 11.	ranctionany
f	Enter	the number	of supported	d organizations					
g					ipported organization(
	(1) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	l			tice, see the I		<u> </u>		 Schedule A (Form 9	

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year

	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,786,657	5,345,909	5,035,248	4,816,697	5,446,023	25,430,534
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	4,786,657	5,345,909	5,035,248	4,816,697	5,446,023	25,430,534
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						503,265
6	Public support. Subtract line 5 from line 4						24,927,269
_:	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4	4.786.657	5.345.909	5.035.248	4.816.697	5.446.023	25.430.534

	the organization without charge						
4	Total. Add lines 1 through 3	4,786,657	5,345,909	5,035,248	4,816,697	5,446,023	25,430,53
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						503,26
6	Public support. Subtract line 5 from line 4						24,927,26
:	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4	4,786,657	5,345,909	5,035,248	4,816,697	5,446,023	25,430,53
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,788	85,173	83,994	74,351	100,931	411,23
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	

	(or fiscal year beginning in) ▶	(-)	(-)	(-)	(-)	(-)	(1).51	
7	Amounts from line 4	4,786,657	5,345,909	5,035,248	4,816,697	5,446,023	25,430,534	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,788	85,173	83,994	74,351	100,93:	411,237	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	(0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	(0	
11	Total support. Add lines 7 through 10						25,841,771	
12	Gross receipts from related activities,	etc (see instruction	ons)			12	136,630,554	
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,	
	check this box and stop here				<u>.</u>	<u> ▶</u>		
_								

Section C. Computation of Public Support Percentage

1 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 46 %

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

96

▶ ☑

14

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

		_
96	46	%
98	29	%

Schedule A (Form 990 or 990-EZ) 2017

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

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination 3					
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
checked 12a or 12b ın Part I, answer (b) and (c) below	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below				
	checked 12a or 12b in Part 1, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone othe than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

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

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

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

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

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

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint 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			
_		1		
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			
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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)	1		
S	ection 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
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	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 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)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

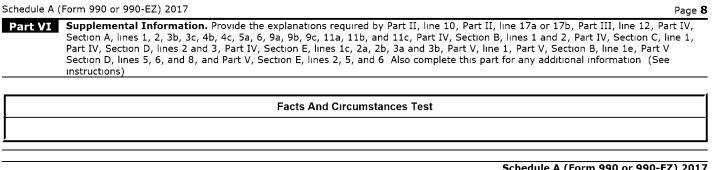
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.



SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

DLN: 93493158000128

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

	 Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only 				
		n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, Im	ne 47 (Lobbying Activiti	es), then
•	Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B				
		t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax			
	exy Tax) (see separate instruction		, (See Separate II		vo-LL, rait v, inic ooc
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III			
	me of the organization ing Men's Christian Association of Northwo	est North Carolina (4626)		Employer ide	entification number
				56-0530015	
Pai	rt I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 organ	nization.
1	Provide a description of the organ "political campaign activities")	iization's direct and indirect political can	npaign activities in	Part IV (see instructions	s for definition of
2	Political campaign activity expend	itures (see instructions)		•	\$
3	Volunteer hours for political camp	- ;			
? a⊺	rt I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ex incurred by the organization under se	ction 4955	>	\$
2	Enter the amount of any excise ta	ex incurred by organization managers ui	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b					
Pa	rt I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3	3).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
1					
5					
5					
or I	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2017

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

SCHEDULE D Supplemental Fina

Supplemental Financial Statements

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

2017

DLN: 93493158000128

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Name of the organization **Employer identification number** Young Men's Christian Association of Northwest North Carolina (4626) 56-0530015 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

 ${f d}$ Equipment .

	dule D (Form 990) 2017								Page 2
Par	t IIII Organizations M	aintaining Collections o	of Art, H	istorical Tr	easure	s, or Other	Similar Assets	(continued)	
3	Using the organization's acq items (check all that apply)	juisition, accession, and other	r records, o	check any of t	he follow	ving that are a	significant use of	its collection	
а	Public exhibition			d 🗌	Loan or	exchange prog	rams		
b	Scholarly research			e 🗌	Other				
c	Preservation for future	e generations							
4	Provide a description of the Part XIII	organization's collections and	d explain h	ow they furth	er the or	ganızatıon's ex	empt purpose in		
5		anızatıon solıcıt or receive do nds rather than to be maintai						Yes □ N	lo.
Pa		todial Arrangements. ganızatıon answered "Yes	" on Forn	n 990, Part :	[V, line	9, or reporte			
1a	Is the organization an agent included on Form 990, Part	t, trustee, custodian or other X?	ıntermedia	ary for contrib	utions or	other assets r	_	Yes 🗌 N	lo
h	If "Vec " evaluate the arrange	ement in Part VIII and comple	ate the fell	lowing table			Amoun		_
b c	Beginning balance	ement in Part XIII and comple	ere rue toll	owing table		1c	Anioun		_
d	Additions during the year					1d			_
e	Distributions during the year	μ·				1e			_
f	Ending balance	I				1f			_
	-	an amount on Form 990, Pa	rt V lina 3	1 for occrew	or custo		hilitus 🖂		_
2a	Did the organization include	an amount on Form 990, Pa	rt X, iine 2	.1, for escrow	or custo	diai account lia	bility?	Yes ∐_N	Ю
b	If "Yes," explain the arrange	ement in Part XIII Check her	e if the ex	planation has	been pro	vided in Part >	(III	<u> ⊔</u>	
Pa	rt V Endowment Fun	ds. Complete if the organ	ization ai	nswered "Ye	s" on Fo	orm 990, Par	t IV, line 10.		
		(a)Currer		(b) Prior year		Two years back	(d)Three years back		
	Beginning of year balance .		,159,128	1,937,		2,030,004	1,945,64	<u> </u>	774,724
	Contributions		33,652	135,		60,017	57,03		9,565
	Net investment earnings, gair		278,486	119,		-49,280	93,36		217,588
	Grants or scholarships		0		0	0		0	0
	Other expenditures for facilitiand programs	es	16,680		821	79,839	43,13		34,619
f	Administrative expenses .		25,641	23,	054	23,187	22,90	4	21,618
g	End of year balance		,428,945	2,159,	128	1,937,715	2,030,00	4 1,	945,640
2	Provide the estimated perce	ntage of the current year end	d balance ((lıne 1g, colun	nn (a)) h	eld as			
а	Board designated or quasi-e	endowment ► 39 87 %							
b	Permanent endowment ▶	60 04 %							
c	Temporarily restricted endo	wment ▶ 0 09 %							
	The percentages on lines 2a	, 2b, and 2c should equal 10	0%						
3а	organization by	not in the possession of the	organizatio	on that are he	ld and a	dmınıstered foı	the _	Yes	No
	(i) unrelated organizations					•	<u> </u>	3a(i) Yes	
_	(ii) related organizations					•	<u> </u>	3a(ii)	No
b	If "Yes" on 3a(II), are the re	=					[3b	<u> </u>
4		ended uses of the organizatio	ııı s enaow	ment runas					
Pa	Tt VI Land, Buildings, Complete if the or	and Equipment. ganization answered "Yes	" on Forn	n 990 Part	[V ıne	11a See For	m 990 Part Y	line 10	
	Description of property	(a) Cost or other basis (investment)		or other basis (o		c) Accumulated d		(d) Book valu	e
1~	Land	160,000		5 24	1,165		-		5,401,165
	Buildings	0		46,67			23,061,490		3,612,196
	Leasehold improvements	0		1.76			1.682.416		84.494

6,030,947

15,020,268

0

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

1,470,803

6,426,086

36,994,744

4,560,144

8,594,182

Part VIII Investments—Other Securities. Complete if the organization	zation answe	Page ered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)	(c) Method of valuation
(including name of security)	Book value	Cost or end-of-year market value
(1) Financial derivatives		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	
Complete if the organization answered 'Yes' on Form 990,		
	Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on F	orm 990, Part	
(a) Description		(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered	lVool on For	
See Form 990, Part X, line 25.		
1. (a) Description of liability (1) Federal income taxes	(6) 600	ok value
Refundable Advances		144,745
Other liabilities (3)		330,730
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		475,475
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footh organization's liability for uncertain tax positions under FIN 48 (ASC 740). Chec	_	anization's financial statements that reports the

Part XI

2

b

5

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2017

Page 4

199,062

n

33,665,398

33,665,398

32,344,212

32,344,212

32.344.212

Schedule D (Form 990) 2017

e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${\bf 1}$

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

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

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

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

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Donated services and use of facilities

Other (Describe in Part XIII)

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

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Subtract line 2e from line 1

Add lines 2a through 2d . .

Return Reference

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a

2b

2c

4b

2a 2b

2c

2d

4a 4b

Explanation

199.062

0

2e

3

4c

5

2e

3

4c

Page 5	chedule D (Form 990) 2017	
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 56-0530015

Name: Young Men's Christian Association of Northwest North

Carolina (4626)

Explanation

Supplemental Information

Return Reference

	<u>'</u>
Schedule D, Part V, Line 4 Intended uses of endowment funds	The endowment fund is composed of gifts, bequests and charitable remainder trusts contributed to the YMCA of Northwest North Carolina. The fund is made up of both donor-designated gifts and board-designated gifts and the accumulated earnings on them. The intention is that, aside from the annual spending allowance, these funds will be held in perpetuity. As required by the Uniform Prudent Management of Institutional Funds Act (UPMIFA), appropriations from the Fund are subject to the specific limitations, if any, contained in an applicable gift instrument. Remaining annual appropriations will be the amount of interest and dividends earned in the previous 12 months as of June 30 each year, but will be limited to no greater than 4% of the 3-year trailing average of the June 30s market value of the Fund. Calculations of the appropriations from the Fund will be made as part of the annual budgeting process so that amounts to be used in the operations of the YMCA for the following fiscal year will be known when the operating budget is prepared. This spending policy will be reviewed annually as part of the budgeting process. Investment managers will be given ample notice of the required withdrawal schedule. Appropriate liquidity should be main tained to fund these withdrawals without impairing the investment process.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The YMCA of Northwest North Carolina (Association) is entitled to exemption from federal a nd North Carolina income taxation under Section 501(c)(3) of the Internal Revenue Code as a charitable organization, accordingly, the accompanying financial statements do not refle ct a provision or liability for federal and state income taxes. The Association has determ ined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2017

			Outside the Uni		
•	ete if the organiz	2017 Open to Public Inspection			
				Employer ide	ntification number
sociation of Nor	thwest North C	arolina (4626)		56-0530015	
		Outside the U	Jnited States. Comple	te if the organization	answered "Yes" to
the grantees'	eligibility for th			-	☐ Yes ☐ No
l States		•	-	-	
า (The followin	g Part I, line 3 t	table can be dupli	cated if additional space is	needed)	
	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program	program service, describe specific type of	a (f) Total expenditures for and investments in region
non sheets to					
	information Part IV, line s. Does the orthe grantees' of assistance s. Describe in d States	sociation of Northwest North C Information on Activities Part IV, line 14b. S. Does the organization mai the grantees' eligibility for the its or assistance? S. Describe in Part V the organ d States In (The following Part I, line 3 to following Part I to fol	sociation of Northwest North Carolina (4626) Information on Activities Outside the Use Part IV, line 14b. Sociation of Northwest North Carolina (4626) Information on Activities Outside the Use Part IV, line 14b. Sociation of Northwest North Carolina (4626) Sociation on Activities Outside the Use Part IV, line 14b. Sociation of Northwest North Carolina (4626) Sociation on Activities Outside the Use Part IV, line 14b. Sociation on Activities Outside the Use Part IV, line 14b. Sociation on Activities Outside the Use Part IV, line 14b. Sociation of Northwest North Carolina (4626) Sociation of Northwest N	Information on Activities Outside the United States. Complete Part IV, line 14b. Solves the organization maintain records to substantiate the amount the grantees' eligibility for the grants or assistance, and the selection its or assistance? Solves Describe in Part V the organization's procedures for monitoring the distates In (The following Part I, line 3 table can be duplicated if additional space is and independent contractors in region (b) Number of fundraising, program services, investments, grants to recipients located in the region)	Employer ide sociation of Northwest North Carolina (4626) Enformation on Activities Outside the United States. Complete if the organization Part IV, line 14b. Sociation of Northwest North Carolina (4626) Employer ide 56-0530015 Employer ide 56-0530015 Enformation on Activities Outside the United States. Complete if the organization Part IV, line 14b. Sociation of Northwest North Carolina (4626) Employer ide 56-0530015 Sociation on Activities Outside the United States. Complete if the organization of its grants and the grantees' eligibility for the grants or assistance, and the selection criteria used its or assistance? Sociation on Activities Outside the United States. Complete if the organization of its grants and the grantees' eligibility for the grants or assistance, and the selection criteria used its or assistance? Sociation on Activities Outside in Grants and the grants and the grants and the grants are disconting the use of its grants and or disconting the use of its grants

Cat No 50082W Schedule F (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sched	Schedule F (Form 990) 2017												
Part	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name of (b) IRS code (c) Region section and EIN (if applicable)				(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
				HIV/AIDS education/youth sports/camping/the arts	26,000	Check							
1													
	,		7	,									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

Part III can be du Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
							appraisal, other
		+ +					
		1					

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493158000128 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Young Men's Christian Association of Northwest North Carolina (4626) 56-0530015 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. **(b)** Event #2 (a)Event #1 (c)Other events (d) Total events **MISTLETOE RUN GOLF TOURNAMENT** 23 (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 129,662 52,252 286,428 468,342 2 Less Contributions. 29,000 36,815 65,815 3 Gross income (line 1 minus 100,662 15,437 286,428 line 2) 402,527 4 Cash prizes 5 Noncash prizes 5,525 5,673 4,614 15,812 Expenses Rent/facility costs 4.499 8,146 43,195 55,840 7 Food and beverages 297 7,168 16,752 24,217 8 Entertainment 7,377 385 7,762 Other direct expenses 42,687 5,097 69,913 117,697 10 Direct expense summary Add lines 4 through 9 in column (d) 221,328 11 Net income summary Subtract line 10 from line 3, column (d) 181,199 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes____ Yes % Yes % 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3					
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No						
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No						
13	Indicate the percentage of gaming acti	vity conducted in									
а	The organization's facility		13	a		%					
b	An outside facility		13	ь		%					
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s							
	Name ►										
	Address •										
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No						
Ь		evenue received by the organization ► \$ a the third party ► \$	and the								
c	If "Yes," enter name and address of the	e third party									
	Name •										
	Address ►										
16	Gaming manager information										
	Name ►										
	Gaming manager compensation ▶ \$										
	Description of services provided ►										
	☐ Director/officer	☐ Employee ☐ Independent contractor									
17	Mandatory distributions										
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио						
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	63							
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).					
	Return Reference	Explanation									

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493158000128 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Young Men's Christian Association of Northwest North Carolina (4626) 56-0530015 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

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

Schedule I (Form 990) 2017

BLACK ACHIEVERS COLLEGE SCHOLARSHIPS - 13	13	32,030		
(2) LATINO ACHIEVERS - 10	10	9,500		
(3) STOKES FAMILY YMCA COLLEGE SCHOLARSHIPS - 3	3	3,000		
(3)				
(4)				

(5) (6)(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV Return Reference Explanation Schedule I, Part I, Line 2 Black Achievers Scholarships - All participating high school seniors who were program participants as of the beginning of the previous school year are eligible for Procedures for monitoring use of scholarships and/or cash awards. Scholarship recipients must complete a two-phase application process that includes submission of their high school transcript, SAT test scores, an essay that elaborates on the students' aspirations, career options, and strengths and weaknesses The second phase of the application is an interview grant funds process. A point system is followed by the Scholarship Committee to evaluate and rank each applicant on the above areas. Payments are made directly to the college or university which the student will be attending after proof of acceptance is supplied to the Scholarship Committee. Cash awards are also made directly to the college/university each participant is attending on their behalf based on the number of career cluster meetings they have attended since their junior year of high school Latino Achievers Scholarships - All participating high school seniors who were active program participants, attending more than 4 annual meetings, as of the beginning of the previous school year are eligible for scholarships awards. Scholarship recipients must complete a two-phase application process that includes submission of their high school transcript, two letters of recommendation, an essay that elaborates on the students' aspirations and a personal statement that describes their participation in our program, intended majors, high school involvement, and future plans. The second phase of the application is the blind selection process. A point system is followed by the Scholarship Committee to evaluate and rank each applicant on the above areas. Payments are made directly to the college or university which the student will be attending after proof of acceptance is supplied to the Scholarship Committee Stokes Family YMCA College Scholarships - Applications from local high school seniors are accepted and evaluated by a group of volunteers and/or staff based on financial need, scholastic achievements, community involvement, volunteer hours, YMCA involvement and spirituality. Finalists are chosen from the applications - up to 3 from each high school. Once the final three recipients are selected, they are narrowed to one recipient at each high school based upon their financial need and how they plan to use the scholarship if selected, combined with the criteria stated earlier Cash awards are made directly to the college/university of each recipient to be used for tuition only Schedule I (Form 990) 2017

Page **2**

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 934	19315	58000	128
Sch	nedule J	Compensation Information	00	1B No	1545-0	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Hi	ghest			
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part I	V. line 23.	20	17	7
_		▶ Attach to Form 990.			to Pul	
	tment of the Treasury al Revenue Service	► Information about Schedule J (Form 990) and its instructions <u>www.irs.qov/form990</u> .	s is at		ectio	
	me of the organiza	Association of Northwest North Carolina (4626)	Employer identificat	ion nu	ımber	
rou	ng Men's Christian A	ASSOCIATION OF NORTHWEST NORTH CAROLINA (4626)	56-0530015			
Pa	rt I Questi	ions Regarding Compensation				
					Yes	No
1a		ropiate box(es) if the organization provided any of the following to or for a person list Section A, line 1a Complete Part III to provide any relevant information regarding th				
		s or charter travel Housing allowance or residence fo	•			
	_	r companions \square Payments for business use of pers				
		Inification and gross-up payments				
	LI Discretion	nary spending account LJ Personal services (e g , maid, chai	iffeur, cner)			
b		oxes in line 1a are checked, did the organization follow a written policy regarding pay all of the expenses described above? If "No," complete Part III to explain	ment or reimbursement	1 b		
2		ration require substantiation prior to reimbursing or allowing expenses incurred by all		2		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in lii	ie Iar			
3		If any, of the following the filing organization used to establish the compensation of	the			
	_	CEO/Executive Director Check all that apply Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain	ın Part III			
	✓ Compens	Window consults continued				
	_ '	sation committee Written employment contract Gent compensation consultant Compensation survey or study				
		O of other organizations D of other organizations D of other organizations D of other organizations	ation committee			
4	During the year	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the				
	related organiza	ation				
а		rance payment or change-of-control payment?		4a		No
b	•	or receive payment from, a supplemental nonqualified retirement plan?		4b		No
С	•	or receive payment from, an equity-based compensation arrangement? of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa	rt III	4c		No
	11 100 10 411,	of miles in a symbol the persons and provide the applicable amounts for each item in a				
	Only 501(c)(3	3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the revenues of				
а	The organization	on?		5a		No
b	Any related orga			5b		No
_	•	e 5a or 5b, describe in Part III				
6		ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of				
a	The organization			6a		No
b	Any related orga	panization? e 6a or 6b, describe in Part III		6b		No
7	•	•	ad			
7	payments not d	ted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix described in lines 5 and 6? If "Yes," describe in Part III		7		No
8		unts reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes,"		8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure described in	n Regulations section	9		110
For I	Danarwark Badı	uction Act Notice, see the Instructions for Form 990. Cat No.	50053T Schedule 1	/Eorn	2001	2017

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

			y Employees, and Hig					
For each individual who	se com	pensation must be report	ted on Schedule J, report t are not listed on Form 99	compensation from the o	organization on row (i) ar	nd from related organizati	ons, described in the	
Note. The sum of colur	nns (B))(ı)-(ııı) for each listed in	dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 Stan Law	(i)	157,604	0	10,845	19,538	3,975	191,962	0
President/CEO 5/1/17 - current	(ii)	0	0	0	0	0	0	0
2 Donna Rodgers	(i)	157,670	0	747	19,422	8,494	186,333	0
Senior VP/CFO	(ii)	0	0	0	0	0	0	0
3 Darryl Head	(i)	154,815	0	6,115	20,291	16,056	197,277	0
Senior VP/COO	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile	GRAPHIC print -	- DO NOT PROCESS As	Filed Data -									DLN: 9	934931	5800	0128
	edule K rm 990)		pplemental Ir	ered "Yes" to Form	990, Part 1	V, line	24a.		scriptions,			омв	No 1545 201	5-0047 7	
	ment of the Treasury	▶ Informatio		and any additional Attach to Form 999 (Form 990) and its	0.			ire gov/for	··· 000				en to Pu		
	al Revenue Service of the organization	P I III OI III atio	m about Schedule K	(1 of ill 330) and its	IIISCI UCCIOII	3 13 at <u>1</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii s.qov/ ioi i	<u>11990</u> .	Emplo	yer ident		nspecii n number		
Young	Men's Christian Asso	ciation of Northwest North Card	olina (4626)							56-05	30015				
Par	t I Bond Issue	es													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	orice		(f) Description	(g) Defeased		beha	On alf of uer	(i) Pool financing		
										Yes	No	Yes	No	Yes	No
A	Public Finance Authorit	ty 27-3866124		04-01-2014	3,0	00,000	Recre	eational Facili	ties Bond		X		Х		Х
В	Public Finance Authori	ty 27-3866124		04-01-2014	5,0	00,000	Recre	eational Facili	ties Bond		Х		×		X
C F	Public Finance Authori	ty 27-3866124		04-01-2014	2,3	46,744	Recre	eational Facili	ties Bond		Х		×		Х
D F	Public Finance Authori	ty 27-3866124		04-01-2014	2,8	00,000	Recre	eational Facili	ties Bond		×		X		Х
Par	Proceeds	·													
1	Amount of bonds ret	ıred			A 2.00/	0.000	E	-			000		D		
		ally defeased				3,000	0,000		5,000,000		1,000,	,000			
3		ue				3 000	0,000		5,000,000		2,346,	744		2.9	00,000
4		serve funds				3,000	0,000		3,000,000		2,340,	,/ , /,		2,0	00,000
5		rom proceeds					0		0			0			
6		g escrows			0 0			0							
7		proceeds				0 0			200,00					0	
8		from proceeds				0 0			0						
9		nditures from proceeds								0			0 0		
10	Capital expenditures	from proceeds					0		0			0		2,8	00,000
11	Other spent proceeds	s					0		0		1,146,	,744			0
12	Other unspent procee	eds					0		0			0			0
13	Year of substantial co	ompletion		•	20	002		20	02	20	12		2	2016	
					Yes	No	D	Yes	No	Yes	No		Yes		No
14	Were the bonds issue	ed as part of a current refunding	g issue?		Х			X		Х					Х
15	Were the bonds issue	ed as part of an advance refund	ling issue?			Х			Х		Х				X
16	Has the final allocation	on of proceeds been made? .			Х			Х		Х					X
17	Does the organization proceeds?	final allocation of	Х			Х		Х			Х				
Part	Private Bus	siness Use													
						Α			3	(D	
1	Was the organization	n a partner in a partnership, or a	a member of an IIC w	hich owned property	Yes	No		Yes	No	Yes	No		Yes		No
	financed by tax-exen	npt bonds?	<u> </u>			X			Х		Х				X
2		arrangements that may result in		of bond-financed		×			Х		Х				X
For P	anerwork Reduction	n Act Notice, see the Instruc		t No 5	0193F				S	chedul	e K (For	m 990	1 2017		

За

5

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c

Part IV

Arbitrage

Х

Х

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0 %

0 %

No

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Χ

D

Yes

В

No

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0 %

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No

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Yes

Yes

Yes

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No

Χ

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Χ

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Yes

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Yes

No

Χ

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Yes

Schedule K (Form 990) 2017

Yes

Page 2

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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

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

counsel to review any research agreements relating to the financed property?

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

Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government

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

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Rebate not due yet?

Exception to rebate?

No rebate due?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?

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

Has the organization or the governmental issuer entered into a qualified

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Yes No

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

Yes

0 %

Yes

В

Nο

No

Х

0 %

Yes

Yes

No

No

Yes

0 %

No

Page 3

No

No

D

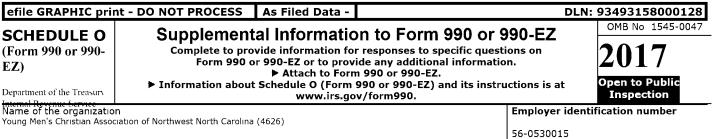
Yes

Schedule K (Form 990) 2017

Yes

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	IEDULE M			loncash Contri	hutione		OMB No 1	545-0	047
(For	m 990)		I.	ioncasii Contii	butions		20	1 7	,
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	\mathbf{I}'	
		▶ Attach to Form	990.						
Depar	tment of the Treasury	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> s	s.gov/form990	Open to	Pub	lic
	al Revenue Service						Inspe		
	e of the organizat			(4626)		Employer iden	tification n	umber	
Toung	J Men's Christian Ass	sociation of Northwest N	vorun Carolina	(4020)		56-0530015			
Pa	rt I Types	of Property							
	· ·	• •	(a)	(b)	(c)		(d)		
			Check If	Number of contributions or	Noncash contribution		d of determin		
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	noncash c	ontribution a	mount	S
					1g				
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public								
5	Clothing and hou goods								
6	Cars and other v	ehicles				+			
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Publi	cly traded .	X	19	114,814	4 Selling cost			
10	Securities—Close	ely held stock .							
11	Securities—Partr or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Histructures	ıstorıc							
14	Qualified conserv					+			
	contribution—Of								
15	Real estate—Res	sidential .							
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19 20	Food inventory Drugs and medic								
21	Taxidermy .	ai supplies .							
	Historical artifact	 ts							
	Scientific specim								
	Archeological art								
	Other ▶ (Х	7	10,500	Cost			
	nd prizes & food								
26	Other ► (+			
27 28	Other ► (+			
	•		the erganiza	ltion during the tax year for	contributions	 			
29				B, Part IV, Donee Acknowled		29			0
	-				-			Yes	No
30a				contribution any property r					
				e of the initial contribution, a		be used for exe	mpt 30a	İ	No
b	If "Yes," describ	e the arrangement	ın Part II				304		No
31	Does the organi	zation have a gift ac	cceptance p	olicy that requires the reviev	v of any nonstandard contri	butions?	31	Yes	
32a	Does the organi	zation hire or use th	nird parties o	or related organizations to se	olicit, process, or sell nonca	ısh			_
	contributions? If "Yes," describ						32a		No
	•		amount in	column (c) for a type of pro	nerty for which column (a)	is checked			
,,	describe in Part	·	i amount III	column (c) for a type of pro	percy for winer column (a)	is checked,			
Ear D		on Act Notice see the	o Instruction	s for Form 000	Cat. No. 512271	Caba	dule M (Form	000) (2017)

Schedule M (Form 990) (2017)	Page 2
I, column (b), the n	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
this part for any add	iltional Information.
Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Number of Contributions Other - In-kind prizes & food Number of contributions
	Schedule M (Form 990) (2017)



Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	Mission Helping people reach their God-given potential in spirit, mind and body. Values. Caring, honesty, respect, responsibility, and faith are the values we strive to weave into every YMCA program and build the moral and ethical foundation for life. Profile. The Young Men's Christian Association of Northwest North Carolina is an association of men, women, and children of all ages, abilities, incomes, races, and religions. Our YMCA serves Alexa nder, Davie, Forsyth, Iredell, Stokes, Wilkes, and Yadkin counties through the dedicated ethorts of volunteers, members, and staff, and provides programs that promote youth develop ment, healthy living, and social responsibility. The YMCA of Northwest North Carolina is comprised of 14 facility branches, two non-facility branches, a resident camp, and an admin istrative office. Areas of focus The Y strives to strengthen the foundations of the communities we serve through programs and services that promote youth development, healthy living, and social responsibility. Members. Throughout 2017, the YMCA of Northwest North Carol ina served 110,174 members with 28,063 under the age of 18 and 19,620 over the age of 65. In addition, 37,414 individuals were program members of the YMCA, participating in child care, summer camp, swim lessons, mentoring programs, etc. Approximately 20% of all members and 7% of program participants received direct charitable financial assistance valued at \$ 2 million Donors. 7,698 individuals made a charitable contribution to the YMCA's Annual Giving Campaign. The campaign raised \$2,614,808 in support of the Y's community benefit of \$4.8M which includes the direct financial assistance program. Open Doors. The total dol lars raised includes some special events held specifically for the purpose of the campaign. Volunteers. Volunteers are a vital part of the success of the YMCA in 2017, 3,096 individuals volunteered at the YMCA in roles as varied as youth sports coaches, literacy tutors, mentors to teens, or board/committee members. Volunteer hours giv

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	focusing on three key areas. Youth Development, Healthy Living, and Social Responsibility. We work to strengthen our communities by investing in our kids, our health, and our neighbors. In 2017, through Annual Giving Campaign support and grants, our Y provided \$4.8M in charitable assistance, scholarships, subsidized and free programs to members and program participants. The YMCA's efforts to strengthen the foundations of the communities we serve are enhanced through collaborations with other community-serving groups, a partial list of which includes. American Cancer Society American Red Cross Barium Springs. Home for Child ren Big Brothers/Big Sisters Boy/Girl Scouts of America Brenner Fit Cancer Services. Church es & Public Libraries. City/County Planning Civitan International Community. Health Department in Scrosby Scholars. Department of Juvenile Justice Department of Social Services Enrichment. Center Family Services of Forsyth County Forsyth. Technical Community College. Goodwill In dustries. Hispanic League of the Piedmont Triad Hola of Wilkes County. Hospice. Kiwanis International Local Chambers of Commerce. & Businesses Mental Health Association of Forsyth. County, Inc. Northwest Area. Health Education Center Novant Health/Forsyth Medical Center Parks. & Recreation Departments. Partnership for a Drug-Free NC Public and Private Schools Rotary International Second Harvest Food Bank Smart Start. Stokes. Partnership for Children United Fund of Stokes. County United Fund of Yadkin County. United Way of Alexander. County. United Way of Davie County. United Way of Forsyth County. United Way of Iredell. County. United Way of Wilkes. County. Wake Forest Baptist Health Wake Forest University. Wilkes. Regional Medical Center Winston-Salem Dash Winston-Salem. Police. Department.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a HEALTHY LIVING	1 The iconic and historic YMCA triangle emphasizes the oneness of spirit, mind and body. YMCA wellness programs achieve this unity through programs that emphasize proper exercise, nutrition, health education, avoidance of drug and alcohol abuse and stress management, a sivell as finding a mental and spiritual balance. 2 YMCA facilities are structured to provide members with the opportunity to participate in a wide range of wellness activities suich as group exercise classes, strength training, personal fitness, cycling, aquatic programs and other fitness classes. Finding an activity that interests the individual is a critical component to building healthy exercise habits. The Y works with trained, caring staff to connect members with options that become lifestyle choices to help them live healthier, happier lives. 3 Group Exercise Classes are a cornerstone of the YMCA experience. Passio nate, certified, and engaged instructors help members discover a love for exercise and con tinue to challenge themselves physically. With expansive class offerings ranging from Yoga to Boot Camps, group exercise classes allow members to try new activities, meet new frien ds, and find the motivation to stay with an exercise program. 4 LIVESTRONG at the YMCA is a physical activity and well-being program designed to help adult cancer survivors achieve e their holistic health goals. The evidence-based, 12-week program offers people affected by cancer a supportive environment to participate in physical activities focused on streng thening the whole person, as well as a free Y membership to the entire family for the sess ion's duration. During 2017, 110 cancer survivors participated in 11 sessions of the LIVES TRONG at the YMCA program at 8 branches of the Association. 5 The YMCA's Diabetes Prevent ion Program (YDPP) is an innovative behavior change model to help reduce the burden of chr onic disease in communities across the nation. The program helps adults at high risk of developing type 2 diabetes reduce their risk for developing d

Return Reference	Explanation
Form 990, Part III, Line 4a HEALTHY LIVING	Novant Health jointly received a United Way Place Matters grant to bring diabetes screening and education for both pre-diabetes and diabetes to the underserved population in the 27 105 zip code (East Winston-Salem). By the end of 2017, the STRIDE (Serving Together to Red uce the Impact of Diabetes Through Education) project had enrolled 21 persons in the YDPP program 6. The Y is able to appeal to a wide range of people to set and achieve physical fitness goals through YMCA Races and Triathlon events that are open to the community and support financial assistance scholarships. The 34th Annual YMCA Mistletoe Run was held on S aturday, December 2, 2017. The race supports the Y's efforts to fight childhood obesity in our community, where 41% of children in Forsyth County are considered overweight or obese - more than twice the national average. The race, held at the William G. White, Jir Famil y YMCA near downtown Winston-Salem, is a longstanding community event popular among familities, first-time runners, walkers, and serious athletes alike 2,640 runners and walkers par ticipated in the event, which drew even greater crowds to cheer on participants and attend the Mistletoe Run Post Race Party. Other YMCAs within our Association host 6 other community 5K Races and Triathlon events in six counties within our service area, including the S tokes Family YMCA King of the Hill 5K, the Wilkes Family YMCA Turkey Trot 5K, and the Alex ander County Family YMCA Apple Festival 5K. 7. During 2017, our Association conducted over 45 health fairs, screenings, and information sessions, working with four county health de partments, the American Red Cross, the American Cancer Society, Cancer Services, the Ameri can Diabetes Association, the American Heart Association, Positive Wellness Alliance, loca I colleges and universities, NC Adolescent Pregnancy Prevention Coalition, NC Division of Child Development, Smart Start of Forsyth County, and area hospitals and businesses to pro vide important wellness information to the community. A

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Reference	
Form 990, Part III, Line 4a HEALTHY LIVING	e, and provide tools for a successful wellness journey. For many Y members, uFit is the fo undation and support system for a life of improving health and wellness. 10. Adult Sports Leagues, ranging from basketball and volleyball to kickball and dodge ball, provide an opp ortunity for adults to relive the thrill of being part of a team, expand their social network, and stay active. Friendly competition is a tremendous motivator in helping adults fin d an exercise program that keeps them engaged and eager to return 11. The Stokes Family B ranch offers Wise Start, a grant-funded outreach program that focuses on improving the health and development of children birth to five in child care centers throughout Stokes County. A coordinator travels to sites delivering age-appropriate physical activities for children and staff using the evidence-informed Be Active Kids Movement Guide. Participation over the course of the year included 362 children at 10 different sites, 31 classrooms, and 44 teachers. 12. Physical Education is a critical component to helping children succeed no tonly in an academic setting, but also establish lifelong healthy habits. The Yadkin Family YMCA partners with Yadkin County Schools for students who attend Yadkin Early College to utilize the YMCA facility for physical education activities, serving approximately 45 children each month during the school year.

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Form 990, Part III, Line 4a HEALTHY LIVING (CONTINUED)	13 In 2017, the YMCA provided transportation to a group of 24 developmentally disabled st udents, a teacher and caregivers from the Enrichment Center to the William G. White Jr. Fa mily YMCA (WGW) to participate in group fitness classes. These classes consisted of Zumba, Body Pump, and water aerobics. An Enrichment Center staff has been trained and certified to teach group exercise classes at the Enrichment Center to add wellness to their curricul um. The program was later broadened to include an additional day each month so that studen ts could volunteer at WGW. The students greet members as they enter the facility to help the students build confidence when speaking to others and increase their overall social interaction skills. 14 The YMCA provides nursery and child watch services (children ages 3 m onths-5 years) so that parents and older siblings may participate in YMCA health and wellness activities. Parents are able to exercise in any area of the building including fitness centers and pools, take group exercise classes, and socialize with friends with the peace of mind that their child is safe and having fun with Y staff. This time allows parents to focus on themselves so they can return to their families refreshed and better equipped to support their families. 15 The aquatic environment offers a much needed diverse change in everyday life for those with special needs. It opens up opportunities and structure for those challenged in many ways. We work with other agencies and schools to offer a safe, fun environment for mental and physical classes in structured swimming. From autistic individuals, to those with sight impairment, everyone is welcomed to our aquatic environment to learn and grow from their experiences. We have many participants in our YMCAs that also participate in Special Olympics and the Piedmont Plus Senior Games. 16 Warm water recreation all activities/exercises help improve exercise options for daily living and provide rehabilitation activity for those recovering from severe physical imp

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Form 990, Part III, Line 4a HEALTHY LIVING (CONTINUED)	s are an opportunity for senior citizens to continue their passion for competition and ath letic pursuits. The Y supports seniors through training programs and regional competitions so that they are in the best possible shape to compete. The Wilkes Family YMCA is also in strumental in the Blue Ridge Senior Games to provide this opportunity for seniors in their community. 19 Believing that a part of healthy living involves healthy family relationships, YMCA Adventure Guides is a father-child program designed to help foster understanding and companionship, and to strengthen the relationship between children and their fathers. Participants join a "Circle" of other father/child groups and participate in games, camping trips, ceremonies and family adventures. Adventure Guide compass points - family, naturie, community, fun and the YMCA character development values - provide a sense of direction and inspiration for activities. The immediate gain of YMCA Adventure Guides is evident - spending time together - but the long term gains are even more significant in the relation ships built between parents and children. In 2017, this program served 195 fathers and 273 children. 20. Aquatic safety and lifeguard training provides opportunities for individual s to further develop aquatic safety skills for YMCAs, local pools and homeowners' associations. Classes are offered throughout the year. 21. YMCA programs are designed to attract pleople of all ages, all abilities and all incomes. Financial assistance policies help all pleople gain access to the YMCA, regardless of income level. During times of financial strug gle are often when people need a place to belong, relieve stress in a supportive, healthy environment, and maintain the best possible health. Our financial assistance program allows the Y to ensure our doors are always open for all members of our community, particularly in times of need.

Return Reference	Explanation
Form 990, Part III, Line 4b YOUTH DEVELOPMENT	Child Care 1 Before/after and out of school programs provide child care for children 5 - 15 years of age meeting the needs of working parents during the school year Programs include sports, group games, values education, asset development, healthy snacks and tutoring while serving 2,047 youth (369 before school and 1,678 after school) from 50 schools at 36 school sites, 5 YMCA branches, and two community centers. Parent Advisory Committees and the YMCA Model Child Care Curriculum help guide and direct the Before/After School Child C are Programs. 2. In 2017, the YMCA provided a nutritious healthy snack to 18 mainly at ris k after school care sites. Overall the food grant program served approximately 532 children and was possible due to funding from the NCDHHS Child and Adult Care Food Program. In addition to the healthy snack, the kids also participated in physical activities and healthy lifestyle tutoring. 3 Thanks to a grant from Walmart via YMCA of the USA, we served heal thy snacks including fruits, cereal, vegetables and yogurt at some of our after school sit es and all of our Summer Learning. Academies On average, 1,500 snacks were served each wee k. 4 YMCA programs are designed to help children reach their full potential in a safe, su pportive environment regardless of their family's circumstances. Financial assistance poli cies help all people gain access to the YMCA, regardless of income level. Education & Lead ership 1. Learning should not stop when the school year ends. But some children will return to school in the fall more prepared to succeed than others. Statistically, students from families with fewer resources miss out on key developmental and enrichment opportunities, which can lead to summer learning loss of two months or more in key areas like reading and math. That achievement gap continues to expand over time. If students do not read on gra de level by the end of third grade, the probability that they will graduate high school de creases dramatically. The YMCA Summer Learning Academy is wo

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Form 990, Part III, Line 4b YOUTH DEVELOPMENT	of the participants have increased and/or maintained their grade level in math and/or rea ding based on pre-/post-tests 2 The goals of the YMCA's 21st Century Community Learning Centers' (CCLC) program are to provide a safe, structured, healthy after-school environmen t that focuses on academics in Title I schools for at-risk students and their families The Title I schools being served are located in neighborhoods or serve students from neighbor rhoods that have many or all of the following risk factors stated below (a) low achievement, (b) high poverty, (c) juvenile crime, (d) high level of students performing below grad e level, (e) high drop-out rate, (f) high teen pregnancy rates, (g) high student mobility, (h) under skilled caregivers, (i) limited English proficiency, and (j) poor health and nu trition practices. From 2013 through 2017, the Y has been the lead contractor for NC State University in a 21st Century Community Learning Center (Juntos) with a focus on middle and high school Hispanic and Latino students. The combined programs (Juntos and the Y's 21st CCLC) served two high schools, three middle schools, and three elementary schools during after-school hours Monday through Friday with an enrollment of approximately 350 students, but more than 450 students served throughout 2017. The program components consist of home work assistance and tutoring, STEM (science, technology, engineering and math) activities, a healthy snack, physical fitness, health emphasis, enrichment, and family nights. The programs aim to lower the achievement gap, reduce disciplinary actions and involvement in ju venile crime, improve school attendance, increase parental involvement, improve health and nutrition practices and provide strong character development opportunities. 3 Our Youth & Government Program introduces local middle and high school students to the legislature process of city, county, state, national, and international governments through a hands-on approach Programs such as Youth Legislature (culminating with a

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Reference	
Form 990, Part III, Line 4b YOUTH DEVELOPMENT	fice by their peers 4 In 2017, the Association was selected as the managing agent to deliver the After-School Quality Improvement Grant (QIG) in both the Stokes and Winston-Salem /Forsyth County School Systems. The program is a state pilot program funded through the De partment of Public Instruction which focuses on homework assistance through certified teachers, STEM learning, reading/literacy and other enrichment activities for both elementary (Forsyth) and middle school (Stokes) age students. The grant provides funds to offer this free program to 325 students during the school year and 200 during the summer months to help close the achievement gap and prevent summer learning loss. 5 Helping children become strong leaders for the future is a community effort. The YMCA takes a proactive approach to mentor-ship and leadership development.

programs and provides financial assistance so that all have access, regardless of income level

Explanation

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Form 990, Part III, Line 4b YOUTH DEVELOPMENT (CONTINUED)	6 The Black Achievers Program gives teens (9th - 12th grade) in Forsyth County direct acc ess to volunteer leaders (Adult Achievers) representing business and industry, public heal th and safety, education and community based organizations. Our volunteers serve as role in odels and nurturing figures who emphasize the importance of education. The program provide is career exploration with student achievers working with Adult Achievers to learn about different career paths - architecture and engineering, health and medical, business, education, computers, etc. College preparation is encouraged with SAT preparation and college tours being a part of the nine-month program. The Achievers program has 14 school club offerings where students meet monthly and participate in workshops onsite as well as offsite field trips and college tours. The graduating teens compete for college scholarships and awar ds. In 2017, 13 seniors received scholarships totaling \$32,050. Latino Achievers is a ment oring program for Hispanic/Latino students in grades 6-12. The program is designed to addr ess the growing drop-out rate of Hispanic students in Forsyth County high schools. Latino Achievers has 15 club offerings and gives teens access to Adult Achievers who are Hispanic and bilingual professionals from community organizations in career fields such as finance, media/communications, business, health/medical, education, and law/government to encoura ge academic achievement, social development and personal growth among Hispanic youth. Lati no Achievers uses a career-based curriculum where students meet during school hours once a month, as well as a diverse choice of hands-on monthly Saturday Workshops to explore vari ous career fields and learn the basic skills most employers desire. Students also have the opportunity to attend on college field trips during the school year to have exposure to p ost-secondary education. The program is offered at East Forsyth and Southeast Middle School, North Forsyth, Parkland, Reagan, Reynolds, Mt. Tabo

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Reference	
Form 990, Part III, Line 4b YOUTH DEVELOPMENT (CONTINUED)	600 teens got a taste of post-secondary education and career options while learning the to ols they need to succeed through these two Achievers programs. The Achievers Programs are funded by United Way of Forsyth County. Swim, Sports & Play 1 Team sports are provided at both the youth and adult levels. In 2017, the youth basketball program had 2,989 boys and girls under the age of 18 participate. Each child played a minimum of one-half of each game with a values session conducted before each game. The program collaborates with local s chool systems and churches in order to have adequate gym space. Other team sports include youth soccer (2,301), flag football (660), youth baseball/t-ball (515), volleyball (419), and lacrosse (155). These youth teams were led by over 700 volunteer coaches. With all YMC A sports, the intent is for the participants to have fun while learning to play the sport in an environment that places winning as secondary. Parents and volunteers work together to make each season special for every team member. 2. Swim lessons teach aquatic skills to youth and adults (ages 6 months through senior citizens). Swimming is a life-long activity that improves health and fitness in addition to teaching kids and families to be safe in and around water. At the Davie Family YMCA, a partnership with the Davie County Schools and the United Way of Davie County provides every 2nd grade student with the opportunity to learn how to be safe in and around water through the Water Safety Education Program. In 20.17, 471 students received this life-saving instruction. 3. Over 100 children and adults of all income levels took part in a free week of water safety awareness/swim lessons at the Wilkes Family YMCA in 2017. A partnership with the Wilkes County Schools' Pre-K program and Exceptional Children Classrooms also provided swim lessons for over 500 pre-K students. These free services have a value of over \$39,000 and are funded in part by the United Way of Wilkes County (\$22,000). 4. In 2017, through two generous co

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Form 990, Part III, Line 4b YOUTH DEVELOPMENT (CONTINUED)	financial assistance to help all people gain access to the YMCA, regardless of income lev el. Camping 1. Day camping provides full day recreational, educational and/or specialized child care for youth ages 5 - 13 (14 and 15 year-olds enter our Counselor-In-Training (CIT.) Program to become summer camp counselors at age 16). Multiple day camp and sports camp sites across 6 counties provide a variety of opportunities during the summer for group game s, swimming, and arts and crafts. Educational camp collaborates with local schools and sum mer school programs to provide a summer enrichment program. Sports camps teach basketball, soccer, volleyball and good sportsmanship skills. Approximately 1,500 youth were served most weeks through various day camping programs. 2. Resident camping is designed to help campers enhance their spiritual awareness, mental development, physical well-being, self-est eem, social growth, and respect for the environment. In 2017, summer camper weeks (one child attending camp for one week) at YMCA Camp Hanes totaled 1,572. There were 498 teens part cipating in leadership development programs, over 215 teen campers, and 276 American Diab etic Association campers. The goals of the program include teaching life skills while developing an appreciation of nature and an understanding of positive group living and indepen dence. 3. Adventure trips, horseback riding, paintball and 5-stand skeet shooting programs are offered during summer camp sessions to give many youth their first experience with ca ving, white water rafting, horses, and gun safety. In 2017, over 1,500 campers participate d in these specialty programs while attending YMCA Camp Hanes. 4. The camp experience is m onumental to many children's development. It builds confidence, individuality and self-est eem that stay with the child for the rest of their life. Without the YMCA's financial assistance, many families would not be able to provide a camp experience for children.

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Form 990, Part III, Line 4c SOCIAL RESPONSIBILITY	1 Financial Assistance Policy The heart of the YMCA's mission is to reach out and serve people in our communities who are in need. The YMCA strives to turn no one away due to an inability to pay a program or membership fee. Our Open Doors Program allows individuals and damilies to access YMCA membership and programs on a sliding-fee scale that is designed to respond to individual circumstances (e.g. when a parent loses his/her job, when medical bills become overwhelming, when living on a fixed-income, etc.) Applications and awards of financial assistance are reviewed periodically to determine if the same level of award is appropriate, i.e. have circumstances changed for the recipient. During 2017, \$2,204,266 of financial assistance was provided for Y programs and membership fees to 18,817 individuals 2. Raising literacy levels is an integral part of our mission of "Helping people rea chitheir God-given potential in spirit, mind, and body." The YMCA of Northwest North Carol ina provides adult and family literacy services at no cost to participants through our Lit eracy Program. Program staff recruit, train, and support volunteers who tutor individuals or small groups of adults in 40-hour programs of English as a Second Language and basic re ading skills. In 2017, the program also helped participants improve job-seeking skills. Program staff and 108 trained volunteers tutored 190 adults in Adult and Family Literacy Programs helping them reach their goals of entering employment, job training or GED programs, or becoming more involved in their children's education. The Literacy Program at the Ledges Apartments' Children Center provided homework help and literacy enrichment activities for 45 preschool and elementary children. The YMCA Literacy Program is funded by the United Way of Forsyth County, North Carolina Community Colleges System, and donations to the YMCA Annual Giving Campaign. Also, thanks to a grant from the Kate B. Reynolds Charitable Tru st, technology is one tool making an incredible difference in the

Return Reference	Explanation
Form 990, Part III, Line 4c SOCIAL RESPONSIBILITY	shopping adventure. Some also receive haircuts to boost their confidence for their first day of school. During 2017, over 500 students benefited from the program supported by more than 600 volunteers. 4. At YMCA Camp Hanes, the Outdoor Education Program takes classroom lessons and brings them to life with educational, hands-on activities that complement the curriculum based on the North Carolina State Standard Course of Study for Education. Students begin to understand what they're learning from a textbook in a new and different way. Time at camp allows students to see each other in a different setting that promotes and e noourages cooperation, teamwork, and understanding of their own abilities and potential. Trained professionals facilitate the learning experience through group work, guided discover y, participatory discussions, and fun activities. In 2017, over 6,500 participants, inclu ding 5,300 students from 59 schools experienced this hands-on learning at YMCA Camp Hanes. 5. For the summer of 2017, YMCA Camp Hanes was one of 22 accredited YMCA and 4-H camps ac ross the nation partnering with Camp Corral-a free, one-of-a-kind, weeklong summer camp for military children, with priority registration given to children of wounded, disabled or fallen military service members in a fun-filled week that included a variety of fun camp activities, including a Hero Day ceremony on Wednesday. At Camp Corral kids are free to be kids, away from the day-to-day challenges they face in their military families. Kids pa rticipate in traditional outdoor activities such as archery, canoeing and swimming, and ha ve the opportunity to meet other kids who share similar family situations. 6. Non-summer C onference/Retreat Programs are designed to allow campers the same opportunities as a resid ent camper, but on a smaller scale over a long weekend. The Conference Center at YMCA Camp Hanes was utilized by over 4,211 individuals from 113 different groups in 2017. The YM CA of Northwest North Carolina has strong international ties thr

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Reference	·
	fited families of active and deployed soldiers served 331 members Launched in October 200 8, the YMCA Military Outreach
Line 4c SOCIAL	Initiative provides government funding for eligible military families to receive free memberships at full-facility YMCAs in their
RESPONSIBILITY	communities

Explanation

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Reference

INFORMATION

Form 990, Part THE WEBSITE FOR THE YMCA OF NORTHWEST NORTH CAROLINA CONTAINS A SECTION LABELED "ABOUT US"
VI, Line 19 WHERE A LINK TO THE CFO'S EMAIL ADDRESS IS MAINTAINED FOR REQUESTING OF A COPY OF THE MOST RECENT
REQUESTING FORM 990 OR ANY RELATED QUESTIONS

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The President's Cabinet consists of the acting Chief Volunteer Officer (CVO), CVO-elect, Treasurer, Secretary, immediate past CVO, the CEO and such other individual(s) as may be designated by the Association Board of Directors (BOD) from time to time The President's Cabinet has the full power and authority to supervise and act upon all business of the Association Board of Directors during intervals between the regular meetings of the BOD

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Reference	
Form 990,	The YMCA of Northwest North Carolina is a membership association of men, women, and children of all ages, abilities, incomes,
Part VI, Line	races, and religions. The association is dedicated to "Helping people reach their God-given potential in spirit, mind and body."
6 Classes of	Christian principles are put into practice through programs that promote healthy living, youth development, and social
members or	responsibility. By enrolling as YMCA members, individuals may participate in the programs described above and utilize the indoor
stockholders	and outdoor facilities of the YMCA. In addition, YMCA members serve as the primary source of program and policy-making

volunteers, as well as, donors to the annual fund-raising campaign, which supports the YMCA's financial assistance program

Explanation

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Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The role of the voting members of the YMCA of Northwest North Carolina is to elect the Association Board of Directors at the annual meeting. Voting members may cast one vote on any items of business properly brought before the members for consideration at the annual meeting, including election of the governing body. No decisions made by the governing body are subject to approval by the members.

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Form 990,	The Audit Committee reviews and approves the Form 990 Upon approval, the return is provided to each board member of the
Part VI, Line	Association Board of Directors prior to it being filed with the IRS
11b Review	
of form 990	
by governing	
body	

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Annual disclosures by directors and employees are reviewed by Association Office staff and any conflicts or potential conflicts are noted so that appropriate action can be taken, e.g. directors would be excluded from approval votes if process would involve a transaction related to their conflict of interest

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Evaluation and Compensation Committee of the Association Board of Directors is comprised of the Chief Volunteer Officer (CVO), CVO-Elect, the immediate past CVO, the Secretary, and the Treasurer. It is the duty and responsibility of the Evaluation and Compensation Committee to appraise the performance of the President/CEO annually on or about the end of the fiscal year and based on that appraisal to determine the President/CEO's compensation for the next fiscal year. Determination of the President/CEO's compensation and review of other senior staff compensation shall be made after an examination of comparability to compensation levels paid by similarly situated organizations to ensure that compensation is fair and reasonable. The Evaluation and Compensation Committee shall annually document comparability in writing and maintain documentation with the human resources department.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Positions included in compensation review and approval include President & Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Marketing & Development Officer, and Chief Human Resources Officer

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Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The governing documents of the YMCA of Northwest North Carolina (articles of incorporation, bylaws, 501(c)(3) exemption letter) and the Conflict of Interest Policy are maintained at the Administrative Offices of the organization and are available to the public upon request for inspection and/or to be copied. The most recent audited financial statements of the organization are available to the public via the organization's website under the area labeled "About Us".

Evolunation

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