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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

YMCA BLUE RIDGE ASSEMBLY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

84 BLUE RIDGE CIRCLE

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

BLACK MOUNTAIN, NC 28711

F Name and address of principal officer

MELISSA LOGAN

84 BLUE RIDGE CIRCLE

BLACK MOUNTAIN, NC 28711

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.BLUERIDGEASSEMBLY.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1943

M State of legal domicile

NC

D Employer identification number

56-0532130

E Telephone number

(828) 669-8422

G Gross receipts \$ 5,619,078

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROVISION OF PROGRAMS AND FACILITIES FOR YMCA AND OTHER NONPROFIT CONFERENCES AND TRAINING

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

3 Number of voting members of the governing body (Part VI, line 1a)

27

4 Number of independent voting members of the governing body (Part VI, line 1b)

27

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

237

6 Total number of volunteers (estimate if necessary)

210

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

608,378

9 Program service revenue (Part VIII, line 2g)

4,310,844

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

42,836

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

86,355

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

5,048,413

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

133,364

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

2,702,215

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶132,155

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

2,442,457

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

5,278,036

19 Revenue less expenses Subtract line 18 from line 12

-229,623

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

16,123,346

21 Total liabilities (Part X, line 26)

2,197,282

22 Net assets or fund balances Subtract line 21 from line 20

13,926,064

Part II Signature Block

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

Sign Here

Signature of officer

2018-06-25

Date

MELISSA LOGAN PRESIDENT / CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

RUFUS W DOLLAR

Preparer's signature

RUFUS W DOLLAR

Date

2018-06-27

Check ☐ if self-employed

PTIN

P01293995

Firm's name ▶ CARTER P C

Firm's EIN ▶ 38-3828234

Firm's address ▶ 16 BILTMORE AVE STE 200

Phone no (828) 259-9900

ASHEVILLE, NC 288013617

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO ENABLE STAFF AND GUESTS, ESPECIALLY THE YOUNG, TO DEVELOP THEIR FULLEST POTENTIAL IN SPIRIT, MIND AND BODY YMCA BLUE RIDGE ASSEMBLY SEEKS TO FULFILL THIS PURPOSE BY 1) SERVING YMCA AND OTHER NON-PROFIT TRAINING EVENTS AND CONFERENCES OF A RELIGIOUS, EDUCATIONAL OR COMMUNITY SERVICE NATURE 2) SERVING STAFF BY PROVIDING LEADERSHIP TRAINING IN A WORK EXPERIENCE WITH A CHRISTIAN ATMOSPHERE 3) PROVIDING PROGRAMS WHICH DEVELOP SELF-ESTEEM AND SELF CONFIDENCE, BUILD LASTING RELATIONSHIPS, ENCOURAGE INTERPERSONAL UNDERSTANDING OF INDIVIDUAL DIFFERENCES AND INCREASE CIVIC ENGAGEMENT 4) SERVICES ARE OFFERED AT AFFORDABLE FEES WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 2,776,539	including grants of \$ 168,963)	(Revenue \$)
See Additional Data				

4b	(Code)	(Expenses \$ 813,813	including grants of \$)	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$ 1,196,784	including grants of \$)	(Revenue \$)
See Additional Data				

(Code)	(Expenses \$)	including grants of \$)	(Revenue \$)
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TO ENABLE STAFF AND GUESTS, ESPECIALLY YOUTH, TO ACHIEVE THEIR FULL POTENTIAL IN SPIRIT, MIND AND BODY YMCA BLUE RIDGE ASSEMBLY SEEKS TO FULFILL THIS PURPOSE BY 1) SERVING YMCA AND OTHER NON-PROFIT ORGANIZATIONS, TRAINING EVENTS AND CONFERENCES OF A RELIGIOUS, EDUCATIONAL OR COMMUNITY SERVICE NATURE 2) SERVING STAFF BY PROVIDING LEADERSHIP TRAINING IN A WORK EXPERIENCE WITH A CHRISTIAN ATMOSPHERE 3) PROVIDING PROGRAMS WHICH DEVELOP SELF-ESTEEM AND SELF CONFIDENCE, BUILD LASTING RELATIONSHIPS, ENCOURAGE UNDERSTANDING OF CULTURAL AND INDIVIDUAL DIFFERENCES AND INCREASE CIVIC ENGAGEMENT 4) SERVICES ARE OFFERED AT AFFORDABLE FEES WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE THE ORGANIZATION HAS ALL VOLUNTEER MEMBERS ON THE BOARD OF DIRECTORS OTHER VOLUNTEER ROLES INCLUDE ASSISTING IN THE GIFT SHOP, CRAFT ROOM, MAINTENANCE DEPARTMENT, AND/OR DINING ROOM DURING FY 2017, YMCA BLUE RIDGE ASSEMBLY PROVIDED FINANCIAL ASSISTANCE AND SUBSIDIZED SERVICES FOR TEENS, ADULTS AND FAMILIES WHO MIGHT NOT OTHERWISE HAVE BEEN ABLE TO PARTICIPATE LISTED BELOW ARE SOME OF THOSE PROGRAMS AND SERVICES - YMCA BLUE RIDGE ASSEMBLY SERVED 646 GROUPS CONSISTING OF 33,653 KIDS, FAMILIES MEMBERS, AND ADULTS - 130,586 IN SCHOLARSHIPS AND GRANTS WERE AWARDED TO PUBLIC SCHOOL AND YMCA YOUTH CONFERENCES PROVIDING FINANCIAL ASSISTANCE TO 6,172 YOUTH - 6,549 IN GRANTS WAS AWARDED TO 454 FAMILY MEMBERS PARTICIPATING IN INTERGENERATIONAL PROGRAM ACTIVITIES - 36,000 PROVIDED THE OPPORTUNITY FOR PERSONAL DEVELOPMENT THROUGH AN INTEGRATED PROGRAM OF WORK, STUDY, RECREATION AND WORSHIP IN A CHRISTIAN ATMOSPHERE FOR 213 AMERICAN AND INTERNATIONAL STUDENTS AND VOLUNTEERS - 13,060 UNDERWROTE A WEEKEND RESPITE FOR 92 CANCER SURVIVORS AND SPOUSES AS THEY PARTICIPATED IN BLUE RIDGE'S LIVESTRONG PROGRAM - 51,000 UNDERWROTE THE BOYS AND GIRLS LEADERSHIP DEVELOPMENT PROGRAM (BOLD & GOLD), PROVIDING SCHOLARSHIPS THAT WIDENED ACCESS TO THE PROGRAM AMONG UNDERSERVED POPULATIONS AND BUILDING OUR CAPACITY AS A REGIONAL TRAINING CENTER FOR PARTNER YMCAS IN THE SOUTHEAST - TOGETHER PARTNER YMCAS, VENDORS, INDIVIDUALS AND FOUNDATIONS CONTRIBUTED 244,032 TO THE 2017 BLUE RIDGE SCHOLARSHIP FUND ANNUAL CAMPAIGN - INTERNATIONAL STAFF FROM CHINA, COLOMBIA, JAMAICA, JAPAN, RUSSIA, SPAIN, THAILAND, TURKEY, KHAZAKHSTAN, PUERTO RICO, ISRAEL, BRAZIL AND LITHUANIA BROUGHT GLOBAL DIVERSITY TO THE ASSEMBLY YMCA BLUE RIDGE ASSEMBLY STRENGTHENS THE COMMUNITY BY - GIVING TEENS THE OPPORTUNITY TO REACH THEIR MAXIMUM SELF-POTENTIAL THROUGH LEADERSHIP DEVELOPMENT - TEACHING SERVICE-BASED LEADERSHIP AND OFFERING HANDS-ON LEARNING EXPERIENCES TO TEENS AND CHURCH GROUPS - PROVIDING UNIQUE OPPORTUNITIES FOR CHILDREN, TEENS, FAMILIES, CHURCHES, BUSINESSES AND OTHER GROUPS TO DEVELOP SELF-WORTH, COMMUNICATION AND TEAM- BUILDING THROUGH EXPERIENTIAL EDUCATION PROGRAMS - OFFERING FAMILY PROGRAMS THAT IMPROVE COMMUNICATION AND STRENGTHEN THE INTERGENERATIONAL BONDS - COLLABORATE WITH HUMAN SERVICE ORGANIZATIONS IN AN EFFORT TO ENHANCE THEIR TRAINING, RETREAT AND LEADERSHIP DEVELOPMENT NEEDS - DEVELOPING STAFF INITIATIVE AND JOB SKILLS THROUGH INTERNSHIPS, TRAINING PROGRAMS AND SUPERVISED WORK EXPERIENCES - CREATING NEW PARTNERSHIPS WITH LOCAL NON-PROFITS THROUGH THE PARTICIPATION OF SERVICE-MINDED GROUPS - DEVELOPING GLOBAL PERSPECTIVES THROUGH THE INTERCULTURAL MIX OF OUR COLLEGIATE STAFF - PROMOTING HEALTHY LIFESTYLES FOR PEOPLE OF ALL AGES THOUGH OUTDOOR AND INDOOR SPORTS - ENCOURAGING ENGAGEMENT OPPORTUNITIES WITH THE LOCAL COMMUNITY THROUGH OUTDOOR ACTIVITIES AND HERITAGE ARTS - MAINTAINING A COMMUNITY GARDEN FROM WHICH PRODUCE IS DONATED TO A LOCAL FOOD PANTRY TO HELP COMBAT LOCAL FOOD INSECURITY

4d	Other program services (Describe in Schedule O)	(Expenses \$)	including grants of \$)	(Revenue \$)
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4e	Total program service expenses	4,787,136
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	29	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	237	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	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).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	27		
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	27		
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?	3			No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6 Did the organization have members or stockholders?	6			No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a 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

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

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a		No	
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			
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		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	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?				
a 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?	16b			

Section C. Disclosure

17 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. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. ▶LINDA BURTON 84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 28711 (828) 669-8422	

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

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

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

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	645,067
g Noncash contributions included in lines 1a-1f \$ <u>200</u>		
h Total. Add lines 1a-1f		645,067

Program Service Revenue

	Business Code				
2a DINING ROOM		1,873,261	1,873,261		
b ROOM RENT		1,841,942	1,841,942		
c FAMILY LODGE RENT		499,630	499,630		
d PROGRAM FEES		393,478	393,478		
e CABIN RENT		201,776	201,776		
f All other program service revenue		8,810	8,810		
g Total. Add lines 2a-2f		4,818,897			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		40,090			40,090
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	40,153			
b Less cost of goods sold	b	17,461			
c Net income or (loss) from sales of inventory		22,692			22,692
Miscellaneous Revenue	Business Code				
11a FOOD SALES	722210	74,419			74,419
b VENDING MACHINES	900099	452			452
c					
d All other revenue					
e Total. Add lines 11a-11d		74,871			
12 Total revenue. See Instructions		5,601,617	4,818,897		137,653

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	74,172	74,172		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	94,791	94,791		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	348,143	139,257	139,257	69,629
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,857,409	1,752,995	71,327	33,087
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	123,393	112,278	8,312	2,803
9 Other employee benefits.	203,787	200,589	3,451	-253
10 Payroll taxes.	152,176	129,349	16,129	6,698
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	19,972		19,972	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,937	11,389	16,548	
12 Advertising and promotion.	18,936	18,936		
13 Office expenses.	604,886	552,956	33,232	18,698
14 Information technology.				
15 Royalties.				
16 Occupancy.	443,034	437,852	5,182	
17 Travel.	84,769	65,749	17,527	1,493
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	39,845	39,845		
21 Payments to affiliates.	41,853	41,853		
22 Depreciation, depletion, and amortization.	523,878	476,729	47,149	
23 Insurance.	126,319	118,740	7,579	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COST OF FOOD	479,119	479,119		
b				
c				
d				
e All other expenses	40,537	40,537		
25 Total functional expenses. Add lines 1 through 24e.	5,304,956	4,787,136	385,665	132,155
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		10,140	1	9,041
	2	Savings and temporary cash investments		2,505,010	2	2,357,165
	3	Pledges and grants receivable, net		1,100,015	3	823,219
	4	Accounts receivable, net		188,215	4	220,592
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		62,134	8	71,835
	9	Prepaid expenses and deferred charges		42,453	9	27,292
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	26,173,124		
	b	Less: accumulated depreciation	10b	18,200,572		
				7,612,515	10c	7,972,552
	11	Investments—publicly traded securities		144,746	11	
	12	Investments—other securities. See Part IV, line 11		4,458,118	12	4,792,783
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		16,123,346	16	16,274,479	
Liabilities	17	Accounts payable and accrued expenses		207,221	17	184,651
	18	Grants payable			18	
	19	Deferred revenue		163,839	19	189,620
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		380,373	21	338,516
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		1,445,849	24	799,349
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,197,282	26	1,512,136
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		5,135,314	27	7,139,342
	28	Temporarily restricted net assets		4,139,794	28	2,791,108
	29	Permanently restricted net assets		4,650,956	29	4,831,893
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,926,064	33	14,762,343
	34	Total liabilities and net assets/fund balances		16,123,346	34	16,274,479

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,601,617
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,304,956
3	Revenue less expenses Subtract line 2 from line 1	3	296,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,926,064
5	Net unrealized gains (losses) on investments	5	396,962
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	110,839
9	Other changes in net assets or fund balances (explain in Schedule O)	9	31,817
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,762,343

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 56-0532130
Name: YMCA BLUE RIDGE ASSEMBLY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

YMCA BLUE RIDGE PREPARES THE NEXT GENERATION OF LEADERS THROUGH TAILORED LEADERSHIP PROGRAMMING THAT KEEPS THEM ENGAGED AND ACTIVELY LEARNING THROUGH UNDERSTANDING AND APPLICATION. THEY MAY DRAW ON THE SKILLS LEARNED AT YMCA BLUE RIDGE - TEAMWORK, INTERPERSONAL COMMUNICATION, CRITICAL THINKING AND SOCIAL AWARENESS - IN ANY CONTEXT THROUGHOUT LIFE, AND WILL FIND THESE SKILLS ESSENTIAL TO BUILDING A SOLID FOUNDATION OF GOOD CHARACTER AND SELF-CONCEPT. OUR TEACHING MODEL CREATES CONFIDENT KIDS TODAY THAT WILL BECOME CONTRIBUTING, ENGAGED ADULTS TOMORROW. PLEASE SEE SCHEDULE O FOR CONTINUATION. AT YMCA BLUE RIDGE, WE ARE SURROUNDED BY A UNIQUELY BEAUTIFUL NATURAL LANDSCAPE WHICH INFORMS AND INSPIRES OUR MISSION. WE ARE ABLE TO UTILIZE THE WORLD IMMEDIATELY AROUND US AS A PLATFORM FOR ADVENTURE, SELF- DISCOVERY, AND HANDS-ON LEARNING. WHETHER TRAVERSING A CHALLENGE COURSE, HIKING IN THE WOODS, EXPLORING A CREEK ECOSYSTEM, OR CONQUERING AN OUTDOOR TEAMBUILDING EXERCISE, OUR PROGRAM PARTICIPANTS ARE ENCOURAGED TO FACE NEW CHALLENGES IN A POSITIVE, ENERGIZING ENVIRONMENT. THEY ARE ABLE TO LEARN ABOUT THEMSELVES AND THEIR PEERS, NAVIGATE THEIR STRENGTHS AND WEAKNESSES, AND DEVELOP CONFIDENCE AND TRUST IN THEMSELVES AND OTHERS. YMCA BLUE RIDGE STAFF ARE EQUIPPED AND PROUD TO SEE EVERY INTERACTION WITH A YOUNG PERSON AS AN OPPORTUNITY FOR LEARNING, DEVELOPMENT, MENTORSHIP AND LIFE-LONG IMPACT. THE BELIEF THAT TODAY'S YOUTH ARE TOMORROW'S LEADERS IS AT THE CORE OF EVERYTHING WE DO, AND AS SUCH WE ARE COMMITTED AND AWARE OF OUR ROLE IN THEIR FORMATIVE YEARS.

Form 990, Part III, Line 4b:

YMCA BLUE RIDGE SUPPORTS HEALTHY LIVING BY OFFERING OPPORTUNITIES FOR GUESTS TO REFRESH AND RENEW IN SPIRIT, MIND AND BODY. WE ARE A SANCTUARY, A PLACE WHERE THE REFUGE OF NATURE MEETS THE REALITY OF EXPERIENCES THAT MANY MAY NOT OTHERWISE HAVE ACCESS TO OR THE ABILITY TO ENJOY. VISITORS OF ALL AGES FIND YMCA BLUE RIDGE A PLACE OF REST FROM THE STRESS AND PRESSURE OF EVERYDAY LIFE. OUR CAMPUS'S BEAUTY PROVIDES INSPIRATION FOR ALL TO REFLECT ON THE WONDER OF CREATION AND THEIR PLACE WITHIN IT, HELPING US AUTHENTICALLY FOSTER SPIRITUAL GROWTH FOR ALL. OUR FACILITIES, PROGRAMMING AND TAILORED STAFF-LED ACTIVITIES ALSO PROVIDE INTELLECTUAL GROWTH FOR ALL AGES. INTENTIONAL SPACES WHERE COMMUNITY, FELLOWSHIP AND DISCUSSION MAY BE FOSTERED ARE READILY AVAILABLE, AND INDOOR ACTIVITIES INCLUDING OUR HERITAGE ARTS STUDIO INVITE GUESTS TO EXPLORE THEIR CREATIVITY. OUR ADVENTURE, CHALLENGE, ROPES, AND OTHER OUTDOOR COURSES PROMOTE PERSONAL DETERMINATION, TEAMWORK, AND PROBLEM SOLVING. THE IMPACT, INFLUENCE AND IMPORTANCE OF A HEALTHY LIFESTYLE ARE A PART OF THE DAILY OPERATIONS AT YMCA BLUE RIDGE, FROM WELL-BALANCED MEAL OPTIONS TO AN ABUNDANCE OF RECREATIONAL OPPORTUNITIES. THE NATURAL ENVIRONMENT, WELL-MAINTAINED HIKING TRAILS, AND OUTDOOR ACTIVITIES LIKE DISC GOLF, VOLLEYBALL AND MORE ENCOURAGE GROUPS AND FAMILIES TO GET OUTSIDE AND ENGAGE WITH THE NATURAL WORLD AND WITH EACH OTHER, INFUSING PHYSICAL PLAY, CURIOSITY AND LEARNING. SEE SCHEDULE O FOR MORE DETAILS.

Form 990, Part III, Line 4c:

YMCA BLUE RIDGE'S NEIGHBORS SPAN THE SOUTHEAST UNITED STATES WE HAVE THE UNIQUE OPPORTUNITY TO IMPACT MORE THAN 30,000 LIVES PER YEAR THEY ARE OUR COMMUNITY TO THEM, WE OFFER A SAFE PLACE WHERE HEALTHY DISCUSSION AND BOTH MUTUAL AND DISSENTING VIEWPOINTS CAN BE SHARED AND ADDRESSED AT YMCA BLUE RIDGE, WE LIVE OUT OUR VALUES OF HOSPITALITY AND INCLUSION TO ENSURE THAT ALL ARE ABLE TO EXPERIENCE WHAT WE OFFER EACH YEAR, WE RELY ON GENEROUS DONATIONS TO OUR ANNUAL CAMPAIGN WE VALUE OUR DOORS BEING OPEN TO EVERYONE, REGARDLESS OF FINANCIAL STANDING OUR SERVICE LEARNING PROGRAM IS ANOTHER UNIQUE YMCA BLUE RIDGE INITIATIVE WHICH INSPIRES A SPIRIT OF SERVICE IN YOUNG ADULTS BY ENGAGING THEM IN HANDS-ON SERVICE PROJECTS IN THE COMMUNITY WE PARTNER WITH LOCAL ORGANIZATIONS AND EQUIP YOUNG PEOPLE WITH THE SKILLS AND TOOLS NECESSARY TO SERVE THOSE IN WESTERN NORTH CAROLINA, INSTILLING THE VALUE OF SERVICE LEADERSHIP WITHIN THEM SO THEY CAN CONTINUE TO SERVE IN THEIR COMMUNITIES BACK HOME OUR CAUSE IS TO PROVIDE A SAFE ENVIRONMENT FOR PEOPLE TO CONNECT, LEARN, GROW AND THRIVE WE BELIEVE THAT THE VALUE OF OUR WORK IS MOST NOBLE, HONORABLE AND IMPACTFUL IF WE CAN MEASURE IT BY HOW IT IMPROVES THE LIVES OF OTHERS THIS BELIEF INFORMS THE WAY WE SERVE OUR GUESTS, TEACH YOUTH, CULTIVATE RELATIONSHIPS, AND INSPIRE LIFE-LONG LEARNING IN ALL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES WOODS CHAIR	2 00	X		X				0	0	0
JAMES ANDERSON VICE CHAIR	2 00	X		X				0	0	0
PATRICIA WEST SECRETARY	2 00	X		X				0	0	0
EVAN LEVY TREASURER	2 00	X		X				0	0	0
CLARK BAKER BOARD MEMBER	2 00	X						0	0	0
PAUL BREAZEALE BOARD MEMBER	2 00	X						0	0	0
KAREN DEBLIEUX BOARD MEMBER	2 00	X						0	0	0
HOLLIS DOWNS BOARD MEMBER	2 00	X						0	0	0
CINDY FERGUSON BOARD MEMBER	2 00	X						0	0	0
WILEY GRADY BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID GRAY BOARD MEMBER	2 00	X						0	0	0
TONYA HAMMOND BOARD MEMBER	2 00	X						0	0	0
CAL JOHNSON BOARD MEMBER	2 00	X						0	0	0
TIM JOYCE BOARD MEMBER	2 00	X						0	0	0
BYRD LARBERG BOARD MEMBER	2 00	X						0	0	0
DOUG MCMILLAN BOARD MEMBER	2 00	X						0	0	0
DENNIS PFEFFERLE BOARD MEMBER	2 00	X						0	0	0
PHIL PHILLIPS BOARD MEMBER	2 00	X						0	0	0
HOPE STOCKTON BOARD MEMBER	2 00	X						0	0	0
WORTH THOMAS BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KERRY UFFMAN BOARD MEMBER	2 00	X						0	0	0
WEB WALKER BOARD MEMBER	2 00	X						0	0	0
WILL WEATHERFORD BOARD MEMBER	2 00	X						0	0	0
STUART WEIDIE BOARD MEMBER	2 00	X						0	0	0
SHANE WILLIAMSON BOARD MEMBER	2 00	X						0	0	0
JOHN WOLFORD BOARD MEMBER	2 00	X						0	0	0
CHRIS YOUNG BOARD MEMBER	2 00	X						0	0	0
GEORGE REHNQUIST P CHAIR (TO	2 00	X		X				0	0	0
CHRIS AYERS BRD MBR (TO	2 00	X						0	0	0
GARY COBBS BRD MBR (TO	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANET DUNN BRD MBR (TO)	2 00	X						0	0	0
JOHN LASS BRD MBR (TO)	2 00	X						0	0	0
KURT STRINGFELLOW BRD MBR (TO)	2 00	X						0	0	0
MELISSA LOGAN PRESIDENT /	40 00			X				99,515	0	32,219
LINDA BURTON FINANCE DIRE	40 00			X				66,441	0	13,313
KURT L ECKEL CEO (THRU MA	40 00			X				107,421	0	29,233

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YMCA BLUE RIDGE ASSEMBLY INC

Employer identification number
56-0532130

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	328,762	2,289,084	1,318,826	608,378	645,067	5,190,117
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	328,762	2,289,084	1,318,826	608,378	645,067	5,190,117
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)						564,438
6	Public support. Subtract line 5 from line 4						4,625,679

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	328,762	2,289,084	1,318,826	608,378	645,067	5,190,117
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,084	29,748	34,843	42,836	40,090	174,601
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI)					115,024	115,024
11	Total support. Add lines 7 through 10						5,479,742
12	Gross receipts from related activities, etc (see instructions)					12	20,549,911
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 84.410 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 81.330 %
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 ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	328,762	2,289,084	1,318,826	608,378	645,067	5,190,117
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	3,527,579	3,827,215	4,065,376	4,310,844	4,818,897	20,549,911
3 Gross receipts from activities that are not an unrelated trade or business under section 513	84,698	94,081	110,992	111,178	115,024	515,973
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,941,039	6,210,380	5,495,194	5,030,400	5,578,988	26,256,001
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	62,233	678,771	276,995	70,948	133,517	1,222,464
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	62,233	678,771	276,995	70,948	133,517	1,222,464
8 Public support. (Subtract line 7c from line 6.)						25,033,537

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	3,941,039	6,210,380	5,495,194	5,030,400	5,578,988	26,256,001
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,084	29,748	34,843	42,836	40,090	174,601
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	27,084	29,748	34,843	42,836	40,090	174,601
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,968,123	6,240,128	5,530,037	5,073,236	5,619,078	26,430,602

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	94.710 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	94.700 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.000 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.000 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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 the role played by the organization in this regard.</i>		
	3b	

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

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

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

Part V

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

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

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

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YMCA BLUE RIDGE ASSEMBLY INC

Employer identification number
56-0532130

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,901,589	8,736,563	8,432,360	6,489,682	6,071,598
b Contributions	678,486	328,273	1,040,052	1,971,469	482,563
c Net investment earnings, gains, and losses	757,695	598,011	-135,141	243,711	625,316
d Grants or scholarships					
e Other expenditures for facilities and programs	2,714,769	872,097	600,708	272,502	689,795
f Administrative expenses					
g End of year balance	7,623,001	8,790,750	8,736,563	8,432,360	6,489,682

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

15 730 %

b

Permanent endowment

63 390 %

c

Temporarily restricted endowment

20 880 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		443,786		443,786
b Buildings		19,958,287	13,124,210	6,834,077
c Leasehold improvements		1,777,500	1,646,800	130,700
d Equipment		3,852,170	3,429,562	422,608
e Other		141,381		141,381
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,972,552

Schedule D (Form 990) 2017

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INTEREST IN ASSETS HELD BY OTHERS	4,792,783	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,792,783	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,009,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	396,962
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	10,646
e	Add lines 2a through 2d	2e	407,608
3	Subtract line 2e from line 1	3	5,601,617
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,601,617

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

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

1	Total expenses and losses per audited financial statements	1	5,326,127
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	21,171
e	Add lines 2a through 2d	2e	21,171
3	Subtract line 2e from line 1	3	5,304,956
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,304,956

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-0532130
Name: YMCA BLUE RIDGE ASSEMBLY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION MAINTAINS APPROXIMATELY 40 SEPARATE ENDOWMENTS WHICH ARE DIVIDIED INTO THREE MAJOR CATEGORIES CAPITAL IMPROVEMENTS, YMCA YOUTH CONFERENCES AND YOUTH DEVELOPMENT, AND COLLEGIATE WORK STUDY PROGRAMS CATEGORY OF USE, SPECIFIC USE, AND TERMS OF RELEASE ARE ESTABLISHED BY THE INDIVIDUAL CONTRIBUTORS OF THE ENDOWMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SEC 501(C)(3) EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	PRESENT VALUE ADJUSTMENT 10,646

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RECOVERY OF BAD DEBTS 21,171

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
YMCA BLUE RIDGE ASSEMBLY INC

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

56-0532130

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

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

- 2

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

3
- 3

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOOL & YOUTH GROUP	4052		75,242	FMV	DISCOUNTS/REDUC
(2) FAMILY REUNION SUPPORT	454		6,549	FMV	DISCOUNTS/REDUC
(3) LIVESTRONG RETREAT	98		13,000	FMV	TUITION ASSISTA
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE ANNUAL CAMPAIGN PROVIDES SCHOLARSHIP MONEY TO ENABLE TEENS IN NEED TO PARTICIPATE IN MAJOR YMCA NATIONAL YOUTH CONFERENCES HELD AT THE ORGANIZATION'S MEETING FACILITIES. IN ADDITION, THIS CAMPAIGN OFFERS GRANT ASSISTANCE TO PUBLIC SCHOOL YOUTH TO PARTICIPATE IN EXPERIENTIAL EDUCATIONAL OPPORTUNITIES AND SUPPORTS FAMILY PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES AND ENCOURAGE INTERGENERATIONAL BONDING EXPERIENCES. ORGANIZATIONS AND FAMILIES SUBMIT A GRANT REQUEST OUTLINING SPECIFIC NEEDS. GRANT REQUESTS ARE REVIEWED BY THE ORGANIZATION'S MANAGEMENT. THE ORGANIZATION MAINTAINS TIGHT CONTROLS OVER THE DISTRIBUTION OF THESE FUNDS, AS WITH VERY FEW EXCEPTIONS, GRANT MONEY IS APPLIED AS A CREDIT TO THE ORGANIZATION OR FAMILY PROGRAM INVOICE.
SCHEDULE I, PAGE 4, PART IV	PART III - DESCRIPTION OF NONCASH ASSISTANCE. SCHOOL AND YOUTH GROUP: ASSISTANCE GIVEN TO OUR SCHOOL AND YOUTH GROUPS ARE FUNDS FROM OUR ANNUAL CAMPAIGN. THESE FUNDS PROVIDE RECIPIENTS WITH OPPORTUNITIES TO THRIVE, LEARN AND BUILD CHARACTER THROUGH EDUCATIONAL, DEVELOPMENTAL, AND OUTDOOR ADVENTURE PROGRAMMING. FAMILY REUNION SUPPORT: TO CONTINUE HELPING FAMILIES STRENGTHEN, BUILD TRADITIONS, AND BOND MULTI-GENERATIONALLY, OUR ANNUAL CAMPAIGN ASSISTS THOSE WHO CHOOSE BLUE RIDGE AS A REUNION SITE. ASSISTANCE MAY COVER COSTS INCLUDING LODGING, PROGRAMMING, AND/OR MEALS. LIVESTRONG RETREAT: OUR LIVESTRONG RETREAT IS PART OF A NATIONWIDE YMCA INITIATIVE THAT EQUIPS CANCER SURVIVORS AND THOSE UNDERGOING TREATMENT TO STRENGTHEN AND LIVE HEALTHY LIVES BOTH PHYSICALLY AND EMOTIONALLY THROUGH ANNUAL CAMPAIGN FUNDING. WE ARE ABLE TO PROVIDE A WEEKEND OF REST, REJUVENATION, CONNECTION AND HEALING ACTIVITIES FOR THESE SURVIVORS WITHOUT THE BURDEN OF COST TO THEM. FUNDS COVER MEALS, HEALING ARTS PROGRAMMING, RECREATION AND MORE.

Additional Data

Software ID:
Software Version:
EIN: 56-0532130
Name: YMCA BLUE RIDGE ASSEMBLY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF MIDDLE TENNESSEE 501 SOUTH ROYAL OAKS FRANKLIN, TN 37203	62-0476243	501C3	7,000				YOUTH SCHOLARSHIPS
THE YMCA OF GREATER LOUISVILLE 545 SOUTH SECOND ST LOUISVILLE, KY 40202	61-0444843	501C3	17,774				LEADERS SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MENS CHRISTIAN ASSOC PO BOX 2336 MONTGOMERY, AL 36102	63-0288885	501C3	31,455				BR HIGH & JR VALUES
YOUNG MENS CHRISTIAN ASSOC PO BOX 2336 MONTGOMERY, AL 36102	63-0288885	501C3	15,000				CONF ON NAT'L AFFAI

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
YMCA BLUE RIDGE ASSEMBLY INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

56-0532130

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO ENABLE STAFF AND GUESTS, ESPECIALLY THE YOUNG, TO DEVELOP THEIR FULLEST POTENTIAL IN SPIRIT, MIND AND BODY YMCA BLUE RIDGE ASSEMBLY SEEKS TO FULFILL THIS PURPOSE BY 1) SERVING YMCA AND OTHER NON-PROFIT TRAINING EVENTS AND CONFERENCES OF A RELIGIOUS, EDUCATIONAL OR COMMUNITY SERVICE NATURE 2) SERVING STAFF BY PROVIDING LEADERSHIP TRAINING IN A WORK EXPERIENCE WITH A CHRISTIAN ATMOSPHERE 3) PROVIDING PROGRAMS WHICH DEVELOP SELF-ESTEEM AND SELF CONFIDENCE, BUILD LASTING RELATIONSHIPS, ENCOURAGE INTERPERSONAL UNDERSTANDING OF INDIVIDUAL DIFFERENCES AND INCREASE CIVIC ENGAGEMENT 4) SERVICES ARE OFFERED AT AFFORDABLE FEES WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	THE ORGANIZATION HAS ALL VOLUNTEER MEMBERS ON THE BOARD OF DIRECTORS OTHER VOLUNTEER ROLES INCLUDE ASSISTING IN THE GIFT SHOP, CRAFT ROOM, MAINTENANCE DEPARTMENT, AND/OR DINING ROOM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>AT YMCA BLUE RIDGE, WE ARE SURROUNDED BY A UNIQUELY BEAUTIFUL NATURAL LANDSCAPE WHICH INFORMS AND INSPIRES OUR MISSION. WE ARE ABLE TO UTILIZE THE WORLD IMMEDIATELY AROUND US AS A PLATFORM FOR ADVENTURE, SELF- DISCOVERY, AND HANDS-ON LEARNING. WHETHER TRAVERSING A CHALLENGE COURSE, HIKING IN THE WOODS, EXPLORING A CREEK ECOSYSTEM, OR CONQUERING AN OUTDOOR TEAMBUILDING EXERCISE, OUR PROGRAM PARTICIPANTS ARE ENCOURAGED TO FACE NEW CHALLENGES IN A POSITIVE, ENERGIZING ENVIRONMENT. THEY ARE ABLE TO LEARN ABOUT THEMSELVES AND THEIR PEERS, NAVIGATE THEIR STRENGTHS AND WEAKNESSES, AND DEVELOP CONFIDENCE AND TRUST IN THEMSELVES AND OTHERS. YMCA BLUE RIDGE STAFF ARE EQUIPPED AND PROUD TO SEE EVERY INTERACTION WITH A YOUNG PERSON AS AN OPPORTUNITY FOR LEARNING, DEVELOPMENT, MENTORSHIP AND LIFE-LONG IMPACT. THE BELIEF THAT TODAY'S YOUTH ARE TOMORROW'S LEADERS IS AT THE CORE OF EVERYTHING WE DO, AND AS SUCH WE ARE COMMITTED AND AWARE OF OUR ROLE IN THEIR FORMATIVE YEARS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	INTELLECTUAL GROWTH FOR ALL AGES INTENTIONAL SPACES WHERE COMMUNITY, FELLOWSHIP AND DISCUSSION MAY BE FOSTERED ARE READILY AVAILABLE, AND INDOOR ACTIVITIES INCLUDING OUR HERITAGE ARTS STUDIO INVITE GUESTS TO EXPLORE THEIR CREATIVITY OUR ADVENTURE, CHALLENGE, ROPES, AND OTHER OUTDOOR COURSES PROMOTE PERSONAL DETERMINATION, TEAMWORK, AND PROBLEM SOLVING THE IMPACT, INFLUENCE AND IMPORTANCE OF A HEALTHY LIFESTYLE ARE A PART OF THE DAILY OPERATIONS AT YMCA BLUE RIDGE, FROM WELL-BALANCED MEAL OPTIONS TO AN ABUNDANCE OF RECREATIONAL OPPORTUNITIES THE NATURAL ENVIRONMENT, WELL-MAINTAINED HIKING TRAILS, AND OUTDOOR ACTIVITIES LIKE DISC GOLF, VOLLEYBALL AND MORE ENCOURAGE GROUPS AND FAMILIES TO GET OUTSIDE AND ENGAGE WITH THE NATURAL WORLD AND WITH EACH OTHER, INFUSING PHYSICAL PLAY, CURIOSITY AND LEARNING SEE SCHEDULE O FOR MORE DETAILS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	WHICH INSPIRES A SPIRIT OF SERVICE IN YOUNG ADULTS BY ENGAGING THEM IN HANDS-ON SERVICE PROJECTS IN THE COMMUNITY WE PARTNER WITH LOCAL ORGANIZATIONS AND EQUIP YOUNG PEOPLE WITH THE SKILLS AND TOOLS NECESSARY TO SERVE THOSE IN WESTERN NORTH CAROLINA, INSTILLING THE VALUE OF SERVICE LEADERSHIP WITHIN THEM SO THEY CAN CONTINUE TO SERVE IN THEIR COMMUNITIES BACK HOME OUR CAUSE IS TO PROVIDE A SAFE ENVIRONMENT FOR PEOPLE TO CONNECT, LEARN, GROW AND THRIVE WE BELIEVE THAT THE VALUE OF OUR WORK IS MOST NOBLE, HONORABLE AND IMPACTFUL IF WE CAN MEASURE IT BY HOW IT IMPROVES THE LIVES OF OTHERS THIS BELIEF INFORMS THE WAY WE SERVE OUR GUESTS, TEACH YOUTH, CULTIVATE RELATIONSHIPS, AND INSPIRE LIFE-LONG LEARNING IN ALL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>TO ENABLE STAFF AND GUESTS, ESPECIALLY YOUTH, TO ACHIEVE THEIR FULL POTENTIAL IN SPIRIT, MIND AND BODY YMCA BLUE RIDGE ASSEMBLY SEEKS TO FULFILL THIS PURPOSE BY 1) SERVING YMCA AND OTHER NON-PROFIT ORGANIZATIONS, TRAINING EVENTS AND CONFERENCES OF A RELIGIOUS, EDUCATIONAL OR COMMUNITY SERVICE NATURE 2) SERVING STAFF BY PROVIDING LEADERSHIP TRAINING IN A WORK EXPERIENCE WITH A CHRISTIAN ATMOSPHERE 3) PROVIDING PROGRAMS WHICH DEVELOP SELF-ESTEEM AND SELF CONFIDENCE, BUILD LASTING RELATIONSHIPS, ENCOURAGE UNDERSTANDING OF CULTURAL AND INDIVIDUAL DIFFERENCES AND INCREASE CIVIC ENGAGEMENT 4) SERVICES ARE OFFERED AT AFFORDABLE FEES WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE THE ORGANIZATION HAS ALL VOLUNTEER MEMBERS ON THE BOARD OF DIRECTORS OTHER VOLUNTEER ROLES INCLUDE ASSISTING IN THE GIFT SHOP, CRAFT ROOM, MAINTENANCE DEPARTMENT, AND/OR DINING ROOM DURING FY 2017, YMCA BLUE RIDGE ASSEMBLY PROVIDED FINANCIAL ASSISTANCE AND SUBSIDIZED SERVICES FOR TEENS, ADULTS AND FAMILIES WHO MIGHT NOT OTHERWISE HAVE BEEN ABLE TO PARTICIPATE LISTED BELOW ARE SOME OF THOSE PROGRAMS AND SERVICES - YMCA BLUE RIDGE ASSEMBLY SERVED 646 GROUPS CONSISTING OF 33,653 KIDS, FAMILIES MEMBERS, AND ADULTS - 130,586 IN SCHOLARSHIPS AND GRANTS WERE AWARDED TO PUBLIC SCHOOL AND YMCA YOUTH CONFERENCES PROVIDING FINANCIAL ASSISTANCE TO 6,172 YOUTH - 6,549 IN GRANTS WAS AWARDED TO 454 FAMILY MEMBERS PARTICIPATING IN INTERGENERATIONAL PROGRAM ACTIVITIES - 36,000 PROVIDED THE OPPORTUNITY FOR PERSONAL DEVELOPMENT THROUGH AN INTEGRATED PROGRAM OF WORK, STUDY, RECREATION AND WORSHIP IN A CHRISTIAN ATMOSPHERE FOR 213 AMERICAN AND INTERNATIONAL STUDENTS AND VOLUNTEERS - 13,060 UNDERWROTE A WEEKEND RESPITE FOR 92 CANCER SURVIVORS AND SPOUSES AS THEY PARTICIPATED IN BLUE RIDGE'S LIVESTRONG PROGRAM - 51,000 UNDERWROTE THE BOYS AND GIRLS LEADERSHIP DEVELOPMENT PROGRAM (BOLD & GOLD), PROVIDING SCHOLARSHIPS THAT WIDENED ACCESS TO THE PROGRAM AMONG UNDERSERVED POPULATIONS AND BUILDING OUR CAPACITY AS A REGIONAL TRAINING CENTER FOR PARTNER YMCAS IN THE SOUTHEAST - TOGETHER PARTNER YMCAS, VENDORS, INDIVIDUALS AND FOUNDATIONS CONTRIBUTED 244,032 TO THE 2017 BLUE RIDGE SCHOLARSHIP FUND ANNUAL CAMPAIGN - INTERNATIONAL STAFF FROM CHINA, COLOMBIA, JAMAICA, JAPAN, RUSSIA, SPAIN, THAILAND, TURKEY, KAZAKHSTAN, PUERTO RICO, ISRAEL, BRAZIL AND LITHUANIA BROUGHT GLOBAL DIVERSITY TO THE ASSEMBLY YMCA BLUE RIDGE ASSEMBLY STRENGTHENS THE COMMUNITY BY - GIVING TEENS THE OPPORTUNITY TO REACH THEIR MAXIMUM SELF-POTENTIAL THROUGH LEADERSHIP DEVELOPMENT - TEACHING SERVICE-BASED LEADERSHIP AND OFFERING HANDS-ON LEARNING EXPERIENCES TO TEENS AND CHURCH GROUPS - PROVIDING UNIQUE OPPORTUNITIES FOR CHILDREN, TEENS, FAMILIES, CHURCHES, BUSINESSES AND OTHER GROUPS TO DEVELOP SELF-WORTH, COMMUNICATION AND TEAM-BUILDING THROUGH EXPERIENTIAL EDUCATION PROGRAMS - OFFERING FAMILY PROGRAMS THAT IMPROVE COMMUNICATION AND STRENGTHEN THE INTERGENERATIONAL BONDS - COLLABORATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	WITH HUMAN SERVICE ORGANIZATIONS IN AN EFFORT TO ENHANCE THEIR TRAINING, RETREAT AND LEAD ERSHIP DEVELOPMENT NEEDS - DEVELOPING STAFF INITIATIVE AND JOB SKILLS THROUGH INTERNSHIPS , TRAINING PROGRAMS AND SUPERVISED WORK EXPERIENCES - CREATING NEW PARTNERSHIPS WITH LOCA L NON-PROFITS THROUGH THE PARTICIPATION OF SERVICE-MINDED GROUPS - DEVELOPING GLOBAL PERS PECTIVES THROUGH THE INTERCULTURAL MIX OF OUR COLLEGIATE STAFF - PROMOTING HEALTHY LIFEST YLES FOR PEOPLE OF ALL AGES THOUGH OUTDOOR AND INDOOR SPORTS - ENCOURAGING ENGAGEMENT OPP ORTUNITIES WITH THE LOCAL COMMUNITY THROUGH OUTDOOR ACTIVITIES AND HERITAGE ARTS - MAINTA INING A COMMUNITY GARDEN FROM WHICH PRODUCE IS DONATED TO A LOCAL FOOD PANTRY TO HELP COMB AT LOCAL FOOD INSECURITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 1A	THE BOARD OF DIRECTORS INCLUDES AN EXECUTIVE COMMITTEE COMPRISED OF THE OFFICERS OF THE BOARD THE COMMITTEE MEETS TWICE PER YEAR AND ALL ACTIONS AND DECISIONS OF THE COMMITTEE ARE KEPT IN MINUTES AND PROVIDED TO THE FULL BOARD AT THE FOLLOWING FULL MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT UPON COMPLETION AND REVIEW BY THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD, THE RETURN WAS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO ITS SUBMISSION TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION USES A DISCIPLINED APPROACH FOR BIDDING PROFESSIONAL SERVICES, INSURANCE CONTRACTS, CAPITAL PROJECTS, ETC AT THE POINT OF ENGAGEMENT, ANY POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED AND DECLARED THE CONFLICTED PARTY IS DISALLOWED FROM THE DECISION-MAKING PROCESS CONFLICT OF INFORMATION FORMS ARE SIGNED AND COLLECTED ANNUALLY FOR ALL VOTING BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE CEO IS REVIEWED ANNUALLY BY THE PERFORMANCE REVIEW AND COMPENSATION COMMITTEE OF THE BOARD COMPARABILITY DATA IS PROVIDED BY THE YMCA OF THE UNITED STATES SALARY POINTING AND RANGE THE ORGANIZATION UTILIZES WRITTEN EMPLOYMENT CONTRACTS FOR THE CURRENT CEO, THE ORGANIZATION CREATED A JOB PROFILE ALIGNED TO YUSA PAY SCALES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE PROCESS DESCRIBED IN LINE 15A ABOVE ALSO APPLIES TO OTHER OFFICERS AND KEY PERSONNEL OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE INCORPORATED INTO ITS PERSONNEL POLICY WHICH IS DISTRIBUTED TO ALL EMPLOYEES FINANCIAL STATEMENTS ARE SUBMITTED TO THE YMCA OF THE USA AND ARE MADE AVAILABLE THROUGH THEIR WEBSITE AS WITH THE 990, THE FINANCIAL STATEMENTS ARE KEPT IN THE MAIN OFFICE OF BRA AND ARE AVAILABLE FOR REVIEW UPON RECEIPT OF A WRITTEN REQUEST TO THE ORGANIZATION'S ADMINISTRATIVE OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PRESENT VALUE ADJUSTMENT 10,646 RECOVERY OF BAD DEBTS 21,171 TOTAL 31,817

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII	PRIOR PERIOD ADJUSTMENT DURING THE YEAR ENDED DECEMBER 31, 2017, IT WAS DISCOVERED THAT COSTS ASSOCIATED WITH THE CONSTRUCTION OF THE COLUMBARIUM WERE INCORRECTLY EXPENSED IN THE PRIOR YEAR AS A RESULT, FOR THE YEAR ENDED DECEMBER 31, 2016, PROPERTY AND EQUIPMENT AND NET ASSETS WERE INCREASED AND EXPENSES WERE DECREASED BY 110,839 FROM THE AMOUNTS PREVIOUSLY REPORTED IN THE FINANCIAL STATEMENTS