Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No 1545-0047

Inspection

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, D Employer identification number Check if C Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Address change WINSTON-SALEM AND FORSYTH COUNTY Name change 56-0564345 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 313 INDERA MILLS COURT 336-722-5138 termin-ated City or town, state or province, country, and ZIP or foreign postal code 3,369,048. Amende return 27101 WINSTON-SALEM, NC H(a) Is this a group return Application F Name and address of principal officer CHRISTY RESPESS Yes X No for subordinates? pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes 501(c) ( Tax-exempt status: X 501(c)(3) ) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.YWCAWS.ORG H(c) Group exemption number ▶ Other > L Year of formation: 1908 M State of legal domicile: NC K Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities. TO ASSIST COMMUNITY NEEDS. NDF GENNEDS Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 216 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 394 Total number of volunteers (estimate if necessary) 308,182. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 <489,916.> b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,180,026. Contributions and grants (Part VIII, line 1h) 1,616,909. ,402,281. 1,314,449. Program service revenue (Part VIII, line 2g) 89. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 278,240. 436,492. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,860,636 3,367,867. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line.4) 15 Salaries, other compensation, employee benefits (Part R column A) lines 1,814,544 725,466. 16a Professional fundraising fees (Part IX, column (A), line 14e) b Total fundraising expenses (Part IX, column (D), line, 25) Other expenses (Part IX, column (A), lines 11a-11a 11a-11a 1,798,706. 2,082,395. 3,524,172. 3,896,939. Total expenses Add lines 13-17 (must equal Part X, column (A), line 25) <156,305.> <1,036,303**.**> Revenue less expenses. Subtract line 18 from line 12 Ssets or Ralances **Beginning of Current Year** End of Year 13,829,819. 13,566,929. 20 Total assets (Part X, line 16) 12,692,382. 12,564,398. 21 Total liabilities (Part X, line 26) 137.437. 002.531 Net assets or fund balances. Subtract line 21 from line 20 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. 5-15-17 Sign CEO/PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name 5/10/17 P01057495 Paid JANE R POTTER self-employed Preparer Firm's name BUTLER & BURKE, Firm's EIN 56-1138530 Firm's address 100 CLUB OAKS COURT, Use Only SUITE A WINSTON-SALEM, NC 27104 Phone no. (336)768-2310 X Yes\_ May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
_		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Α.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b>.</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		<b>.</b>
	Schedule D, Part III	8		X
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?			٠.,
	If "Yes," complete Schedule D, Part IV	9_		X
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	X	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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	L	X
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		X
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	17		X
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	X	
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	l	X
		_	$\Omega$	10045

Form 990 (2015) WINSTON-SALEM AND FORSYTH COUNTY
Part IV Checklist of Required Schedules (continued) 56-0564345 Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	'		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
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? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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? If "Yes," complete Schedule L, Part I	25a		X_
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? If "Yes," complete			ĺ
	Schedule L, Part I	25b		X_
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? If "Yes,"			
	complete Schedule L, Part II	_26_		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			Í
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		İ	İ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			İ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
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? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ĺ
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	990	(2015)
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	Check if Schedule O contains a response or note to any line in this Part V			
		, i	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ı
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ı
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ı
	filed for the calendar year ending with or within the year covered by this return 2a 216			ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ı
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country:			r
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
6a	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			İ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		l
	sponsoring organization have excess business holdings at any time during the year?	8		<del>-</del>
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		l
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b 10	Section 501(c)(7) organizations. Enter			
а	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  10b	,		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			1
C	Enter the amount of reserves on hand	40-		~
14a	Did the organization receive any payments for indoor tanning services during the tax year?  15    Vec    heart filed a Form 700 to report these payments? If    Ale    provide an explanation in Schodule O	14a	<b> </b>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2015)

Form 990 (2015)

WINSTON-SALEM AND FORSYTH COUNTY

56-0564345

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X 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 19 1a 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 19 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? X 2 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 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 X 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? X 11a **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? X 14 14 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 X 15a X Other officers or key employees of the organization 15b 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? X 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request J Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records: NANCY MAJCHER - 336-722-5138 INDERA MILLS CT, WINSTON-SALEM, NC 27101

Form 990 (2015) WINSTON-SALEM AND FORSYTH COUNTY 56-0564345
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

# Employees, and Independent Contractors Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and 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.

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

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

(A)	(B)	J. ge		(0	C)		out	(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					ıs bot or/trus		compensation from	compensation from related	amount of other
	(list any	cto				Γ		the	organizations	compensation
	hours for	trustee or director				Eg.		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ronal		ploye	t com				and related
	line)	Individual	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) SANDRA BOYETTE	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) MICHELLE COOK	1.00									
DIRECTOR		X						0.	0.	0.
(3) DR. JAMEHL DEMONS SHEGOG	1.00							_	_	
DIRECTOR		X				ļ		0.	0.	0.
(4) KRISTEN DUCHAC	1.00							_	_	_
DIRECTOR		X						0.	0.	0.
(5) LASHONDA HAIRSTON	1.00	l							_	_
DIRECTOR		X				ļ		0.	0.	0.
(6) LIDA HAYES-CALVERT	1.00									_
EMERITUS DIRECTOR	1 00	X				ļ		0.	0.	0.
(7) BETH MURIEL HOPKINS	1.00							•		•
DIRECTOR	1 00	Х				-		0.	0.	0.
(8) THE HONORABLE MOLLY LEIGHT	1.00	.,		٦,				0		•
VICE PRESIDENT	1 00	X		X				0.	0.	0.
(9) LEA LOFTIS	1.00	.,						•	0	0
EMERITUS DIRECTOR	1 00	X						0.	0.	0.
(10) KAREN LOVE	1.00	x						•	0	0
DIRECTOR	1.00	Δ						0.	0.	0.
(11) DREWRY NOSTITZ	1.00	x						0.	0.	0
EMERITUS DIRECTOR (12) LYNNE PECK	1.00	^				-			0.	0.
TREASURER	1.00	$ \mathbf{x} $		x				0.	0.	0.
(13) SILVIA RODRIGUEZ	1.00	1						<del></del>	0.	
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.
(14) CHRISTY RESPESS	40.00	-				<b>-</b>			0.	<u></u>
EXECUTIVE DIRECTOR		$ \mathbf{x} $		$\mathbf{x}$				89,346.	0.	8,739.
(15) KRISTINE M. SIMS	1.00							95/9201		<u> </u>
DIRECTOR		$ \mathbf{x} $						0.	0.	0.
(16) DR. MELICIA WHITT-GLOVER	1.00									
DIRECTOR		$ \mathbf{x} $						0.	0.	0.
(17) MILDRED WOOD	1.00	П							<u></u>	
SECRETARY		x		x				0.	0.	0.
532007 12-16-15										Form <b>990</b> (2015)

Page 7

Par	t VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)	,		(0	C)			(D)	(E)		(F)	
	Name and title	Average	100-		Pos		than	one	Reportable	Reportable		Estima	
	,	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amoun	t of
		week		cer an	o a d	irecto	or/trus	ree)	from	from related		othe	
		(list any	recto		ĺ	ĺ	i '	ĺ	the	organizations		compens	
		hours for related	5	98			sated		organization	(W-2/1099-MISC)		from t	
		organizations	ruste	i trusi		8	ne du		(W-2/1099-MISC)		1	organiza and rela	
		below	Tal E	топа		lg of	yee St	_			1,	organiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			`	0. ga, <u>c</u> a	
			=	=	۳	×_	1						
		ļ ————			}	Ì					}		
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_							<u> </u>						
1b	Sub-total Sub-total	-						<b></b>	89,346.	C	).	8,	739.
С	Total from continuation sheets to Part V	II. Section A						<b></b>	0.	(	).		0.
	Total (add lines 1b and 1c)	•				•		<b>•</b>	89,346.		).	8,'	739.
	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	no re		.000 of reportable			
_	compensation from the organization						-,			,			0
												Yes	
3	Did the organization list any former officer	director or tri	iste	e ke	v er	nolo	vee	or	highest compensated e	molovee on		1	1
Ū	line 1a? If "Yes," complete Schedule J for			0, 110	,		,,,	,	ingilios componidates of	nployee en		3	x
4	For any individual listed on line 1a, is the s			nmn	ones	ation	and	t ot	her compensation from	the organization	<del>                                   </del>	<u> </u>	+
7	and related organizations greater than \$15	•							•	ine organization		<b>a</b>	x
_	Did any person listed on line 1a receive or									dual for convioce	Η.	4	+^-
5	rendered to the organization? If "Yes," con	•				-		Giai	led organization or indivi	dual for services		5	X
Soci	tion B. Independent Contractors	ipiete Scriedui	e J i	Or Si	ICII	pers	SOII	_				<u> </u>	
			<b></b> -						that recovered more than	\$100,000 of compa		an fram	
1	Complete this table for your five highest compensation. Report compensation for										ii iodile	OH HOM	
		the calendar y	ear	enai	ng v	ATLI	OI W	1111111		/ear		(0)	
	(A) Name and business	s address	NT/	\\TI	7				( <b>B</b> ) Description of s	ervices	Con	(C) npensati	on
	Traine and basiness		147	INC	<u> </u>			$\dashv$	- Doodingtion of a				
								Ì					
								-	<u> </u>				
												<del></del>	
								Ì					
								}					
2	Total number of independent contractors (	including but n	ot lı	mıte	d to	tho	se lis	sted	d above) who received m	ore than			
	\$100,000 of compensation from the organ	ization 🕨				(	0						
											Fc	rm <b>990</b>	(2015)

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			Check if Schedule O contains	, s a resnonse	or note to any lir	ne in this Part VIII			
	`	_	Oneck ii Genedule O comains	a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
fts, Grants Amounts	l C	b	Federated campaigns Membership dues Fundraising events	1a 1b 1c	829,919.		,	,	
Contributions, Gifts, Grants and Other Similar Amounts	1	e F	Related organizations Government grants (contributions All other contributions, gifts, grants, a similar amounts not included above Noncash contributions included in lines 1a-1	nd 1f	119,005. 667,985. 5,000.				
a So		_	Total, Add lines 1a-1f	··· •		1,616,909.			
					Business Code				
g	2 8	а	FEES FOR ACTIVITY	ES, C		1,303,423.	1,303,423.		
Program Service Revenue			REGISTRATION FEES	<u> </u>	900099	11,026.	11,026.		
e a		d							
ğ.		- e							
F.	1	F	All other program service revenue	)					
			Total. Add lines 2a-2f		<b></b>	1,314,449.			
	3		Investment income (including divi	dends, intere					
			other similar amounts)		<b>&gt;</b>	17.			17.
	4		Income from investment of tax-ex	empt bond p	proceeds				
	5		Royalties						
			<u></u>	(ı) Real	(ii) Personal				
ŀ	6 a	а	Gross rents		<u> </u>				
	i	b	Less: rental expenses			}			
	•	C	Rental income or (loss)						
	•	d	Net rental income or (loss)		▶_				
	7 8	а	Gross amount from sales of (i	) Securities	(II) Other				
			assets other than inventory		ļ				
	ı	b	Less cost or other basis						
			and sales expenses			_			
		-	Gain or (loss)						
			Net gain or (loss)						
Other Revenue	8 :	а	Gross income from fundraising evincluding \$	vents (not of			!		
Rev			contributions reported on line 1c)	. See					]
ier			Part IV, line 18	а	93,875.		!		
₹			Less: direct expenses	. b	1,181.	02 604			00.604
			Net income or (loss) from fundrais	_	<u> </u>	92,694.			92,694.
	9 :	а	Gross income from gaming active						
		_	Part IV, line 19	а					
			Less: direct expenses  Net income or (loss) from gaming	b					
			Gross sales of inventory, less retu						
	10 .	a	and allowances	а					
		h	Less cost of goods sold	b		1			
			Net income or (loss) from sales of		<b></b>				
	<u>'</u>	<u>~</u>	Miscellaneous Revenue		Business Code				
	11 :	— а	POOL, COURT AND	SPACE	713940	308,182.		308,182.	
			USAGE FEES & LOCK		900099	21,404.	21,404.		
			MISCELLANEOUS		900099	14,212.	14,212.		
			All other revenue						
	l.		Total, Add lines 11a-11d		<b>&gt;</b>	343,798.			
	12		Total revenue See instructions.		•	3,367,867.	1,350,065.	308,182.	92,711.

Form 990 (2015)

WINSTON-SALEM AND FORSYTH COUNTY

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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 (D) Fundraising (C) Management and general expenses (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 55,414 18,471 28,733. 102,618 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,158,921 151,070 1,309,991. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 213,532. 190,953. 22,579. Other employee benefits 9 86,206. 1,992. 11,127. 99,325. 10 Payroll taxes Fees for services (non-employees) a Management 1,000 1,000 Legal b 19,250 14,438. 4,812. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 22,987. 65,061. 173,896. 85,848. column (A) amount, list line 11g expenses on Sch O.) 6,033. 5,401 632. 12 Advertising and promotion 93,958. 19,996. 113,954. Office expenses 13 18,585. 74,860-56,275. Information technology 14 Royalties 15 46,177 459,324 413,147. 16 Occupancy 1,345. 35,896. 34,551. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6,559 3,256 3,303 Conferences, conventions, and meetings 19 17,135. 17,128. 7. Interest 20 18,753. 13,796. 4,957. 21 Payments to affiliates 577,749. 576,471 1,278. 22 Depreciation, depletion, and amortization Insurance 23 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.) 3,814. 145,664. 141,850. EQUIPMENT RENTAL & MAIN BAD DEBT EXPENSE 59,980. 59,980. 40,457. 25,905. 14,552. c BANK SERVICE CHARGES 25,857. 27,867. <2,010.> d PROGRAM ACTIVITIES 6,507. 22,339. 15,832. e All other expenses 95,786. 3,524,172. 3,077,197. 351,189. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

\_\_\_ if following SOP 98-2 (ASC 958-720)

WINSTON-SALEM AND FORSYTH COUNTY Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 326,572. 190,983. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 162,284. 3 30,467. 3 Pledges and grants receivable, net 69,572. 31,693. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use 10,298. 22,336. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 19,102,764. basis Complete Part VI of Schedule D 10a 6,134,734. 13,265,800. 12,968,030. 10b 10c b Less. accumulated depreciation 11 investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 168,761. 149,952. 15 Other assets See Part IV, line 11 15 13,829,819. 13,566,929. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 179,177. 170,926. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 41,519. 10,901. 19 Deferred revenue 19 12,470,000. 12,374,320. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 9,937. 25 Schedule D 12,692,382. 12,564,398. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 766,500. 603,797. 27 Unrestricted net assets 320,729. 348,526. 28 28 Temporarily restricted net assets 50,208. 29 50,208. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

> 13,566,929**.** Form **990** (2015)

1,002,531.

31

32

33

34

1,137,437.

13,829,819.

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF 56-0564345 Page 12 WINSTON-SALEM AND FORSYTH COUNTY Form 990 (2015) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 3,367,867. Total revenue (must equal Part VIII, column (A), line 12) 1 3,524,172. 2 Total expenses (must equal Part IX, column (A), line 25) 2 <156,305.> 3 3 Revenue less expenses Subtract line 2 from line 1 1,137,437. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) <2,758.> 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 Investment expenses 7 8 24,157 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 1,002,531. column (B)) 10 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 Both consolidated and separate basis Consolidated basis Separate basis X b Were the organization's financial statements audited by an independent accountant? 2b 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-X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За 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

Form **990** (2015)

# **SCHEDULE A**

(Form 990 or 990-EZ)

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. Employer identification number

OMB No 1545-0047

Inspection

Nam	e of t	the organization	YOUN	G WOMEN'S	CHRISTIAN AS	SOCIA	TION	OF	Employer	identification number
			WINS	TON-SALEM	AND FORSYTH	COUNT	Y		5	6-0564345
Pa	rt I	Reason for	Public (	Charity Status (A	All organizations must co	omplete th	ıs part.) Se	e instruction	s	
The	organ				For lines 1 through 11, o					
1					on of churches describe			γΑγώ		
2	襾				Attach Schedule E (Forn			,, ,,,,,,		
_	Ħ				anization described in se			:\		
3	片								V:::\ Entor:	the honoutel's name
4	لـــا		on organiza	ation operated in col	njunction with a hospital	described	ı III Secuo	170(b)(1)(A	Mill). Elite	irie nospitai s name,
_		city, and state	- 11.15			4			4	
5	لـــا	-			llege or university owner	or opera	ted by a go	overnmentai i	unit describ	ea in
		section 170(b)(1								
6	닏		_	-	nental unit described in					
7	X				ntial part of its support t	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)	( <b>A)(vi).</b> (Co	omplete Part II.)						
8		A community trus	st describe	d in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An organization th	hat normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ns, members	ship fees, a	nd gross receipts from
		activities related t	to its exem	pt functions - subjec	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrel	ated busir	ess taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the oi	ganization	after June 30, 1975.
		See section 509(	a)(2). (Cor	nplete Part III )						
10		An organization of	rganized a	and operated exclusi	ively to test for public sa	fety See	section 50	9(a)(4).		
11		_	_		ively for the benefit of, to				arry out the	purposes of one or
		more publicly sup	ported or	anizations describe	ed in section 509(a)(1) o	section	509(a)(2).	See section (	5 <b>09(a)(3).</b> C	heck the box in
				=	f supporting organizatio					
а		~ ·			upervised, or controlled		•		_	aivina
_		••		•	gularly appoint or elect a					-
			•	omplete Part IV, Se		,				
b		¬ -		•	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	vina
				=	anization vested in the s			=		=
				t complete Part IV,		dillo poise	ons that oc	THE OF THE HE	ago tric sup	ported
_	Γ'-	¬ - ` ` `		•	g organization operated	In connoc	tion with	and functions	lly intograte	ad with
C	ļ		-	<del>-</del>					my integrate	a willi,
	Г	¬ ''	-	• • •	s) You must complete l	•	•		#ad araan	ration(a)
ď					orting organization oper					
			•	-	zation generally must sa	-			u an attent	veness
	_	<b>-</b>		•	nplete Part IV, Sections				0. 7	
е			_		written determination fro			Type I, Type	II, Type III	
	_	•	•	• •	nally integrated support	ing organi	zation.			
f		er the number of su		•						Ĺ
g		vide the following ii i) Name of supported		about the supporte		(iv) Is the o	rganization	(v) Amount o	f monetany	(vi) Amount of
	,	organization	1	(ii) Eii4	(described on lines 1-9	listed	n your	support		other support (see
		0.9420			above (see instructions))		document?	instruct		instructions)
						Yes	No			
						ĺ			ĺ	
						1	l I			
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						}	}			
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_			ı			ĺ		ı		
$r_{\sim *}$										

Schedule A (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	}		Ì		}	
	include any "unusual grants ")	1,798,890.	1,826,392.	1,467,789,	1,180,027.	1,616,910.	7,890,008.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			Ì		ŀ	
	or expended on its behalf			1		ł	
3	The value of services or facilities						
	furnished by a governmental unit to		1	1		}	
	the organization without charge		1	}			
4	Total. Add lines 1 through 3	1,798,890.	1,826,392.	1,467,789.	1,180,027.	1,616,910.	7,890,008.
	The portion of total contributions		2,020,002.				
Ī	by each person (other than a		}	}		}	
	governmental unit or publicly		}	1		}	
	supported organization) included		ł	}			
	on line 1 that exceeds 2% of the		}	}			
	amount shown on line 11,			}			
	column (f)		ł	1			1,013,304.
6	Public support. Subtract line 5 from line 4						6 876 704.
	ction B. Total Support	<del></del>	<u>-</u>		<del> </del>	<del></del>	0,070,703,
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1,798,890,	1,826,392.	1 467 789	1,180,027.	1,616,910.	7,890,008.
	Gross income from interest,						
_	dividends, payments received on		}	Į			
	securities loans, rents, royalties		ł				
	and income from similar sources	418.	193.	113.	89.	17.	830.
9	Net income from unrelated business				<u></u> _		
•	activities, whether or not the			ļ		ļ	
	business is regularly carried on	ļ		ł		ļ	
10	Other income. Do not include gain						
	or loss from the sale of capital	1		ł		{	
	assets (Explain in Part VI.)	61,000.	54,294.	35,422.	34,453.	35,616.	220,785.
11	Total support. Add lines 7 through 10						8,111,623,
	Gross receipts from related activities,	etc. (see instruction	ons)			12 7	,577,966.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio		·
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2015 (			olumn (f))		14	84.78 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	94.34 %
16a	33 1/3% support test - 2015. If the	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright [X]$
b	33 1/3% support test - 2014. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		•	▶□
17a	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	us box and stop he	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	t <b>op here.</b> Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anızatıon	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see instructions	<u> </u>
					0-1-	-1-1- A /E 000	000 E7\ 004E

Schedule A (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSYTH COUNTY

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

56-0564345 Page 3

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				ļ		
include any "unusual grants ")		}		l	[	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513		, ,				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				]		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		}	Ì	)	]	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income			}	1	}	
(less section 511 taxes) from businesses			}	}	}	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		1	L	L		<u></u>
14 First five years. If the Form 990 is for	the organization'	's first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						<b></b>
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2015 (III	ne 8, column (f) c	divided by line 13,	column (f))		15	
16 Public support percentage from 2014	Schedule A, Parl	t III, line 15		<del></del>	16	
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 20	5 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	014 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	-					▶□
b 33 1/3% support tests - 2014. If the	=	-				and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization		=				<b>▶</b> □

# Schedule A (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSYTH COUNTY

### Part IV Supporting Organizations

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

Section	Δ	ΔΙΙ	Sunn	ortina	Orga	nizations	>
3 <del>c</del> cuon	л.	711	Supp	oi ui iu	Viua	IIIIZAUVIII	5

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	,	
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2		
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3b	1	
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3c		
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Schedule A (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 Page 5 Supporting Organizations (continued) Yes No 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? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): The organization satisfied the Activities Test Complete line 2 below а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) C Yes Activities Test Answer (a) and (b) below. No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. <u>3a</u> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSY			56-0564345 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	··· <del>,</del>
Sect	ion 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		
Sect	ion 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)	L		
a	Average monthly value of securities	1a_		
b	Average monthly cash balances	1b		
С	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)	L		
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ly-integrat	ted Type III supporting or	ganization (see
	(noth ottops)		_	

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 WINSTON-SALEM			6-0564345 Page 7		
Par		(a)(3) Supporting Orga	anizations (continuea)	T		
	on D - Distributions	<del></del>		Current Year		
_1_	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	<u> </u>		
	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
<u>6</u>	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	he organization is responsive	)			
	(provide details in Part VI). See instructions					
9						
10	Line 8 amount divided by Line 9 amount					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1_	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015	{				
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
a						
b						
С			++			
d	From 2013					
e	From 2014					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
<u>i</u>	Carryover from 2010 not applied (see instructions)					
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section D,					
	line 7 <sup>.</sup> \$					
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2015, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).	·				
6	Remaining underdistributions for 2015. Subtract lines 3h		· · · · · ·			
	and 4b from line 1 (if amount greater than zero, see					
	instructions)					
7	Excess distributions carryover to 2016. Add lines 3j					
	and 4c.					
8	Breakdown of line 7					
а						
b						
С	Excess from 2013					
	Excess from 2014					
	Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2015

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 Page 8 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.)

### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.lrs.gov/form990.

Open to Public Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

**Employer identification number** 56-0564345

WINSTON-SALEM AND FORSYTH COUNTY 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF 56-0564345 Page 2 Schedule D (Form 990) 2015 WINSTON-SALEM AND FORSYTH COUNTY Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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). Public exhibition Loan or exchange programs а Scholarly research Other b c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 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? 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 X No \_\_\_ Yes on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Amount c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance 1f Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 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 60,610 57,785 50,863 47,275 26 825. **b** Contributions 20 208. Net investment earnings, gains, and losses <2.758 2 825 6.922 3,588 242. Grants or scholarships Other expenditures for facilities and programs <9,220 f Administrative expenses 57,785, End of year balance 67,072. 50.863 47,275. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment .00 Permanent endowment 92.96 7.04 Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (c) Accumulated Description of property (a) Cost or other (b) Cost or other (d) Book value

basis (investment) basis (other) depreciation 681,965. 681,965. 1a Land 4,865,465. 11,902,152. 16,767,617. **b** Buildings Leasehold improvements 1,514,208. 1,144,696. 369,512. Equipment 124.573 138,974. 14.401. Other

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

Schedule D (Form 990) 2015

12,968,030.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 Page 3 Schedule D (Form 990) 2015 Part VII Investments - Other Securities. Còmplete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation. Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (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.

	Complete in the organization and rot of the coop, and the coop of		
	(a) Description	(b)	Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15.)	<b>&gt;</b>	

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.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Schedule D (Form 990) 2015 WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 Page 4 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 3,543,633. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: <2,758 Net unrealized gains (losses) on investments 2a 177,659 Donated services and use of facilities 2b Recoveries of prior year grants 2¢ 865. Other (Describe in Part XIII) 2d 175,766. Add lines 2a through 2d 3,367,867. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c 3,367,867. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 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 3,702,696. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25: 2 177,659 2a Donated services and use of facilities **b** Prior year adjustments 2b Other losses 2c 865. d Other (Describe in Part XIII) 2d 178,524. Add lines 2a through 2d 3,524,172. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c 524 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 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

PART X, LINE 2:

THE YWCA'S PRIMARY TAX POSITIONS RELATE TO ITS STATUS AS A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF ACTIVITIES RELATED

TO ITS EXEMPT PURPOSE. IT IS THE OPINION OF MANAGEMENT THAT THE YWCA HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS SPECIAL EVENT EXPENSES

865.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS SPECIAL EVENT EXPENSES

865.

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Schedule D (Form 990) 2015  Part XIII Supplemental Infor	mation (continued)	AND FORSITH COUNTY	56-0564345 Page 5
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532055 09-21-15 Schedule D (Form 990) 2015

### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Modern Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Employees the state of the state

Employer identification number

WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations а Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSYTH COUNTY

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events WOMENS NONE (add col (a) through LEADERSHIP col (c)) (total number) (event type) (event type) 93,875 93,875. Gross receipts 2 Less. Contributions 93,875. Gross income (line 1 minus line 2) 93,875. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 617 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo coi (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: \_

56-0564345 Page 2

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Schedule G (Form 990 or 990-EZ) 2015 WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in. a The organization's facility 13a **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name > Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > Gaming manager information Name > Gaming manager compensation ▶ \$\_\_\_\_\_ Description of services provided Independent contractor Director/officer 17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).

0-11-6	) (F 000 or 000 F7)	YOUNG WOMEN'S	CHRI	STIAN AS	SSOCIATION OF	EC 0EC424E
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	WINSTON-SALEM	AND	FURSITH	COUNTY	56-0564345 Page 4
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532084 04-01-15 Schedule G (Form 990 or 990-EZ)

(g) Defeased (h) On behalf (i) Pooled Yes No financing × Employer identification number OMB No 1545-0047 2015 Open to Public ŝ ŝ Inspection 56-0564345 Yes No of issuer × Ω Yes Yes ŝ × Yes ŝ ů OF A GIRLS AND WO CONSTRUCTION (f) Description of purpose O ► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. Yes Yes ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, CONTINUATIONS ŝ ဍ THE œ Supplemental Information on Tax-Exempt Bonds explanations, and any additional information in Part VI. 15,000,000, Yes Yes (e) Issue price 15,000,000. (F) × × × × ŝ No 2007 AND (d) Date issued 12/01/05 YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Yes Yes (A) SEE PART VI FOR COLUMNS AND FORSYTH COUNTY 59-1225493346645AC8 532121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? WINSTON-SALEM Has the final allocation of proceeds been made? ß Working capital expenditures from proceeds A INDUSTRIAL FACILITIES Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use FORSYTH COUNTY Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Vame of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK Form 990) Part II Part 16 Q ς. 9 o ω 8 က 4 10 4 8 5 5 ပ = 일 듸

Schedule K (Form 990) 2015

CHRISTIAN ASSOCIATION OF AND FORSYTH COUNTY WINSTON-SALEM YOUNG WOMEN'S

Schedule K (Form 990) 2015

Page 2

56-0564345

% % % ŝ ဍ ۵ Yes Yes % % % % ŝ ŝ Yes Yes % % % % ŝ S 8 Yes Yes % 8 % % 2 × 윈서 × × × × × × × × × Yes Yes counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has there been a sale or disposition of any of the bond-financed property to a non-Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was 3a Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1.145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 532122 10-22-15 1 141-12 and 1 145-27 Total of lines 4 and 5 b Exception to rebate? Rebate not due yet? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge performed æ 3 4 Ŋ o 0

Schedule K (Form 990) 2015

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF WINSTON-SALEM AND FORSYTH COUNTY

56-0564345

Page 3

Schedule K (Form 990) 2015

Part IV Arbitrage (Continued)								
	1	<b>4</b>	8		O-			, Q
	Yes	Š	Yes	<b>∞</b>	Yes	Š	Yes	S S
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
		×						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		×						
Part V Procedures To Undertake Corrective Action								
	,	A`	В		S			D
	Yes	Š	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?		×						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	on Schedul	e K (see ınstr	uctions)					
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

532211 09-02-15

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF WINSTON-SALEM AND FORSYTH COUNTY

**Employer identification number** 56-0564345

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEADERSHIP AND POWER TO ATTAIN A COMMON VISION: THE YWCA IS DEDICATED
TO THE ELIMINATION OF RACISM, EMPOWERING WOMEN AND PROMOTING PEACE,
JUSTICE, DIGNITY AND FREEDOM FOR ALL. THE ASSOCIATION WILL THRUST ITS
COLLECTIVE POWER TOWARDS THE ELIMINATION OF RACISM WHEREVER IT EXISTS
AND BY ANY MEANS NECESSARY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
YOUTH INTERVENTION SERVICES: PROGRAM TO HELP TROUBLED CHILDREN
REDIRECT THEIR LIVES. IT GIVES THE JUDICIAL SYSTEM AND THE COMMUNITY
ALTERNATIVES TO IMPRISONING YOUTH OFFENDERS.
EXPENSES \$ 176,098. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
SAFE & HEALTHY LIVING: ENCOMPASSES SEMINARS AND CLASSES ON ISSUES
AFFECTING THE FAMILY AND MINORITIES, AS WELL AS SUPPORT GROUPS FOR
FORMERLY INCARCERATED WOMEN AND THEIR FAMILIES.
EXPENSES \$ 208,403. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,793.
HALLMARK PROGRAMS: PROGRAM DESIGNED TO INSPIRE AND ENCOURAGE DIALOGUE
ALONG CROSS-RACIAL LINES. IT ENCOURAGES DIVERSITY AND WORKS TO IMPROVE
INTERRACIAL RELATIONSHIPS BETWEEN CHILDREN.
EXPENSES \$ 3,242. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,155.
FORM 990, PART VI, SECTION A, LINE 6:
THE YWCA IS A WOMEN'S MEMBERSHIP MOVEMENT NOURISHED BY ITS ROOTS IN THE
CHRISTIAN FAITH AND SUSTAINED BY THE RICHNESS OF MANY BELIEFS AND VALUES  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Employer identification number WINSTON-SALEM AND FORSYTH COUNTY 56-0564345 STRENGTHENED BY DIVERSITY. THE ASSOCIATION DRAWS TOGETHER MEMBERS WHO STRIVE TO CREATE OPPORTUNITIES FOR WOMEN'S GROWTH, LEADERSHIP AND POWER TO ATTAIN A COMMON VISION: THE YWCA IS DEDICATED TO THE ELIMINATION OF RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, DIGNITY AND FREEDOM FOR ALL. THE ASSOCIATION WILL THRUST ITS COLLECTIVE POWER TOWARDS THE ELIMINATION OF RACISM WHEREVER IT EXISTS AND BY ANY MEANS NECESSARY. FORM 990, PART VI, SECTION A, LINE 7A: YES, THE YWCA LOCAL MEMBERSHIP MEETS ANNUALLY IN JUNE TO ELECT ITS OFFICERS AND BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE 990 IS EMAILED TO ALL FINANCE AND EXECUTIVE COMMITTEE MEMBERS\_FOR\_THEIR REVIEW BEFORE FILING. THE BOARD IS NOTIFIED OF THE FILING AND ALL MEMBERS MAY REQUEST A COPY FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR, ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS THAT MAY EXIST. BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO EXCUSE THEMSELVES FROM A VOTE OR DISCUSSION WHICH INVOLVES A SITUATION THAT PRESENTS A CONFLICT OF INTEREST ON THEIR BEHALF. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE CEO'S PERFORMANCE AND MAKES RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS BASED ON SALARY DATA FOR CEOS

IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF WINSTON-SALEM AND FORSYTH COUNTY	Employer identification number 56-0564345
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLIC	CT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST. THE
ORGANIZATION'S FORM 990 IS AVAILABLE ON GUIDESTAR.ORG.	
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE	PRIOR YEAR.