**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Fartha 0045 and

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

► Information about Form 990 and its instructions is at www.us.gov/form990. Inspection

<u> </u>	Or trie	2013 Calendar year, or tax year beginning 000 1, 2013 and	enuing	JUN 30, 2010	
Во	heck if	C Name of organization		D Employer identific	cation number
a	pplicabl	YWCA NASHVILLE & MIDDLE TENNESSEE		ł	
	Addre	(FORMERLY NASHVILLE YWCA)		•	
X	Name chang			62-0	475702
H	Initial		De om /out		
늗	_}return ∏Fınal	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
L_	return		L	912-	269-9922
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,579,947.
	Ameno return	NASHVILLE, TN 37215		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer STIARON R. ROBBROOM		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
II	ax-ex	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 52	7 if "No." attach a	list. (see instructions)
		e: WWW.YWCANASHVILLE.COM		H(c) Group exemptio	•
		organization: X Corporation	I Vea		A State of legal domicile: TN
	irt I	Summary		TOTTOTTIALION. AD A DIT	Otate of legal dofficie.
, , <u>, e</u>			3253223 1	AN CHATTER C N	ALDDI B
Ф		Briefly describe the organization's mission or most significant activities. THE	IWCA I	NASHVILLE & I	MIDDLE
Governance		TENNESSEE IS DEDICATED TO ELIMINATING RAC	CISM,	EMPOWERING W	OMEN AND
Ľ	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net ass	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	45
	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	45
<b>ජ</b> ග	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	111
Activities		Total number of volunteers (estimate if necessary)		6	1850
ٰڍ: ؞	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
₹₹	ì	• • • • • • • • • • • • • • • • • • • •		7b	0.
<u></u>	ь	Net unrelated business taxable income from Form 990-T, line 34			
•			<b>⊢</b>	Prior Year 3,887,806.	Current Year 4,071,865.
ē	i	Contributions and grants (Part VIII, line 1h)	<u> </u>		
en l	9	Program service revenue (Part VIII, line 2g)	-	103,776.	153,987.
Revenue	10	Investment income (Part VIII, column (A), lines-3, 4, and 7d)	· L	235,698.	166,230.
<b>—</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>L</b>	-82,359.	-75,386.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 2)		4,144,921.	4,316,696.
	13	Grante and cimilar amounte haid (Part IX college) (A) linge 1990 / ////////////////////////////////		340,763.	228,530.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	46		<u> </u>	2,760,302.	3,051,946.
Expenses	160	Salaries, other compensation, employee benefits (Part-IX-collumn (A) tines 5-10)  Professional fundraising fees (Part IX, column-(A), line 11e)	·  -	0.	0.
ë	loa		10	7 7 8 1 7 1 1 7	
쏬	D		<del></del>   <u>*</u>	1,283,333.	1,213,578.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	<del></del>	
	ľ	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· ·  _	4,384,398.	4,494,054.
		Revenue less expenses. Subtract line 18 from line 12		-239,477.	-177,358.
28.0			<u>  B</u>	leginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	L	10,022,084.	9,427,770.
Ass	21	Total liabilities (Part X, line 26)		550,925.	408,866.
Set 1		Net assets or fund balances Subtract line 21 from line 20	Г	9,471,159.	9,018,904.
		Signature Block			
<u> </u>	<del></del> "	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the hest of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			kilomoago ana bollol, k la
uue,	COLLEC	it, and complete decidiation of preparer compartment officer) is based on all information of wi	mon prepare	1/2	-1111
		Skinature of officer		Date 1/23	2/17
Sig	า			Date	
Her	е	SHARON K. ROBERSON, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Paid		SARA G. MOON Pala R. Moon,	CPA	1. 23.17 self-employ	
Prep	arer	Firm's name FRASIER, DEAN & HOWARD, PLLC		Firm's EIN	62-1073578
	Only	Firm's address 3310 WEST END AVE STE 550			
	<b>-</b>	NASHVILLE, TN 37203		Phone no 61	5-383-6592
NAs:	. +b = !!	<del></del>		11 110116 110. 0 1	X Yes No
ivia	une II	RS discuss this return with the preparer shown above? (see instructions)			Form 990 (2015)

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	'990 (2015) (FORMERLY NASHVILLE YWCA)	62-0475702	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE YWCA NASHVILLE & MIDDLE TENNESSEE IS DEDICATED TO	ELIMINATING	
	RACISM, EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE,	FREEDOM AND	
	DIGNITY FOR ALL. IT IS THE VISION OF YWCA NASHVILLE &		
	TENNESSEE TO FOCUS ON WOMEN AND GIRLS WHO DESIRE TO CR	EATE A BETTER	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	. Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 2,033,306. including grants of \$ 226,548.) (F		987.)
	DOMESTIC VIOLENCE SERVICES: FULFILLING ITS MISSION OF		EN,
	THE YWCA HAS BEEN NASHVILLE'S PRIMARY PROVIDER OF DOME		
	SERVICES FOR OVER 40 YEARS. THE YWCA DOMESTIC VIOLENCE		<u> </u>
	MORE THAN TEMPORARY SAFETYTHEY HELP BREAK THE CYCLE		
	OFFERING A CONTINUUM OF SERVICES, INCLUDING: A 24-HOUR		
	INFORMATION HOTLINE, A 51-BED EMERGENCY SHELTER FOR WO		
	CHILDREN FLEEING DOMESTIC VIOLENCE, A 25-UNIT TRANSITI		
	PROGRAM, COMMUNITY SUPPORT GROUPS, AS WELL AS COMMUNIT		
	EDUCATION. IN FY16, THE YWCA PROVIDED 16,989 NIGHTS OF	<del></del>	
	WOMEN AND CHILDREN, ANSWERED MORE THAN 3,700 CALLS TO		
	CRISIS AND INFORMATION LINE, SERVED 68 WOMEN AND CHILD	<del></del>	
	TRANSITIONAL HOUSING, AND EDUCATED OVER 10,000 PEOPLE (Code ) (Expenses \$ 451,459 · including grants of \$ 1,300 · ) (Figure 1,300 · )		
4b	(Code) (Expenses \$ 451,459 · including grants of \$) (FEDUCATION/FAMILY LITERACY SERVICES:	Revenue \$	<i>'</i>
	DDCRITCH/TANIBI BITBIACT DERVICED.	<del></del>	
	FAMILY LITERACY CENTER: BUILDING OFF OF THE SUCCESS OF	THE YWCA'S GE	<u> </u>
	PREPARATION SERVICES PROGRAM, THE YWCA NOW OFFERS LITE	<del></del>	
		E FAMILY LITERA	
	CENTER OFFERS FOUR COMPONENTS OF A COMPREHENSIVE LITER		<del>,</del> -
	ADULT EDUCATION; 2) CHILDREN'S EDUCATION; 3) PARENT TI		<u></u>
	AND CHILD TOGETHER TIME (PACT). FREE CLASSES ARE OFFER		
	EARN THEIR HIGH SCHOOL EQUIVALENCY DIPLOMA, AND OBT		
	KNOWLEDGE AND SKILLS NECESSARY FOR EMPLOYMENT AN		
	SELF-SUFFICIENCY. FREE CLASSES FOR CHILDREN EDUCATION,		AND
	PACT ARE OFFERED TO PROMOTE THE GROWTH AND DEVELOPMENT		
4c	(Code) (Expenses \$ 242,957. including grants of \$ 682.) (F		
	YOUTH SERVICES:		
		<del></del>	
	GIRLS INC. AT THE YWCA: GIRLS INC. INSPIRES ALL GIRLS	TO BE STRONG,	
	SMART, AND BOLD THROUGH LIFE- CHANGING PROGRAMS AND EX	PERIENCES THAT	
	HELP GIRLS NAVIGATE GENDER, ECONOMIC, AND SOCIAL BARRI	ERS.	
	RESEARCH-BASED CURRICULA, DELIVERED BY TRAINED, MENTOR		ALS
	IN A POSITIVE ALL-GIRL ENVIRONMENT EQUIP GIRLS TO ACHI		
	LEAD HEALTHY AND PHYSICALLY ACTIVE LIVES; MANAGE MONEY		
	MESSAGES; AND DISCOVER AN INTEREST IN SCIENCE, TECHNOL		
	AND MATH. GIRLS INC. AT THE YWCA REACHED 456 MIDDLE SC		
	FY16.		
		<del></del>	
4d	Other program services (Describe in Schedule O.)		
. —	(Expenses \$ 166,966 • including grants of \$ ) (Revenue \$	}	
4e	Total program service expenses 2,894,688.		
		Form 9	90 (2015
22000			,

Page 3

Form 990 (2015) (FORMERLY NASHVILLE YWCA)
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	}		
	If "Yes," complete Schedule A	1	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			
	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	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			ł
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	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	1 2 2	7	
	as applicable.		-10, -41	<u>.</u>
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	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 8 11		
12.0	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	7.0		
	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		х
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		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		Х
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	х	
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		Х
	Section Section Materials Section 1997		990	

(FORMERLY NASHVILLE YWCA) 62-0475702 Form 990 (2015) Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 17 If "Yes." complete Schedule I. Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ...... 22 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 Х 23 Schedule J ... 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 Х Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ...... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a 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 X 25b 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." X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ...... 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ...... X Did the organization liquidate, terminate, or dissolve and cease operations? X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R. Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V line 1 ... ... ... ... ... ... ... ... ... 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ...... 35b

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

X

X

36

37

38

If "Yes," complete Schedule R. Part V. line 2

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015) (FORMERLY NASHVILLE YWCA)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
b	5 - 1 - 1 - 15 - 1 - 100 out start in the 4 - 5 - 10 of and applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	٠,		-
	filed for the calendar year ending with or within the year covered by this return 2a 111	لـــــا	٠.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	4-44	悦;	Ŧ*.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			••
	financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a	merc. A	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		44	
5a		5a		<u> </u>
þ		5b		
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
L	any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	were not tax deductible?		10.14	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	tense in 1994.	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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	· · · · · · · · · · · · · · · · · · ·	7h	Author day	- Charles
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	tobasatt.	indiadical.
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del> </del>
b		9b	- Control	M4-14
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	翻		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
11	2 1 Community of the Co			
a	Control of the second (Douglast and second to although a second to all the	뾃		
b	amounts due or received from them.)	1134		建
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	serve it is a state of the control o	142	TO THE	***
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	17.4		<b>**</b>
а	the state of the s	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O		- 1	2.1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		4.	: :
_	organization is licensed to issue qualified health plans	], ',	1	-
С	5. 11	<u> </u>	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	
		Fore	, aan	(2015)

## YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA)

Form 990 (2015)

62-0475702

Page 6

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

	to line ba, bb, or rob below, describe the circumstances, processes, or charges in ochedule O. Gee instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 45			
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 45	•		,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
		5	-41	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-		X
6	Did the organization have members or stockholders?	_6_		
7a	, , , , , , , , , , , , , , , , , , , ,	i _		7.7
	more members of the governing body?	_7a_		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	771.44.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		***	فمعنوعه
а	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	i l		
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion 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
	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		
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	i ia		<del></del> -
		100	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<del> </del>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		3.5	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			· .
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			١,
	taxable entity during the year?	16a		X
h	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	<b>'</b>	.,,	
		16h		<u> </u>
202	exempt status with respect to such arrangements? tion C. Disclosure	16b	L	<u> </u>
	<del></del>	——		
17	List the states with which a copy of this Form 990 is required to be filed TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	•	
	for public inspection. Indicate how you made these available Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ORIN CROUCH - 615-983-5116			
	1608 WOODMONT BLVD, NASHVILLE, TN 37215-1524			

(FORMERLY NASHVILLE YWCA)

62-0475702 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 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.
- Lust 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not cl		more	than o		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation from related	amount of other
	week (list any	Į.			Π			from the	organizations	compensation
	hours for	direc			ļ	pg		organization	(W-2/1099-MISC)	from the
	related	lee o	ustee			eusal		(W-2/1099-MISC)		organization
	organizations	al frus	nal tr		le ye	g a	1			and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key emptayee	Highest compensated employee	Former			organizations
(1) AMANDA WEEKS-GEVEDEN	2.00	<del>                                     </del>	┝╇┤	9	_		-	· · · · · · · · · · · · · · · · · · ·		
BOARD MEMBER		x						0.	0.	0
(2) ANA ESCOBAR, ESQ.	2.00									
BOARD MEMBER		X			l		1	0.	0.	0
(3) ANDREA HYDE	2.00									
BOARD MEMBER		X						0.	0.	0
(4) ANN PRUITT	2.00									
IMM PAST BOARD CHAIR		Х		X		L.		0.	0.	0
(5) ANNE MORGAN	2.00				ļ		1			
BOARD MEMBER		X	_		<u> </u>		L	0.	0.	0
(6) APRIL EATON	2.00	]			İ					
BOARD MEMBER		X						0.	0.	0
(7) BETH CHASE	2.00							_	_	
BOARD CHAIR		X		Х	L			0.	0.	0
(8) BETH DEBAUCHE	2.00							_		
BOARD MEMBER		X	ļ			L.	<u> </u>	0.	0.	0
(9) BETH FORTUNE	2.00						1			
BOARD MEMBER		X					<u> </u>	0.	0.	0
(10) BEVERLY WATTS	2.00									
BOARD MEMBER		X			L		<u> </u>	0.	0.	0
(11) CHRIS FERRELL	2.00				ŀ					_
BOARD MEMBER		X	ļ		<b> </b>	_	<u> </u>	0.	0.	0
(12) CHRISTIE WILSON	2.00									_
BOARD MEMBER		X	ļ	<u> </u>	ļ	-	<b> </b>	0.	0.	0
(13) CINDY DEMPSEY	2.00				l	ļ			0	0
BOARD MEMBER	2 00	X	<u> </u>		<u> </u>		-	0.	0.	0
(14) DANIEL HORWITZ	2.00	٠,,							<u>,</u>	,
BOARD MEMBER		X	$\vdash$	ļ	├-	-	$\vdash$	0.	0.	0
(15) DARKENYA WALLER	2.00			] ,				0.	0.	^
BOARD MEMBER (16) DAVID LEVY	2 00	X					-	ļ	0.	0
	2.00	- V						0.	0.	
BOARD MEMBER (17) EVETTE WHITE	2.00	X	<u> </u>	<u> </u>	<del> </del>			ļ	J •	0
BOARD MEMBER	2.00	X						0.	0.	0
532007 12-16-15		1 △	<u> </u>	<u> </u>		Ц_	Ц	<u>U.</u>	<u> </u>	Form <b>990</b> (201

Form 990 (2015)

, ,		-	•								
YWCA NASI							NN	IESSEE	60.04	75500	_ 0
Form 990 (2015) (FORMERLY Part VII   Section A Officers Directors Trus									62-04	/5/02	Page 8
		oloy. I	ees,			ghes	st C				
(A)	(B)			) Pos	C) ition			(D)	(E)	l _	(F)
Name and title	Average hours per		not c	heck :	more	than		Reportable	Reportable	1 -	stimated
	week					s both or/trus		compensation from	compensation from related	ai	mount of other
	(list any	Ď				Π		the	organizations	con	npensation
	hours for	a die			1	8	1	organization	(W-2/1099-MISC		from the
	related	tee	nstee		ĺ	eusal	ĺ	(W-2/1099-MISC)		,	ganization
	organizations	E E	u lau	İ	loyee	8 g					nd related
	below line)	Individual trustee or director	Institutional trustee	licer	Ē	Highest compensated employee	Ē			org	anizations
(18) FRANCES ROY	2.00	٥	=	8	盚	± 5	- E				
BOARD MEMBER	2.00	x						0.	(	).	0.
(19) GAIL B. MARTIN	2.00										
BOARD MEMBER		х					l	0.	(	0.	0.
(20) GERRY GORMAN	2.00										
BOARD MEMBER		X				<u> </u>	<u>L_</u>	0.	(	).	0.
(21) GINI PUPO-WALKER	2.00										_
BOARD MEMBER	2 00	X			<u> </u>	├-	<u> </u>	0.		<u> </u>	0.
(22) GLENN FUNK BOARD MEMBER	2.00	x				l		0.			0.
(23) HANNAH PARAMORE BREEN	2.00	A	$\vdash$	-		-	-	0.		<del>'</del>	<u> </u>
BOARD MEMBER	2.00	x				ŀ	1	0.	(	).	0.
(24) JANET MILLER	2.00						$\vdash$			_	
BOARD CHAIR - ELECT		x		x				0.	(	).	0.
(25) JEFFREY WEBSTER	2.00									_	
BOARD MEMBER		X			<u> </u>	<u> </u>		0.	(	).	<u> </u>
(26) JOEY HATCH	2.00										
BOARD MEMBER		X				<u>L</u> _		0.		2.	0.
1b Sub-total								0.		).	0.
c Total from continuation sheets to Part VI					· · · · ·		<b>&gt;</b>	654,830.			0,112.
d Total (add lines 1b and 1c)				<u> </u>		<del></del>	<u> </u>	654,830.		0. 10	0,112.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		2
compensation from the organization											Yes No
3 Did the organization list any former officer,	director or th	ietad	. ko	v en	ania	WAA	orl	highest compensated or	nnlovee on	344	
line 1a? If "Yes," complete Schedule J for si	· ·	3100	, KC	y Cii	ipio	ycc,	01.1	mignest compensated er	iipioyee oii	3	X
4 For any individual listed on line 1a, is the su		e co	mpe	 ensa	 tıon	and	oth	ner compensation from t	ne organization		
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a	•		•						fual for services		<b>500</b>
rendered to the organization? If "Yes." com	olete Schedule	2 J f¢	or su	ich i	oers	on		·	<u> </u>	5	X
Section B. Independent Contractors											
Complete this table for your five highest con	•	•							•	nsation fr	om
the organization Report compensation for t	he calendar ye	ear e	ndın	g w	ith c	or wi	thin T		ear.	<del></del>	
(A) Name and business	address	RT/	\ <b>\</b> TT	,				(B) Description of s	envices	Comps	C) ensation
INDITE DUSITIESS	4441033	11/	ONE	<u> </u>			-	Description of s	0.1003		

(A) Name and business address	NONE	(B) Description of services	(C) Compensation	
			<u> </u>	
			+	

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

0 \$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990

Form 990 (FORMERI	2 211101111			_						<u> 5702                                      </u>
Part VII Section A. Officers, Directors, T	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	1		Pos	ition	)		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	l a				Highest compensated employee		the	organizations	compensation
	(list any hours for	li ect			ĺ	e m		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	5	stee			satec		(***27 1099-141130)		and related
	organizations	trust	al tru:		e k	ed un				organizations
	below	Individual trustee or director	Institutional trustee	ı	Key employee	est co	ě			_
	line)	Ę	Insti	Officer	Æ	Hg.	Former			
(27) JUDGE PETER MACDONALD	2.00									
BOARD MEMBER		X						0.	0.	0.
(28) KARL DEAN	2.00	] _								
BOARD MEMBER		X						0.	0.	0.
(29) KASAR ABDULLA	2.00	1								
BOARD MEMBER		X			_			0.	0.	0.
(30) MARY JONES	2.00									
BOARD MEMBER		X			_			0.	0.	0.
(31) MARY WINN PILKINGTON	2.00	Į								_
BOARD MEMBER		X						0.	0.	0.
(32) RASHED FAKHRUDDIN	2.00									
BOARD MEMBER	ļ <u>.</u>	X	_			Щ		0.	0.	0.
(33) RICK HOLTON	2.00									
BOARD MEMBER	<del></del>	X						0.	0.	0.
(34) RITA P. MITCHELL	2.00									
BOARD MEMBER	<del> </del>	X			ļ	Н		0.	0.	0.
(35) SARAH ANN EZZELL	2.00						i		0	0
BOARD MEMBER	1 2 00	X						0.	0.	0.
(36) SARAH MOORE	2.00	3,		7.7				0.	0	0
TREASURER (37) SEAN HENRY		X	H	X	<u> </u>	$\vdash$		0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.
(38) SHARON ROBERSON	2.00	4	-					0.	0.	
BOARD MEMBER	2.00	x						0.	0.	0.
(39) STACEY GARRETT KOJU	2.00	12				-	_	0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.
(40) SUNNY SPYRIDON	2.00	^	<del></del>	_	-	$\vdash$		0.	<u> </u>	
BOARD MEMBER	2.00	X						0.	0.	0.
(41) SUSAN SHORT JONES	2.00	-				$\vdash$		•		
BOARD MEMBER	2.00	X						0.	0.	0.
(42) TOM NEGRI	2.00		$\vdash$			H				
BOARD MEMBER		Х						0.	0.	0.
(43) TONY MAJORS	2.00	T				$\Box$				
BOARD MEMBER		x						0.	0.	0.
(44) WANDA LYLE	2.00					П				
BOARD MEMBER		х						0.	0.	0.
(45) YOLANDA HARRIS-JACKSON	2.00									
BOARD MEMBER		x						0.	0.	0.
(46) KANDACE GROHER	47.00	Γ								
• • • • • • • • • • • • • • • • • • • •						. 1		i	0.	8,261.

YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA) 62-0475702 Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (C) (D) (E) (A) Position Reportable Estimated Name and title Average Reportable (check all that apply) amount of compensation compensation hours other from from related per the organizations compensation week Highest compensated employee organization (W-2/1099-MISC) from the (list any Individual trustee or director hours for (W-2/1099-MISC) organization Institutional trustee and related related Key employee organizations organizations below Officer line) (47) MARJORIE EASTMAN 40.00 105,240. 11,405. X 0. PRESIDENT & COO (48) ORIN CROUCH 55.00 13,431. X 44,820. 0. CFO (49) PAMELA SESSIONS 40.00 X 0. 882. VP PROGRAMS 49,253. 60.00 (50) PATRICIA SHEA X 0. 25,125. 162,610. CEO 40.00 (51) RACHEL BEDENBAUGH 0. 2,648. Х 72,674. VP DEVELOPMENT 45.00 (52) RYAN FLEISCHMAN X 0. 15,125. 66,257. VP GRANTS & PROGRAM EVAL 50.00 (53) TRACY DETOMASI 0. 12,777. Х 77,475. VP DOM VIO SRV (54) LARHONDA MAGRAS 50.00 X 17,308. 0. 4,952. VP OF COMMUNITY PROGRAMS 50.00 (55) MARIA WOLFE 5,506. VP OF DEVELOPMENT & MARKETING X 0. 0.

654,830.

100,112.

Total to Part VII, Section A, line 1c

Form 990 (2015) (FORMERLY NASHVILLE YWCA)
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant	1b 1c 1d ons) 1e 1, ts, and	198,842. 840,693. 320,583.	·			
tribut Othe	-	similar amounts not included above Noncash contributions included in lines 1		711,747.		د و	,	
Sor	h	Total. Add lines 1a-1f		<b></b>	4,071,865.			- 1
				Business Code	,	• /	,	,
60	2 a	RETAIL - DONATE	D ITEMS	452000	120,818.	120,818.		
Ş.	b	DDAGDAY GEDUITGE		624100	33,169.	33,169.		
Ser	c					•	<del></del>	
m X	d					<del></del>		
gra							<del></del>	· · · · · · · · · · · · · · · · · · ·
Program Service Revenue		All other program service reve	nue					
	•				153,987.		현기가 건강했	STORY OF THE
	<u>g</u>	Investment income (including	dividande untara		133,307.		" = N=1 1.2 2.4	
	3				166,230.			166,230.
		other similar amounts)			100,230.			100,250.
	4	Income from investment of tax		roceeas				
	5	Royalties	1			20.		
			(i) Real	(ii) Personal	, '	्र एक स्मित्र स्टब्स	Carrier B	Similar Comment
	6 a	***************************************				يُهُ فَيْدَرُ لُهُ ۚ	1. 1000 miles 1968	ting staged on
	b	Less: rental expenses			1' '		THE STATE OF	
	С	Rental income or (loss)				· · · · · · · · · · · · · · · · · · ·	而特性等於	A State of the sta
•	d	Net rental income or (loss)			<u></u>			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		assets other than inventory	38,520.		•	¥`		
	h	Less: cost or other basis			1	,1 13	The second secon	the tasts or the
	_	and sales expenses	38,520.			ر ه		The State of the S
	_				1	13	1110年第一大学	李金6. A
		Gain or (loss)	<del></del>	<u> </u>	0.	, ,	* 41	
	d	• , ,					இது சிச் கோட்டி <b>க</b> ி	.1.2
venue	8 a	Gross income from fundraising including \$ 840,6 contributions reported on line	93. of					
Other Reven		Part IV, line 18	a					,
Ě		Less: direct expenses		224,731.			*	446 444
٦	С	Net income or (loss) from fund	Iraising events		-146,111.			-146,111.
	9 a	Gross income from gaming ac	tivıtıes. See					
		Part IV, line 19	a		]			
	b	Less: direct expenses			}		-	
		Net income or (loss) from gam		<b>&gt;</b>				
		Gross sales of inventory, less	-					
		•	a		1			
			a b		1			
		Less: cost of goods sold						ļ
	<u>C</u>	Net income or (loss) from sales		<u>P</u>	<del> </del>			
		Miscellaneous Revenue		Business Code		<del> </del>		70 705
	11 a	MISCELLANEOUS R	EAENOE_	900099	70,725.			70,725.
	b				ļ		<u> </u>	ļ
	c	·				<u></u> ,		
	d	All other revenue					<u></u>	
	e	Total. Add lines 11a 11d		<b></b>	70,725.		i	
	42	Total revenue See instructions	•		4.316.696.	153.987.	0.	90,844.

Form 990 (2015) (FORMERLY NASHVILLE YWCA)
Part IX Statement of Functional Expenses

_					
<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	66,724.	66,724.		
2	Grants and other assistance to domestic		<del></del>	,	
	individuals See Part IV, line 22	161,806.	161,806.		ĺ.
3	Grants and other assistance to foreign			Frank to the	1 1
•	organizations, foreign governments, and foreign			The second second second	Sept. 1
_	individuals. See Part IV, lines 15 and 16		<del></del>	AND STATE OF THE PROPERTY AND SHARES	A STATE OF THE STA
4	Benefits paid to or for members			19. Sandre Wall and Strike	All the Allegan and A and
5	Compensation of current officers, directors,	707 (76	402 000	200 012	102 765
	trustees, and key employees	727,676.	423,898.	200,013.	103,765.
6	Compensation not included above, to disqualified			}	}
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u> </u>	
7	Other salanes and wages	1,846,935.	1,075,906.	507,657.	263,372.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	46,320.	29,798.	9,672.	6,850
9	Other employee benefits	240,323.	154,602.	50,184.	35,537
10	Payroll taxes	190,692.	122,674.	39,819.	28,199.
		130,0321	122,0710	35,0130	207233.
11	Fees for services (non-employees):	[			
	Management	<del></del>	<del></del>		<del></del>
	Legal	10 500	12 000	0.000	2 (02
C	Accounting	19,500.		2,999.	2,693.
d	Lobbying	6,000.	6,000.		
e	Professional fundraising services. See Part IV, line 17		2013年1913年1913年		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	255,820.	179,395.	40,264.	36,161
12	Advertising and promotion	9,980.	7,067.	1,535.	1,378
13	Office expenses	179,789.	136,382.	22,451.	20,956.
14	Information technology				
		<del></del>			
15	Royalties	267,288.	210,964.	22,290.	34,034
16	Occupancy			<del></del>	2,976
17	Travel	50,592.	43,509.	4,107.	2,970.
18	Payments of travel or entertainment expenses			j	
	for any federal, state, or local public officials	<del></del>		4	
19	Conferences, conventions, and meetings	19,148.	6,392.	10,574.	2,182.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	250,343.	170,233.	42,559.	37,551.
23	Insurance	35,110.	23,875.	5,969.	5,266.
24	Other expenses. Itemize expenses not covered		, ,	、おどくは建築	强 国的方法"。
	above. (List miscellaneous expenses in line 24e. If line	-7			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	MISCELLANEOUS	102,534.	53,683.	25,937.	22,914
		16,074.	7,972.	818.	7,284
b	PRINTING & PUBLICATIONS		1,914.	010.	
С	BAD DEBT EXPENSE	1,400.		<u> </u>	1,400
d			<del></del>	<u> </u>	ļ
е	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24e	4,494,054.	2,894,688.	986,848.	612,518.
26	Joint costs. Complete this line only if the organization				
- <del>-</del>	reported in column (B) joint costs from a combined			]	
	educational campaign and fundraising solicitation.	ľ		(	Ì
				J	}
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	- 000

62-0475702 Page 11

Form 990 (2015)

Pai	rt 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
	1	Cash - non-interest-bearing	176,523.	1	163,986.
	2	Savings and temporary cash investments	370,820.	2	125,568.
	3	Pledges and grants receivable, net	110,380.	3	172,285.
	4	Accounts receivable, net	99,328.	4	45,233.
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	ક		4
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		12 / 2 20 /	
		employers and sponsoring organizations of section 501(c)(9) voluntary		11.5	
"		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,109.	9	19,925.
	_		· 100 (100 )		
		basis. Complete Part VI of Schedule D 10a 8,113,315.			
	ь	Less: accumulated depreciation 10b 3,722,280.	4,609,771.	10c	4,391,035.
	11	Investments - publicly traded securities	4,100,653.	11	4,088,356.
	12	Investments - other securities. See Part IV, line 11	527,500.	12	421,382.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,022,084.	16	9,427,770.
	17	Accounts payable and accrued expenses	222,123.	17	123,688.
	18	Grants payable		18	
	19	Deferred revenue	72,330.	19	80,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္	22	Loans and other payables to current and former officers, directors, trustees,		<b>海</b>	A to the second
litie	•	key employees, highest compensated employees, and disqualified persons.	. (5.3 ) 1 · 1 · 1	34	9-557 A
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	056 450	İ	005 170
		Schedule D	256,472.		205,178.
	26	Total liabilities. Add lines 17 through 25	550,925.	26	408,866.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	,	, i	
es		complete lines 27 through 29, and lines 33 and 34.	6 770 133		6,388,960.
anc	27	Unrestricted net assets	6,779,123. 917,397.	27	855,305.
Bala	28	Temporarily restricted net assets	1,774,639.	28	1,774,639.
힏	29	Permanently restricted net assets	1,114,039.	29	1,774,039.
∄		Organizations that do not follow SFAS 117 (ASC 958), check here		,	
P	ļ	and complete lines 30 through 34.	<u> </u>		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0 471 150	32	0 010 004
Z	33	Total net assets or fund balances	9,471,159.	33	9,018,904.
	34	Total liabilities and net assets/fund balances	10,022,084.	34	9,427,770.

Form	990 (2015) (FORMERLY NASHVILLE YWCA)	62-0	475702	Pag	<sub>e</sub> 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del>.</del>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>4,316</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,494	, 05	4.
3	Revenue less expenses. Subtract line 2 from line 1	3	-177	, 35	8.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,471	,15	<u>.9</u>
5	Net unrealized gains (losses) on investments	5	-274	, 89	7.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	9,018	,90	<u>4.</u>
Pai	t XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<del></del>		
			· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		3.59	100	, , <u>, , , , , , , , , , , , , , , , , </u>
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	18451		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	- 2 2 1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	12.6	ودوو	1.1
	separate basis, consolidated basis, or both:		14 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	7. 3
	Separate basis Consolidated basis Both consolidated and separate basis		1.0 361	22 - 1	· "
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	- <del></del>
	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:				3-3
	X Separate basis Consolidated basis Both consolidated and separate basis		<b>秦黎</b>	45 - 1844 A	7.5
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	<u> </u>	75, 711.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	- च्या
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		177	1.7 度。	- A
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		v	<u>·</u>
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		- 1	

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

3b X Form **990** (2015)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> Inspection

YWCA NASHVILLE & MIDDLE TENNESSEE

Employer identification number

2015

Open to Public Inspection

	(FOR	MERLY NASH	VILLE YWCA)				62-0475702			
Part I	Reason for Public	Charity Status (	All organizations must co	omplete th	ıs part.) Se	e instructions.				
The organ	zation is not a private found									
1 🗀	A church, convention of ch		•	-		I)(A)(i).				
2	A school described in sect									
3	A hospital or a cooperative					i).				
4	A medical research organiz					-	nter the hospital's nam	e.		
	city, and state:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-,		
5	•	or the benefit of a co	illege or university owner	d or operat	ed by a go	vernmental unit desc	cribed in			
•	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6 🗀	A federal, state, or local go		mental unit described in	section 1	70(h)( 1)( A)	(v)				
7 🗓	An organization that norma	-				• •	aral nublic described in			
. (==)	section 170(b)(1)(A)(vi). (C	-	inta part of its support in	iom a gov	sitting that	unit of hom the gene	nai paolio acconboa in			
8 🗔	A community trust describe	•	(1VA)/vi) (Complete Par	+ 11 \						
9 🗔	An organization that norma	• •		-	aantahutia	no momborshin food	and arose recounts fro	om		
3 L	activities related to its exen	, , ,	•			•				
		•				• •	<del>-</del>			
	income and unrelated busin		(less section 5 i i tax) iic	in busines	sses acqui	red by the organizati	on after June 30, 1973.	•		
10	See section 509(a)(2). (Co	•	wale to toot for public on	fatu Caa	oostion EC	YY (~)(A)				
	An organization organized	•	•	•			the numerous of one or			
11	An organization organized a	•	•	-		•	• •	l		
	more publicly supported or	-					s). Greek the box in			
	lines 11a through 11d that		•		-	•	. bu airina			
a <u>L</u>	Type I. A supporting orga	-	•	-	_		•			
	the supported organization	• • •	• ,	i majority c	or trie direc	tors or trustees or tr	e supporting			
	organization. You must o	•		et a la contrata da			. <b>b</b>			
b [		•				•	_			
	control or management of			ame perso	ns that co	ntrol or manage the s	supported			
	organization(s). You mus	•								
c L_		•					rated with,			
	ıts supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		y integrated. A supp	porting organization oper	ated in co	nnection w	nth its supported org	janization(s)			
	that is not functionally int	•		•		•	entiveness			
	requirement (see instruct	ions). You must cor	mplete Part IV, Sections	s A and D,	and Part	V.				
e	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type	) III			
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f Ente	er the number of supported o	organizations					L			
	ride the following information		ed organization(s).	le vi d			<del></del>			
(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	rganization In your					
	organization		above (see instructions))	governing		support (see instructions)	other support (se instructions)	ee		
				Yes	No	instructions/	in Struction 5/			
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Total		· ·	1	İ	ł					
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Schedule A (Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA)

62-0475702 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2011 (c) 2013 (d) 2014 (b) 2012 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3558696. 4860017. 3899007. 3887806. 4071855.20277381. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3558696 3899007 4 Total. Add lines 1 through 3 .... 4860017. 3887806 4071855.20277381. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (c) 2013 (b) 2012 (d) 2014 (e) 2015 (f) Total 3558696. 4860017. 3899007. 3887806. 7 Amounts from line 4 ...... 4071855. 20277381. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 124,077. 138,127. 123,522. 235,698. 166,230. 787,654. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 54.174. 189.565. 52,338. 48.800. 70,725. assets (Explain in Part VI.) ....... 415,602 **"的"多数是** 21480637 11 Total support. Add lines 7 through 10 677,752. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.40 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoonsstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA)

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

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

Se	ction A. Public Support	slow, please comp	iete i-art ii j		<del> </del>	<del>. – . – . – . – . – . – . – . – . – . –</del>	<del></del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gifts, grants, contributions, and				1			
	membership fees received. (Do not					1		
	include any "unusual grants.")				ľ	1		
2	Gross receipts from admissions,			·	<del> </del>	<del> </del>	<del></del>	
_	merchandise sold or services per-	:			ţ			
	formed, or facilities furnished in				1	1		
	any activity that is related to the organization's tax-exempt purpose	;			1	1		
2	Gross receipts from activities that			<del></del>	<del> </del>	<del> </del>	<del></del>	
3	'					}		
	are not an unrelated trade or bus-	,			}	1 1		
_	iness under section 513	<del>,</del>			<del> </del>	<del> </del>		
4	Tax revenues levied for the organ-				}	]		
	ization's benefit and either paid to	,						
	or expended on its behalf					<del> </del>		
5	The value of services or facilities				1	1		
	furnished by a governmental unit to			l I	1	1 1		
	the organization without charge			<del></del>				
6	Total. Add lines 1 through 5			 	<u> </u>	<u> </u>		
7 <i>a</i>	Amounts included on lines 1, 2, and			l		1		
	3 received from disqualified persons				<u> </u>			
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that				j	1 1		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	,				1		
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6)				72 22 22 22 2	a mary, year, and a part		
	tion B. Total Support	4 4	a transact is now to the first to the		I water have a second to t	N 10 - 100 - American of blooms	<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 6							
_	Gross income from interest,					1	<del></del>	
	dividends, payments received on	i	·		1	1		
	securities loans, rents, royalties and income from similar sources			l	1	1 1		
L	Unrelated business taxable income				<del> </del>	1		
	(less section 511 taxes) from businesses	,			l	1 1		
	acquired after June 30, 1975			ı	1	1 1		
				<del></del>	<del> </del>	<del>}</del>	<del></del>	
	Add lines 10a and 10b			<del></del>	<del> </del>	<del> </del>	<del></del>	
11	Net income from unrelated business activities not included in line 10b,				ļ.	1		
	whether or not the business is				ļ	[		
	regularly carried on						<del></del>	
12	Other income. Do not include gain or loss from the sale of capital		!		İ	1		
	assets (Explain in Part VI.)			<del></del>				
13	Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ion,	
	check this box and stop here .					<u> </u>	. ▶□	
Sec	tion C. Computation of Public	c Support Per	centage					
15	Public support percentage for 2015 (lii	ne 8, column (f) dr	rided by line 13, co	olumn (f))		15	%	
16	Public support percentage from 2014	Schedule A, Part I	II, line 15			16	%	
	tion D. Computation of Inves			<del></del>				
	Investment income percentage for 20			e 13, column (fl)		17	%	
	Investment income percentage for 20	•	.,	,	•	18	<u>%</u>	
	33 1/3% support tests - 2015. If the			 on line 14 and line	a 15 je more than '			
וסמ		-						
	more than 33 1/3%, check this box an	•	•				<b>,</b> ⊢	
b	33 1/3% support tests - 2014. If the						ıu 🍆	
	line 18 is not more than 33 1/3%, chec			•		-	▶⊣	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA)

62-0475702 Page 4

## 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 A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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)(8) 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 7? 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					
]							
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}		;					
	<u> </u>						
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100000							
3a	!						
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Carrier Specie							
3b		· 🚓 3					
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4a	Applie.	ر المستريد					
		3.					
Al-	ا با فاقياسة إلى <sub>و</sub>						
4b	16	2 4 m					
1	運輸	7,1					
	쬁						
4c							
	***	16					
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	(700g) - 27.	4 Mg.					
5a							
THE P.	4,1 %	51 ( T					
5b							
5c	<u></u>	<u> </u>					
<b>200</b>		,, 75					
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, I					
No.		4~					
47.2.4.4.2	- 1.9	ئــــــــــــــــــــــــــــــــــــــ					
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7	<del>,</del> -	<del></del>					
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} - ;	* /	,					
9a	<u> </u>						
<u> </u>		-					
9b	<u> </u>	l					
	- 1						
9c							
}							
10a							
10b							

Sche		47570	2 Pa	age 5
Pa	rt IV   Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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	<u> </u>	L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<b>│</b>	1	,
	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	, ř.,		
	controlled the organization's activities. If the organization had more than one supported organization,	194		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			, -, * , ;
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	<b>建</b>	्रेस्ट	,*,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	粉魚	(, t. <del>1</del> .)	(*4), []
	supervised, or controlled the supporting organization.	2	LJ	l
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<b>**</b>	4 - Taring	#\$ '~ '' - 11
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			والمراقبة
	or management of the supporting organization was vested in the same persons that controlled or managed	Ent.	1 4100	72 to 3 2
	the supported organization(s).	1_1_	LJ	<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Congress of the second	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			<b>意</b> 力
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	如神	W 22	750 m
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	學法則	35	**** *********************************
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	982-522	1911	(E., 12)
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a		32134 1	5.77 1.00 1.00 1.00
	significant voice in the organization's investment policies and in directing the use of the organization's		4	F . 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		36 34	2
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	:		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions).	<b>,</b> _	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	), i	"	,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	,	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	1
	how the organization was responsive to those supported organizations, and how the organization determined			.,
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		, ?	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below			
а			L	
	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b_		

	dule A (Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWC			2-04/5/02 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			ctions. 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		L
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		त्रक्रिक्षाच्या स्टब्स	
•	instructions for short tax year or assets held for part of year).	, 1		
a	Average monthly value of securities	1a		
	Average monthly cash balances	16		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1.150		(数域类)
·	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	- <u>-</u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	الله الله الله الله الله الله الله الله	
2	Enter 85% of line 1	2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
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	1-	,	
Ū	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting organ	nization (see
•	instructions).	,5.0	- 1	4

Schedule A (Form 990 or 990-EZ) 2015

# YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA)

Par	t V Type III Non-Functionally Integrated 509		-iti	2-04/5/02 Page 7
	on D - Distributions	a/(o/ oupporting orga	nizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	· · · · · · · · · · · · · · · · · · ·	
4	Amounts paid to acquire exempt-use assets		·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
_	(provide details in Part VI) See instructions.	organical and a corporation		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<del></del>
<u></u> -	ziro c unicum armoca zi, ziro c umcum	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		、アプラのは、自動機	
2	Underdistributions, if any, for years prior to 2015			第2389年代第二
	(reasonable cause required-see instructions)	ا المراب المعاد المعاد المعاد المعاد المعاد المعاد المعاد المعاد المعاد المعاد المعاد المعاد المعاد المعاد الم		And Miles
3	Excess distributions carryover, if any, to 2015:	1	The state of the s	MI AND THE PARTY OF THE PARTY O
a		7		
b		4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	から から 東京 は ない かんかん は ない ない ない ない ない ない ない ない ない ない ない ない ない	AND THE STATE OF T
	I survive the second of the se		WALLEY TO PERSONAL PROPERTY.	<b>建筑</b>
	From 2013		THE STATE OF THE S	<b>全型的</b>
	From 2014		2. 12. 12.12.12.12.13.13.13.13.13.13.13.13.13.13.13.13.13.	
	Total of lines 3a through e	<u> </u>	であった。	MINISTRAL PROPERTY.
	Applied to underdistributions of prior years			<b>新</b> 进度是国际中心
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)		State of the state	THE PARTY OF THE P
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		いた。一切を必須を	BATTATE TO THE
4	Distributions for 2015 from Section D.	集, 1000000000000000000000000000000000000		这种种的种类。14. 4. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
	line 7: \$			Marie Carlo Marie Comment
a	Applied to underdistributions of prior years	a de de caración de		
	Applied to 2015 distributable amount		<b>新文文</b>	
c	Remainder, Subtract lines 4a and 4b from 4.		推。据曾经《美元》	种或和水流之外。
5	Remaining underdistributions for years prior to 2015, if			RATE STATE OF THE
	any. Subtract lines 3g and 4a from line 2 (if amount	- ', '		
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h		in the second of	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	, -1		
7	Excess distributions carryover to 2016. Add lines 3		, A. 1	- · ·
	and 4c.			
8	Breakdown of line 7.			
a		· · · · · · · · · · · · · · · · · · ·	<del>and the state of </del>	
b		*	7,	
	Excess from 2013	,	, , , , ,	/, ,
	Excess from 2014		^	The state of the s
	Excess from 2015		·	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA)	62-0475702 Page 8
Part VI	(Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA)  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a  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 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions)	or 17b; Part III, line 12, s 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
<del></del>		
		·
<u></u>		
<del></del>		

## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Nan	ne of organization YWCA NA	SHVILLE & MIDDLE	TENNESSEE		Employer identification number
	(FORMER	LY NASHVILLE YWCA	)		62-0475702
Pа	rt -A Complete if the org	janization is exempt under	section 501(c) or	r is a section 52	7 organization.
2	Provide a description of the organiz Political expenditures Volunteer hours				<b>▶</b> \$
Pa	rt:l‡B Complete if the org	anization is exempt under	section 501(c)(3)	<u>.                                    </u>	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		. > \$
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		<b>&gt;</b> \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.		· · · · · · · · · · · · · · · · · · ·		
.34-27-2	complete if the org	<del> </del>	<del></del>		
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt functio	n activities	<b>&gt;</b> \$
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	
	exempt function activities				<b>&gt;</b> \$
3	Total exempt function expenditures	. Add lines 1 and 2 Enter here and	on Form 1120-POL,		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and em				
	made payments. For each organization				
	contributions received that were pro				eparate segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	e information in Part IV	'.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	1
				filing organization funds. If none, ent	
			}	l lunus. Il none, ent	delivered to a separate
			}	İ	political organization
	·				If none, enter -0
	1				
	····				
				,	
				<del> </del>	<del></del>

Schedule C (Form 990 or 990-EZ) 2015	(FORMERLY	NASHVILLE YW	CA)	62-0	475702 Page 2
Part II-A Complete if the organizer 501/b)	anization is ex	empt under section	1 501(c)(3) and file	ed Form 5768 (el	ection under
section 501(h)).	<del></del>			· — — — — — — — — — — — — — — — — — — —	
		affiliated group (and list in	n Part IV each affiliated	I group member's name	e, address, EIN,
expenses, and share	•	• •			
B Check ▶ if the filing organizat	ion checked box A	and "limited control" pro	ovisions apply.	Υ <u>΄΄</u>	T
	s on Lobbying Ex litures" means an	penditures nounts paid or incurred.)	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinio	n (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative t	oody (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente	r the amount from	the following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: The	lobbying nontaxable am	ount is:		
Not over \$500,000 20% of the amount on line 1e.					
Over \$500,000 but not over \$1,000	,000 \$100	,000 plus 15% of the exc	ess over \$500,000.	15 W. 1. 18 T.	
Over \$1,000,000 but not over \$1,50	00,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000.	1945年	<b>一种</b>
Over \$1,500,000 but not over \$17,0	000,000 \$225	,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000			
				المراسية والمراسية المراسية	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than zero	o on either line 1h	or line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	ear?			<u> </u>	Yes No
	4-Year	Averaging Period Under	section 501(h)		
(Some organizations th		• •	-	of the five columns be	low.
	<del></del>	arate instructions for lir		<del></del>	<del></del>
	Lobbying Ex	penditures During 4-Yea	r Averaging Period		<del>,</del>
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	· · · · · · · · · · · · · · · · · · ·				
b Lobbying ceiling amount	4				
(150% of line 2a, column(e))	<u> </u>	<u> </u>			
c Total lobbying expenditures	·				
d Grassroots nontaxable amount				]	
e Grassroots ceiling amount		<del> </del>	, , , , , , , , , , , , , , , , , , ,		<del> </del>
(150% of line 2d, column (e))					
(1557) St. III.S Zd, Column (c))	*-!	<del></del>		<u> </u>	<del></del>
f Grassroots lobbying expenditures			<u> </u>		

Schedule C (Form 990 or 990-EZ) 2015

62-0475702 Page 3

Schedule C (Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA) 62-04757

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b	)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or	<del> </del>	<b> </b>	·	• ,
local legislation, including any attempt to influence public opinion on a legislative matter	ŀ	ŀ	٠, -	· ,
or referendum, through the use of:	[ ,	1,00	ر د ا روز،	ed in the
a Volunteers?		Х	200 (1) 200 (1) (2) (2)	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	resistant de	in die
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6	,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	<u></u>	X		
j Total. Add lines 1c through 1i	4.16	鐵機構		,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		黑洲
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	326.30	推翻網路	Transfer to the section of the	A COMPANY OF THE PARTY OF
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504( )/	<u></u>	<b>新华港</b>	
Rartillia Complete if the organization is exempt under section 501(c)(4), section 501(c)(	on 501(c)(	5), or sec	tion	
501(c)(6).			<del>- ,,</del> -	<del></del>
		ζ	Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	= E04/aV	. 3		
Partillia Complete if the organization is exempt under section 501(c)(4), section 501(c)(6), and if either (c) ROTH Part III. A lines 1 and 2 are provided				o in
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	NO, OH	(D) Part	III-A, IIIIe	: 3, 15
1 Dues, assessments and similar amounts from members		1 1050380		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai			
expenses for which the section 527(f) tax was paid).		(APPENDE		
a Current year				
b Carryover from last year				
c Total		. 2c		
*****		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds t				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	onucai			
expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)		4		
Partily Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	hoth Dod II	A lines 1 o	nd 2 (222	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nsij, rait ir	A, IIIICS I A	10 2 (See	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
TAKT II D, BIND I, BODDIING ACTIVITIES.				
THE LOBBYIST IS RETAINED TO BRING RELEVANT STATE AND I	OCAT.	RATIES		
THE BODDIES TO REPAIRED TO DATE REPAIR DIVING THE THE	JOCAL .	рродр		
CONCERNING DOMESTIC VIOLENCE LEGISLATION TO THE YWCA.	HE AS	SSISTE	D THE	
ORGANIZATION IN FORMULATING OPINIONS REGARDING SUCH LI	EGISLA	ON A	ND	
PROVIDING AN AVENUE BY WHICH THE OPINIONS ARE COMMUNIC	CATED.	THE		
LOBBYIST HAS COMMUNICATED DIRECTLY WITH STATE GOVERNM	ENT OF	FICIAL	SON	

# YWCA NASHVILLE & MIDDLE TENNESSEE 62-0475702 Page 4 Schedule C (Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA) Part IV | Supplemental Information (continued) BEHALF OF THE YWCA FOR THE PURPOSE OF EDUCATING AND INFLUENCING ACTION BY THE OFFICIAL REGRADING LEGISLATION RELATED TO DOMESTIC VIOLENCE. HE IS COMPENSATED FOR HIS ACTIVATES. EXPENSES INCURRED FOR HIS SERVICES TOTALED \$6,000 IN FY16.

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.urs.gov/lorm/990">www.urs.gov/lorm/990</a>.

Open to Public Inspection

YWCA NASHVILLE & MIDDLE TENNESSEE Name of the organization (FORMERLY NASHVILLE YWCA)

**Employer identification number** 62-0475702

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pa	大川郡 Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	t IV, line 7.
1			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a histonic structure	
		· ·	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	panization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
			MDM)
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)(4)	
9	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's finalicial statements that describes the	organization's accounting for
Pa	conservation easements.  tilli Organizations Maintaining Collections of	Art. Historical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" on Form		omma /toocto.
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public ext	•	· ·
	the text of the footnote to its financial statements that descri		or public service, provide, in a arc Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		t halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	deadon, or research in furtherance of public i	service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ €
	(ii) Assets included in Form 990, Part X	•	•
2	If the organization received or held works of art, historical treations	acturac or other cimilar accord for financial ac-	un provide
<u> </u>	the following amounts required to be reported under SFAS 1	•	iii, provide
а	Revenue included on Form 990, Part VIII, line 1	TO MOO 300) Telating to these items	<b>•</b> \$
a	Assets included in Form 990, Part Y		<u> </u>

# YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA)

	rt III   Organizations Maintaining C	Ollections of Art		acures o	Othe	r Simila		. / 5 / 0 2		ge ∠
<u> </u>										
3	Using the organization's acquisition, accession	on, and other records	s, check any or the i	iollowing that	are a si	gnineant	ise oi its i	conection	items	
	(check all that apply)		<u> </u>							
а	Public exhibition	d		hange progra	ıms					
р	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co		-	_			se in Part	XIII.		
5	During the year, did the organization solicit or				r sımılar	assets	_	_		,
	to be sold to raise funds rather than to be ma							Yes		No
Pai	reported an amount on Form 990, Par		ete if the organizatio	n answered "	Yes" on	Form 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contributions	s or other ass	ets not	ıncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	•		-					Amount		
С	Beginning balance					1c				
d						1d				
е	Distributions during the year			• • • •		1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo			ıstodial accoi	unt liabil			Yes	$\top$	No
	If "Yes," explain the arrangement in Part XIII.							_		ĺ
	Endowment Funds. Complete I					10.				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three	vears back	(e) Four	vears	 back
1a	Beginning of year balance	2,471,811.	2,446,187.		,443.		01,106.	7	162,	
h	Contributions		<del></del>					<del>                                     </del>		
c	Net investment earnings, gains, and losses	-41,991.	25,624.	196	744.	1	48,337.		-61,	744.
4	Grants or scholarships			<u> </u>			,	<del> </del>		
•	Other expenditures for facilities			<del></del>			-	<del> </del>		
е	·			ļ	- 1			1		
	and programs			<del>                                     </del>				<del> </del>		
T	Administrative expenses	2,429,820.	2,471,811.	2 446	187.	2 2	49,443.		101,	106
g	End of year balance	<del></del>		·	,107.		49,443.		101,	100.
2	Provide the estimated percentage of the curr	ent year end balance		) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 73.04	%								
С	Temporarily restricted endowment ▶ 20									
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administer	ed for th	ie organiz	ation	г	—т	
	by:								Yes	No
	(i) unrelated organizations							3a(i)		<u>X</u>
	(ii) related organizations							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organization	•						3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Rai	t्V।ञ्ज Land, Buildings, and Equipm									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or of	, , ,	or other		ccumulate		(d) Book	value	<del>)</del>
	_,	basis (investm	nent) basis	(other)	de	preciation				
1a	Land		40	5,763.		- P. W.			, 76	
b	Buildings		7,03	3,365.	3,:	138,9	72.	3,894	, 39	3.
С	Leasehold improvements									
d	Equipment		67	4,187.		583,3	08.	90	,87	79.
_ е	Other									
	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	C column (B) line 1	Oc.)			<b>•</b>	4,391	.,03	35.

•	LLE & MIDDLE ' ASHVILLE YWCA		62	-0475702 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	raluation. Cost or end	d-of-year market value
(1) Financial derivatives	<u> </u>	<b> </b>		
(2) Closely-held equity interests	L			
(3) Other	ļ <u></u>			
(A)	<u> </u>			
(B)	ļ. <del></del>		<del></del>	
(C)	<del> </del>	<del></del>		
(D)	<b>-</b>			
(E)	<del></del>			
(F)	<del> </del>			
(G)	<del></del>	-		
(H)	<b></b>	<del> </del>		Time to Secretary Sur
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	<u> </u>	<b>地区市会 新生产的</b>
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				d of coor more to the value
(a) Description of investment	(b) Book value	(C) Method of v	aluation Cost of end	d-of-year market value
(1)		<del> </del>	<del></del>	
(2)	<del></del>	<del> </del>	- <del></del>	
(3)	<del></del>	<del> </del>	<del></del>	<del></del>
(4)	<del> </del>	<del> </del>	<del></del>	<del></del>
(5)		<del> </del>	<del></del>	
(6)	_ <del></del>	<del> </del>		
(7)	<del></del>	<del></del>	<del></del>	
(8)	<u> </u>	ļ		
(9)		Etc. Commercial States of Automatic	tantan dari barangan dari dari dari dari dari dari dari dari	<b>等的类似的主动种类的温度</b>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Rart IX Other Assets.		The Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	A AND SECTION OF THE PROPERTY	本語的語言はある。
Complete if the organization answered "Yes"	on Form 000. Part IV, line	114 Soc Form 990	Dad V ling 15	
	Description	110. See Form 350,	Pan A, line 15.	(b) Book value
<del></del>	Jeson Pilon			(5) 500.1 74.20
(1)	<del></del>		<del></del>	
(2)				
(3)		<del></del>		<u> </u>
(4)		<del></del>		<del> </del>
(5)	<del></del> _			
(6)			<del></del>	<u> </u>
(7)		<del></del>		ļ <del>-</del>
(8) (9)		<del></del>	<del></del>	
	451	<del></del>		ļ
Total. (Column (b) must equal Form 990, Part X, col. (B) line Rart X. Other Liabilities.				<u> </u>
Complete if the organization answered "Yes" of			1 990, Part X, line 25.	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability		(b) Book value	1,7	
(1) Federal income taxes		205 170	文 所 "特性"	
(2) CAPITAL ADVANCE		205,178.	上文。當時時間	(唐) [15] [15] [15] [15] [15] [15]
(3)				
(4)	<del></del>			
(5)	4		1	

205,178. ightharpoonsTotal. (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. X

(6) (7) (8) (9)

YWCA NASHVILLE & MIDDLE TENNESSEE Schedule D (Form 990) 2015 (FORMERLY NASHVILLE YWCA) 62-0475702 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. 4,494,868. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12. -274,897a Net unrealized gains (losses) on investments 228,338 b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 731 224 d Other (Describe in Part XIII.) 2d 178,172. e Add lines 2a through 2d 2e Subtract line 2e from line 1 4,316,696. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 74 } a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4h c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) 4.316 .696 5 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. 4,947,123. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: 228,338 a Donated services and use of facilities 2h c Other losses 2c d Other (Describe in Part XIII) 2d 453,069. e Add lines 2a through 2d Subtract line 2e from line 1 4.494.054. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4¢ Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 4.494.054 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 V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUNDS IS TO HELP FUND A PORTION OF THE

OPERATING OR CAPITAL REQUIREMENTS AS NEEDED, AS WELL AS TO PROVIDE

FINANCIAL STABILITY FOR THE YWCA. THE ENDOWMENT FUNDS CONSIST PRIMARILY OF

PERMANENTLY RESTRICTED FUNDS, FROM WHICH THE ORGANIZATION OBTAINS

INTEREST, DIVIDENDS, AND GAINS AND LOSSES.

THE YWCA OF NASHVILLE & MIDDLE TENNESSEE HAS A POLICY OF APPROPRIATING FOR
DISTRIBUTION OF UP TO FIVE PERCENT (5%) OF THE ENDOWMENT FUND, EXCEPT AS
OTHERWISE STIPULATED BY DONORS, TO FUND ANNUAL OPERATING NEEDS.

62-0475702 Page 5 Schedule D (Form 990) 2015 (FORMERLY NASHVILLE YWCA) Part XIII | Supplemental Information (continued) THE YWCA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE YWCA FOLLOWS GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS. INCOME TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD TO BE RECOGNIZED. AS OF JUNE 30, 2016 AND 2015, THE YWCA DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED. THE YWCA FILES U.S. FEDERAL FORM 990 FOR ORGANIZATIONS EXEMPT FROM INCOME TAX RETURNS ARE SUBJECT TO AUDIT BY THE U.S. INTERNAL REVENUE SERVICE FOR THREE YEARS FOLLOWING THE DATE OF FILING. TAX RETURNS FOR YEARS PRIOR TO FISCAL YEAR ENDED JUNE 30, 2013 ARE CLOSED. PART XI, LINE 2D - OTHER ADJUSTMENTS: 224,731. SPECIAL EVENT EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 224,731.

## SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

YWCA NASHVILLE & MIDDLE TENNESSEE

Employer identification number

(FORMER	LY NASHVILLE YWCA)				[62-04/5	702
Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	es" or	Form 990, Part IV, I	ine 17, Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat	tion of tion of	non-g gover	overnment grants nment grants		
2 a Did the organization have a written of	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fi	undraising services?	Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			ļ			
			·			
			ļ 			
Fotal			<b>&gt;</b>			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	ıt is exempt from re	gistration
				<del></del>		
						<del></del>
						<del></del>

Schedule G (Form 990 or 990 EZ) 2015 (FORMERLY NASHVILLE YWCA)

PE	art I	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising events.	_		-	
			(a) Event #1	(b) Event #2 SPRING	(c) Other events	(d) Total events (add col. (a) through
	}		AWA (event type)	BREAKFAST	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	231,250.	354,063.	334,000.	919,313.
ļ	2	Less Contributions	231,250.	354,063.	255,380.	840,693.
	3	Gross income (line 1 minus line 2)			78,620.	78,620.
	4	Cash prizes				
S	5	Noncash prizes				i
xpense	6	Rent/facility costs	89,010.	42,152.	57,362.	188,524.
Direct Expenses	7	Food and beverages				<del> </del>
۵	8	Entertainment				
	9	Other direct expenses	1,921.	13,839.	20,447.	36,207.
	10	Direct expense summary. Add lines 4 through		· · . · . ·		224,731.
Pa	11				· · · · · · · · · · · · · · · · · · ·	-146,111.
1,0	<i>J.</i> 3.	\$15,000 on Form 990-EZ, line 6a.	inswered tes on rom	1990, Part IV, line 19, or i	eported more than	
		troposo en remisso all, mie ea.	(-) D:	(b) Pull tabs/instant	4.3.00	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
eve						
	1_	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes	<u></u>			
Direct E	4	Rent/facility costs	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	5	Other direct expenses				
_		Other direct expenses	Yes %	Yes %	Yes %	A PRINCIPLE OF A
	6	Volunteer labor	No No	No	□ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b> _	
9	Ent	er the state(s) in which the organization conductor	cts gaming activities			
		he organization licensed to conduct gaming ac	tivities in each of these s	states?	•	Yes No
b	It "I	No," explain				
	_			<del></del>		
		re any of the organization's gaming licenses reverse," explain:			ear?	Yes No

62-0475702 Page 2

Sch	edule G (Form 990 or 990-EZ) 2015 (FORMERLY NASHVILLE YWCA)	<u>62-047570:</u>	2 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in		
ŧ	The organization's facility .	13a	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	5	
	Name	<del></del>	
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	☐ No
Ł	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization of gaming revenue re	unt	
	of gaming revenue retained by the third party > \$  If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided P	<del></del>	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the	
_	organization's own exempt activities during the tax year > \$		
Ŗä	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iii) and (v); and line 2b, columns (iiii) and (v); and line 2b, columns (iiii) and (v); and line 2b, columns (iiii) and (v); and line 2b, columns (iiii) and (v); and line 2b, columns (iiii) and (v); and line 2b, columns (iiiii) and (v); and line 2b, columns (iiiii) and (v); and line 2b, columns (iiiiii) and (v); and line 2b, columns (iiiiiiii) and (v); and (v); and (v); and (v	art III, lines 9, 9b, 1	0b, 15b,
	roo, 10, a.d. 175, ac approache, 7 too provide ally additional amountain feet metadeterior.		
_			
		<del></del>	

Schodulo C (Form 000 or 000 57)	YWCA NASHVILLE & MIDDLE TE (FORMERLY NASHVILLE YWCA)	NNESSEE 62-0475702	Dage 4
Schedule G (Form 990 or 990-EZ)  Part IV   Supplemental Infor	nation (continued)	02 0473702	rage 4
	Continued)	<del></del>	
			<del></del> .
_ · · <del></del> _ <del> </del>			

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No 1545-0047	2015	Open to Public	Inspection

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

the organization	WCA NASHVILLE & MII FORMERLY NASHVILLE	YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA)	SSEE			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Employer identification number $62-0475702$	. 1
Part   General Information on Grants and Assistance	nd Assistance							- 1
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	o substantiate the tance?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	X Yes No	_
2 Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant	of grant funds in the United States.	States.				1
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Somestic Organia	zations and Domestic	Governments. Consistence is need	Somplete if the orga	ınızation answered "Y	'es" on Form 990, Part	IV, line 21, for any	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
FAMILY & CHILDREN SERVICES 201 23RD AVE NORTH NASHVILLE, TN 37203	62-0499284 501(C)(3)	501(C)(3)	66,724.	0			LICENSED MENTAL HEALTH	1
								1
								1
								ı
								I
								ı
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	d government org	ganizations listed in the	e line 1 table				1.	1 -1
1	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2015)	Ιæ

(FORMERLY NASHVILLE YWCA)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2015) Part III

Page 2

62-0475702

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GEN, ASSIST, - HOUSING	98	102,001.	0.		
GEN, ASSIST TRANSPORTATION	175	14,407.	.0		
	, c		c		
GEN, AUSTOT, - NECESSITIES	133	.866,64	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	ditional information	
PART I, LINE 2:					
היים/יחם רבי יייארים י במחווב מים ייבותי בווח			TO HOLE OF THE PARTY OF THE PAR		

THE YWCA EXECUTES A FORMAL AGREEMENT ON ALL ORGANIZATIONS (NOT ON

THE YWCA MONITORS RECIPIENTS FOR COMPLIANCE INDIVIDUALS) RECEIVING FUNDS.

THE AS IT RELATES TO THE ORIGINATING FUNDER REQUIREMENTS. ADDITIONALLY

ď YWCA MAINTAINS INVOICES AND ANY OTHER DOCUMENTATION FROM WHICH IT PAYS

GRANT OR INDIVIDUAL RECIPIENT

COLUMN (B): ESTIMATES WERE USED IN THE CALCULATION OF SCHEDULE I, PART III, THE NUMBER OF RECIPIENTS FOR TRANSPORTATION AND PRESCRIPTIONS. THE ESTIMATE

FOR TRANSPORTATION WAS DETERMINED BASED ON AN AVERAGE NUMBER OF INDIVIDUALS

Schedule I (Form 990) (2015)

532102 10-28-15

# YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA) 62-0475702 Page 2 Schedule I (Form 990) Part IV | Supplemental Information THAT WERE STAYING IN THE WEAVER CENTER, IN ADDITION TO TRANSITIONAL HOUSING CLIENTS THAT REQUIRED TRANSPORTATION-RELEATED SPECIFIC ASSISTANCE. EACH PERSON IN THE SHELTER IS GIVEN A BUS PASS OR CAB FARE. THE ESTIMATE FOR PRESCRIPTIONS WAS DETERMINED BASED ON THE AVERAGE COST OF ONE.

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA)

**Employer identification number** 62-0475702

Part I **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	Ι,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ł		1
	First-class or charter travel Housing allowance or residence for personal use		,	1.
	Travel for companions Payments for business use of personal residence	1	, 1	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees		. ' '	· ~ \;
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		٠, ,	1
		-		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		, 4	٠
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	77	- 10	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		- , -	7 · / ·	7,-54
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1 4	で電	<b>李</b>
	establish compensation of the CEO/Executive Director, but explain in Part III.			7.2
	X Compensation committee		(2) 實 (2) 第	
	Independent compensation consultant  X Compensation survey or study		1	
	X Form 990 of other organizations X Approval by the board or compensation committee	7 ( )	2 (7.43	. (4)
		. tu. 5	100	A Section
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	-37-		等
	organization or a related organization:	12	15. 36	建
а	Receive a severance payment or change-of-control payment?	4a		X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		, , , ,	
	, · · · · · · · · · · · · · · · · · · ·	l · ;		- 1 m
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	4		1.501
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			7. (T
	contingent on the revenues of:	(数		19 3
а	75	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	7	3 2 3	( - ا
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- `	e.d.	
	contingent on the net earnings of.			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	٠,	· -	- ·
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		1	ĺ
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1	-	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	;	-	-
	Regulations section 53 4958-6(c)?	9		

62-0475702

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. (FORMERLY NASHVILLE YWCA) Schedule J (Form 990) 2015

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(i) Base compensation 162,610. 0.		(ii) Bonus & incentive compensation 0.00.00		other deferred compensation 8, 188.	16,937.	(B)(I)(D) 187,735. 0.	in column (8) reported as deferred on prior Form 990
(4) Name and Title compensation PATRICIA SHEA (II) (II) (III	(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (	(ii) Bonus & incentive compensation 0.0.0.	(iii) Other reportable compensation 0.0.	8,188. 0.	37.	187,735.	reported as deferred on prior Form 990
(ii) 162,61 (iii)	162,61	00	00	8,188.	16,937.	187,73	0 0
				00,7,0	0.0	C/ 1/01	0 0
		·o	0		0		0
	(0)						
	(0)						
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	(9)						
	(ii)						
	(1)						
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(0)	(ii)						
(6)	8						
(6)	(ii)						
	(5)						
(ii)	(ii)						
8	6						
(ii)	(ii)						
(0)	(0)						
(0)	lan!						

# YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA)

Schedule J (Form 990) 2015

Page 3

62-0475702

Schedule J (Form 990) 2015 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information Part III Supplemental Information

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

YWCA NASHVILLE & MIDDLE TENNESSEE (FORMERLY NASHVILLE YWCA)

Employer identification number 62-0475702

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL. IT IS THE
VISION OF YWCA NASHVILLE & MIDDLE TENNESSEE TO FOCUS ON WOMEN AND GIRLS
WHO DESIRE TO CREATE A BETTER QUALITY OF LIFE FOR THEMSELVES AND/OR
THEIR FAMILIES, TO ACHIEVE SELF-SUFFICIENCY, AND TO INCREASE THEIR
FINANCIAL STRENGTH. YWCA WILL ALSO BE A SPOKESPERSON FOR THOSE WOMEN
WHO HAVE NO VOICE. FURTHER, WE WILL RAISE THE AWARENESS AND DIMINISH
THE INCIDENCE OF VIOLENCE AND RACISM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY OF LIFE FOR THEMSELVES AND/OR THEIR FAMILIES, TO ACHIEVE
SELF-SUFFICIENCY, AND TO INCREASE THEIR FINANCIAL STRENGTH. YWCA WILL
ALSO BE A SPOKESPERSON FOR THOSE WOMEN WHO HAVE NO VOICE. FURTHER, WE
WILL RAISE THE AWARENESS AND DIMINISH THE INCIDENCE OF VIOLENCE AND
RACISM.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
VIOLENCE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
(AGES 3-5). LAST YEAR, 755 ADULTS WERE SERVED BY THE PROGRAM, 408
STUDENTS ADVANCED ONE OR MORE GRADE LEVELS, AND 111 STUDENTS EARNED
THEIR HIGH SCHOOL EQUIVALENCY DIPLOMA. 54 CHILDREN INCREASED THEIR
LANGUAGE AND LITERACY, AND PARENTS INCREASED THE QUALITY AND QUANTITY
OF TIME SPENT READING, WRITING, TALKING, PLAYING AND LISTENING TO THEIR
CHILD.

Employer identification number 62-0475702

DRESS FOR SUCCESS NASHVILLE: DRESS FOR SUCCESS NASHVILLE TRANSITIONS

WOMEN TO SELF-SUFFICIENCY BY PROVIDING PROFESSIONAL ATTIRE, A NETWORK

OF SUPPORT, AND CAREER DEVELOPMENT TOOLS TO HELP THEM THRIVE IN WORK,

HOME AND COMMUNITY. A SUITE OF SERVICES SUPPORTS EVERY PHASE OF THEIR

PROFESSIONAL LIVES, SO THAT CLIENTS ARE ABLE TO FIND AND KEEP THEIR

JOBS, BUILD THRIVING CAREERS, AND PROSPER IN THE MAINSTREAM WORKPLACE.

WOMEN PRESIDENTS' ORGANIZATION (WPO): YWCA IS THE HOSTING ORGANIZATION

FOR THE NASHVILLE CHAPTER OF WPO. ITS MEMBERS ARE A DIVERSE GROUP OF

ENTREPRENEURIAL WOMEN PRESIDENTS WHO HAVE GUIDED THEIR BUSINESS TO

GENERATE AT LEAST \$2 MILLION IN ANNUAL SALES. THE CHAPTER IS A

PROFESSIONALLY FACILITATED PEER ADVISORY GROUP THAT EMPOWERS MEMBERS TO

ACHIEVE INCREASED BUSINESS OR FINANCIAL SUCCESS AS WELL AS INDIVIDUAL

GROWTH THROUGH GROUP LEARNING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEND: MEND IS YWCA'S NEW, LONG-TERM, GRASS ROOTS INITIATIVE TO ENGAGE

MEN TO REDUCE VIOLENCE AGAINST WOMEN AND GIRLS. MEND WILL IDENTIFY,

RECRUIT, EDUCATE, AND EQUIP COACHES AND ATHLETES TO SERVE AS ADVOCATES

FOR VIOLENCE PREVENTION AND CULTURAL CHANGE, PROVIDING POSITIVE ROLE

MODELS FOR YOUNG MEN AND BOYS IN THE GREATER NASHVILLE AREA. MEND WILL

PROVIDE HANDS-ON TOOLS TO HELP MEN AND BOYS CHANGE THE MENTALITIES,

LANGUAGE, AND BEHAVIORS, THEREBY TRANSFORMING THE CULTURE THAT

PERPETUATES THE VIOLENCE. MEND WILL NOT ONLY RAISE AWARENESS AND CHANGE

MINDSETS, BUT IT WILL ALSO CREATE REAL, MEASURABLE CHANGE BY EDUCATING,

INSPIRING AND EQUIPPING MEN AND BOYS IN THE GREATER NASHVILLE COMMUNITY

TO TAKE ACTION AND MEND A CULTURE THAT PERPETUATES VIOLENCE AGAINST

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization YWCA NASHVILLE & MIDDLE TENNESSEE Employer identification number (FORMERLY NASHVILLE YWCA) 62-0475702 WOMEN AND GIRLS. IN FISCAL YEAR 2016, MEND LAUNCHED ITS ONLINE TRAINING TOOLKIT, RECRUITED 151 COACHES TO SERVE AS ADVOCATES FOR MEND, AND EDUCATED NEARLY 3,000 COMMUNITY MEMBERS ON THE TOOLS NEEDED TO END VIOLENCE AGAINST WOMEN AND GIRLS. EXPENSES \$ 166,966. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION FILED FOR A CHANGE IN THE ORGANIZATION'S LEGAL NAME SINCE THE PRIOR FORM 990 WAS FILED. THE ORGANIZATION NAME HAS BEEN CHANGED FROM "NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION" TO "YWCA NASHVILLE & MIDDLE TENNESSEE." A COPY OF THE FILING ACKNOWLEDGEMENT FROM THE TENNESSEE SECRETARY OF STATE IS ATTACHED. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND APPROVED BY THE CEO, THE CFO, AND THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: WHEN A CONFLICT OF INTEREST, ACTUAL OR PERCEIVED, IS OR APPEARS TO BE PRESENT, IT IS THE AFFIRMATIVE DUTY OF THE EFFECTED DIRECTOR TO DECLARE SUCH CONFLICT TO THE CHAIR, WHO SHALL DETERMINE THE APPROPRIATE ACTION IN RESPONSE. ON AN ANNUAL BASIS, EACH DIRECTOR SHALL SIGN A WRITTEN DECLARATION THAT HE OR SHE HAS READ, UNDERSTOOD, AND WILL COMPLY WITH THIS POLICY AND SHALL DECLARE ANY CURRENT OR POTENTIAL CONFLICTS THAT MAY EXIST.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization YWCA NASHVILLE & MIDDLE TENNESSEE	Employer identification number
(FORMERLY NASHVILLE YWCA)	62-0475702
A BOARD COMMITTEE, HEADED BY OUR CHAIR, GATHERS MARKET DAT	A TO DETERMINE
COMPENSATION.	
VP OF HUMAN RESOURCES GATHERS MARKET DATA BI-ANNUALLY AND	VP PRESENTS
RECOMMENDATIONS TO CEO/PRESIDENT FOR FINAL DECISION. A BI-	ANNUAL
INDEPENDENT COMP SURVEY IS CONDUCTED WITH LOCAL NON-PROFIT	S AND ADDITIONAL
COMP SURVEY DATA ARE USED TO DETERMINE MARKET VALUE FOR PO	SITIONS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
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