

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MENS CHRISTIAN ASSOCIATION		D Employer identification number 63-0288885
	Doing business as		E Telephone number
	Number and street (or P O box if mail is not delivered to street address) P O BOX 2336	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36102		G Gross receipts \$ 15,522,988
F Name and address of principal officer GARY A COBBS		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: YMCAMONTGOMERY.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1868	M State of legal domicile AL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MONTGOMERY YMCA, REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS, AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES WHICH DEVELOP SPIRIT, MIND, AND BODY MONTGOMERY YMCA STATEMENT OF PURPOSE "THE YOUNG MEN'S CHRISTIAN ASSOCIATION, WE REGARD AS BEING IN ITS ESSENTIAL GENIUS, A WORLD WIDE FELLOWSHIP, UNITED BY A COMMON LOYALTY TO JESUS CHRIST, FOR THE PURPOSE OF DEVELOPING CHRISTIAN PERSONALITY AND BUILDING A CHRISTIAN SOCIETY " THE MONTGOMERY YMCA SEEKS TO HELP ITS MEMBERS DEVELOP SELF-CONFIDENCE AND SELF-RESPECT AND AN APPRECIATION OF THEIR OWN WORTH AS INDIVIDUALS DEVELOP A FAITH FOR DAILY LIVING BASED UPON THE TEACHINGS OF JESUS, THAT THEY MAY ACHIEVE THEIR HIGHEST POTENTIAL AS CHILDREN OF GOD GROW AS RESPONSIBLE MEMBERS OF THEIR FAMILIES AND AS CITIZENS OF THEIR COMMUNITIES APPRECIATE THAT HEALTH OF MIND AND BODY IS A SACRED GIFT, AND THAT PHYSICAL FITNESS AND MENTAL WELL BEING ARE CONDITIONS TO BE ACHIEVED AND MAINTAINED R		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	67
	4	Number of independent voting members of the governing body (Part VI, line 1b)	64
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	1,182
	6	Total number of volunteers (estimate if necessary)	3,405
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 711,618 | Current Year: 2,495,581
	9	Program service revenue (Part VIII, line 2g)	2,423,218 | 12,749,450
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	226 | 715
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,994 | 277,242
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,198,056 | 15,522,988
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,650,060 | 7,431,406
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
b		Total fundraising expenses (Part IX, column (D), line 25) 856,209	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,658,842 | 8,216,498
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,308,902 | 15,647,904	
19	Revenue less expenses Subtract line 18 from line 12	-110,846 | -124,916	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 29,101,139 | End of Year: 28,354,589
	21	Total liabilities (Part X, line 26)	2,898,428 | 2,369,456
	22	Net assets or fund balances Subtract line 21 from line 20	26,202,711 | 25,985,133

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-04-06 Date
	MARY BETH HIGGINS CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WILLIAM L COX CPA	Preparer's signature WILLIAM L COX CPA	Date 2016-10-07	Check <input type="checkbox"/> if self-employed	PTIN P00144830
	Firm's name ALDRIDGE BORDEN & COMPANY PC			Firm's EIN 63-0781330	
	Firm's address 74 COMMERCE STREET MONTGOMERY, AL 36104			Phone no (334) 834-6640	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MONTGOMERY YMCA, REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS, AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES WHICH DEVELOP SPIRIT, MIND, AND BODY MONTGOMERY YMCA STATEMENT OF PURPOSE "THE YOUNG MEN'S CHRISTIAN ASSOCIATION, WE REGARD AS BEING IN ITS ESSENTIAL GENIUS, A WORLD WIDE FELLOWSHIP, UNITED BY A COMMON LOYALTY TO JESUS CHRIST, FOR THE PURPOSE OF DEVELOPING CHRISTIAN PERSONALITY AND BUILDING A CHRISTIAN SOCIETY " THE MONTGOMERY YMCA SEEKS TO HELP ITS MEMBERS DEVELOP SELF-CONFIDENCE AND SELF-RESPECT AND AN APPRECIATION OF THEIR OWN WORTH AS INDIVIDUALS DEVELOP A FAITH FOR DAILY LIVING BASED UPON THE TEACHINGS OF JESUS, THAT THEY MAY ACHIEVE THEIR HIGHEST POTENTIAL AS CHILDREN OF GOD GROW AS RESPONSIBLE MEMBERS OF THEIR FAMILIES AND AS CITIZENS OF THEIR COMMUNITIES APPRECIATE THAT HEALTH OF MIND AND BODY IS A SACRED GIFT, AND THAT PHYSICAL FITNESS AND MENTAL WELL BEING ARE CONDITIONS TO BE ACHIEVED AND MAINTAINED R

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

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

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

4a (Code) (Expenses \$ 12,052,373 including grants of \$) (Revenue \$ 12,749,450) SUPPORT ASSETS - MAKING CONNECTIONS BETWEEN PARENTS, EXTENDED FAMILY MEMBERS, AND NON-RELATED ADULTS AND YOUTH CONSTRUCTIVE USE OF TIME - YMCA SPONSORED ACTIVITIES AND SUPERVISED RECREATION PROVIDE OPPORTUNITIES FOR POSITIVE USE OF OUR YOUTH'S TIME THROUGH AFTER SCHOOL PROGRAMS, TEEN NIGHTS, SUMMER DAY CAMPS, HOLIDAY AND SCHOOL BREAK CAMPS AND YOUTH SPORTS COMMITMENT TO LEARNING - TUTORING AND HOMEWORK ASSISTANCE IN AFTER SCHOOL PROGRAMS DEVELOPS A SENSE OF COMMITMENT AND A HEALTHY PERSPECTIVE ON LEARNING, WHILE NURTURING THE ALL-IMPORTANT "MENTOR RELATIONSHIPS" SOCIAL AND PHYSICAL COMPETENCIES - ART PROGRAMS AND YOUTH SPORTS HELP DEVELOP SKILLS THAT PROMOTE GOOD DECISIONS AND A HEALTHY OUTLOOK ON COMPETITION POSITIVE IDENTITY - COMMUNITY-RELATED PROGRAMMING SUCH AS "YOUTH AND GOVERNMENT" ENCOURAGES ADOLESCENTS TO TAKE ON LEADERSHIP ROLES WHILE ESTABLISHING A SENSE OF SELF WORTH IN ADDITION, CREATIVE VENUES AND COUNCILS ALLOWING YOUNG PEOPLE TO CONTRIBUTE THEIR IDEAS WHICH ARE USED TO DEVELOP NEW PROGRAMS, ESTABLISH RULES AND GUIDELINES AND HELP PLAN YOUTH EVENTS EMPOWERMENT - YOUNG PEOPLE LEARN THE IMPORTANCE OF SERVING OTHERS THROUGH PROGRAM-SPECIFIC VOLUNTEERISM AS WELL AS THROUGH OUR "LEADERS-IN-TRAINING- AND "COUNSELORS-IN-TRAINING" PROGRAMS "Y ACHIEVERS- AND "LEADERS CLUBS" PROGRAMS ENABLE YOUTH TO RAISE THE BAR IN SETTING AND ACHIEVING HIGH EDUCATIONAL AND PROFESSIONAL GOALS AFTER SCHOOL AND PRESCHOOL CHILD CARE AND FULL-DAY SUMMER DAYS CAMPS KEEPS KIDS SAFE IN A PRODUCTIVE ENVIRONMENT THAT INCLUDES YOUTH SPORTS, CAMPING, TUTORING, AND MUCH MORE DEVELOPS POSITIVE DEVELOPMENTAL ASSETS PROVIDES A DETERRENCE FROM UNDESIRABLE BEHAVIOR, GANGS, DRUGS, AND LONELINESS MEETS NEEDS OF WORKING PARENTS GIVES CHILDREN A CHANCE TO BECOME MORE SELF-RELIANT ALLOWS DEVELOPMENT OF RELATIONSHIPS CHILDREN GAIN AUTONOMY ENRICHES THEIR CIVIC AND ACADEMIC LEADERSHIP SKILLS AFTER SCHOOL AND PRESCHOOL PARTICIPANTS SERVED 1,526 FULL SUMMER DAY CARE PARTICIPANTS SERVED 2,822 WATER SAFETY INSTRUCTION PROGRAMS KEEPS KIDS SAFE BUILDS CONFIDENCE PROMOTES PHYSICAL FITNESS SERVES 90 CHILDREN EACH SIX-WEEK SESSION PARTICIPANTS SERVED 1,896 PARENT-CHILD ACTIVITIES AND EVENTS LOCAL STATISTICS INDICATED THAT NEARLY 70% OF CHILDREN LIVE IN HOUSEHOLDS WHERE BOTH PARENTS WORK OR WHERE ONLY ONE PARENT RESIDES YMCA FAMILY RECREATION PROGRAMS PROVIDE RELEVANT OPPORTUNITIES FOR CHILDREN AND THEIR PARENTS/GUARDIANS TO RELATE WITH EACH OTHER YMCA FAMILY PROGRAMS CREATE MEANINGFUL FAMILY TIME REINFORCE PARENT EFFORTS TO INSTILL VALUES STRENGTHEN PARENT-CHILD BONDS SUPPORT THE FAMILY STRUCTURE STRUCTURE QUALITY TIME FOR PARENTS AND CHILDREN IN SAFE, FUN ENVIRONMENT STRENGTHEN FAMILY RELATIONSHIPS Y ACHIEVERS PROGRAM THIS "TEEN FRIENDLY" MENTORING PROGRAM GUIDES 9TH - 12TH GRADERS IN SETTING AND ACHIEVING HIGH EDUCATIONAL AND PROFESSIONAL GOALS WITH THE HELP OF ADULT ROLE MODELS, LOCAL BUSINESSES, INDUSTRY LEADERS AND DEVELOPMENT WORKSHOPS, STUDENTS ARE GIVEN CHANNELS FOR ENHANCING THEIR COMMUNITY INVOLVEMENT AND PERSONAL GROWTH TEENAGERS SERVED 32 YOUTH IN GOVERNMENT PROGRAM THE MONTGOMERY YMCA ENCOURAGES AND EMPOWERS YOUNG PEOPLE THROUGH ITS YOUTH IN GOVERNMENT PROGRAM, A GOVERNMENT SIMULATION EXPERIENCE MONTGOMERY YMCA TEENS ATTEND A STATEWIDE, THREE-DAY CONFERENCE IN MONTGOMERY WHERE "BILLS" WRITTEN BY DELEGATES ARE SUCCESSFULLY DEBATED YOUTH SERVED 1,205 YOUTH SPORTS AND RECREATION THE YMCA RECOGNIZES THAT INVOLVEMENT IN SPORTS CAN HAVE LASTING POSITIVE BENEFITS FOR YOUNG PEOPLE YOUTH SPORTS INCREASE A CHILD'S HEALTH DEVELOPMENT, PHYSICALLY AS WELL AS MENTALLY, EMOTIONALLY, AND SOCIALLY THE Y USES PROGRAMS SUCH AS BASEBALL, BASKETBALL, FLAG FOOTBALL, KARATE AND SOCCER TO BUILD AND DEVELOP SKILLS, SELF-CONFIDENCE, HEALTH AND FITNESS, RESPECT FOR OTHERS, AND TEAMWORK PARTICIPANTS SERVED 6,391 PROGRAM SERVICE ACCOMPLISHMENTS REMAIN ACTIVE TO REHABILITATE AFTER ILLNESS OR SURGERY, AND TO HAVE SOCIAL INTERACTION FITNESS PROGRAMS FOR ADULTS TRANSLATE INTO HEALTHIER LIFESTYLES, LESS STRESS AND A BETTER BALANCE OF WORK AND FAMILY PARTICIPANTS SERVED 29,409 MEMBERSHIP/ 2,322 PROGRAMS AQUATICS PROGRAM AQUATIC PROGRAMS INCLUDE SWIM LESSONS, LIFEGUARD CERTIFICATION, ARTHRITIS CLASSES FOR OLDER ADULTS AND SWIM TEAMS INTEGRAL PART OF Y MISSION OF BUILDING HEALTHY SPIRIT, MIND, AND BODY FOR ALL PROMOTE BETTER HEALTH THROUGH REGULAR EXERCISE DEVELOP TEAMWORK, SELF-CONFIDENCE AND LEADERSHIP HEALTH AND PHYSICAL FITNESS INCREASES PRODUCTIVITY REDUCES MEDICAL COSTS COMBATS STRESS AND TENSION RELIEVES STRESS OF WORK/FAMILY LIFE SENIOR PROGRAMS IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY, ACTIVE LIVING PROVIDE OPPORTUNITIES FOR MEANINGFUL SERVICE OFFERS FITNESS, HEALTH SCREENING AND EDUCATION PROGRAMS PROMOTE A SENSE OF BELONGING THROUGH ACTIVITIES HELP WITH MOBILITY ISSUES VIA EXERCISE REDUCE ISOLATION AMONG OLDER POPULATION PROGRAM SERVICE ACCOMPLISHMENTS MOST CAMP COUNSELORS ARE FORMER YMCA CAMPERS WHO WANT TO BECOME ROLE MODELS FOR YOUNGER CAMPERS THIS IS USUALLY A TEEN'S FIRST JOB TYPICALLY THEY CAN MAKE MORE MONEY ELSEWHERE, BUT CHOOSE THIS OPPORTUNITY TO IMPACT A YOUNG CHILD'S LIFE PROVIDES CHARACTER BUILDING EXPERIENCES OFFERS SELF-IMPROVEMENT CHALLENGES TEACHES TEAMWORK ENRICHES UNDERSTANDING OF THE OUTDOORS ENVIRONMENTAL EDUCATION FOSTERS FUN, CHRISTIAN FELLOWSHIP AND FRIENDSHIPS PARTICIPANTS SERVED 468 OTHER PROGRAM SERVICES COMMUNITY OUTREACH PROGRAMS THE ABILITY TO BREAK THROUGH THE BOUNDARIES THAT OFTEN SEPARATE A COMMUNITY IS NOT AN IMPOSSIBLE TASK FROM INNER CITY CHILDREN WHO HAVE NO HINT OF THE EXHILARATING FREEDOM OF A WEEK AT CAMP TO ISOLATED SENIORS, THE YMCA REACHES OUT TO HELP PEOPLE GO BEYOND THEIR LIMITS - PHYSICALLY, EMOTIONALLY, AND SPIRITUALLY YMCA'S SERVE AS "COMMUNITY HUBS" WHERE EVERYONE BENEFITS REGARDLESS OF AGE, RACE, RELIGION OR SOCIO-ECONOMIC BACKGROUND THE YMCA WILL CONTINUE TO COLLABORATE WITH OTHER AGENCIES TO CREATE A STRONGER SENSE OF COMMUNITY FINANCIAL AID PROGRAMS THE MONTGOMERY YMCA IS COMMITTED TO SERVING THE NEEDS OF ALL MEMBERS OF OUR COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY FINANCIAL ASSISTANCE IS AVAILABLE FOR MEMBERSHIPS AND FOR PROGRAMS FEES, INCLUDING ALL PROGRAMS AND SERVICES FOR CHILDREN FINANCIAL ASSISTANCE IS AWARDED ON A NEED AND AVAILABILITY BASIS FINANCIAL ASSISTANCE IS MADE POSSIBLE THROUGH GRANT FUNDING, PROCEEDS SECURED THROUGH SPECIAL EVENTS AND BY YMCA MEMBERS AND OUR COMMUNITY'S FRIENDS AND NEIGHBORS AND THEIR GIVING TO OUR PARTNERS WITH YOUTH CAMPAIGN DOCUMENTATION BY GOVERNING BODY (FORM 990, PAGE 6, PART VI, LINE 8A) - BOARD MINUTES ARE REVIEWED BY THE COMMITTEE CHAIR AND APPROVED AT THE FOLLOWING BOARD MEETING

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 12,052,373

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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		
	67		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	64		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
-
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 MARY BETH HIGGINS 761 S PERRY STREET MONTGOMERY, AL 36104 (334) 269-4362

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	842,472				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,653,109				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	2,495,581				
Program Service Revenue			Business Code				
	2a	PROGRAM FEES	713940	6,534,163	6,534,163		
	b	MEMBER FEES	812900	6,215,287	6,215,287		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		12,749,450			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		715		715	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
			b Less direct expenses b				
			c Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a				
			b Less direct expenses b				
c Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	812900	245,741	245,741			
b	SALE OF SUPPLIES	812900	31,501	31,501			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		277,242				
12	Total revenue. See Instructions		15,522,988	13,026,692		715	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,356,819	5,027,608	973,865	355,346
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	507,986	330,191	152,396	25,399
10	Payroll taxes	566,601	368,291	169,980	28,330
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	22,500	17,795	3,447	1,258
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	731,783	578,768	112,109	40,906
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	481,823	381,074	73,815	26,934
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	661,972	523,554	101,414	37,004
20	Interest	53,870	42,606	8,253	3,011
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,334,421	1,055,394	204,433	74,594
23	Insurance	355,705	281,327	54,494	19,884
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SUPPLIES & FOOD COSTS	1,613,328	1,275,981	247,162	90,185
b	UTILITIES	1,163,596	920,288	178,263	65,045
c	BLDG REPAIRS & MAINT	650,340	514,354	99,632	36,354
d	EQUIPMENT REPAIR	349,677	276,559	53,571	19,547
e	All other expenses	797,483	458,583	306,488	32,412
25	Total functional expenses. Add lines 1 through 24e	15,647,904	12,052,373	2,739,322	856,209
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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
Assets	1 Cash—non-interest-bearing	2,330,760	1	2,524,794
	2 Savings and temporary cash investments	5,170	2	5,183
	3 Pledges and grants receivable, net	174,868	3	106,195
	4 Accounts receivable, net	358,101	4	360,857
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
			6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,693	9	106,022
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	44,050,427		
	b Less accumulated depreciation	20,574,116	23,436,950	23,476,311
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	837,626	12	582
	13 Investments—program-related. See Part IV, line 11		13	
14 Intangible assets		14		
15 Other assets. See Part IV, line 11	1,870,971	15	1,774,645	
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,101,139	16	28,354,589	
Liabilities	17 Accounts payable and accrued expenses	794,052	17	306,930
	18 Grants payable		18	
	19 Deferred revenue	300,167	19	252,419
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,476,362	24	1,500,538
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	327,847	25	309,569
	26 Total liabilities. Add lines 17 through 25	2,898,428	26	2,369,456
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	24,176,464	27	24,124,021
	28 Temporarily restricted net assets	174,868	28	106,195
	29 Permanently restricted net assets	1,851,379	29	1,754,917
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	26,202,711	33	25,985,133	
34 Total liabilities and net assets/fund balances	29,101,139	34	28,354,589	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,522,988
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,647,904
3	Revenue less expenses Subtract line 2 from line 1	3	-124,916
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,202,711
5	Net unrealized gains (losses) on investments	5	-92,662
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,985,133

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 63-0288885
Name: YOUNG MENS CHRISTIAN ASSOCIATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ALBRITTON BOARD MEMBER	X						0	0	0
CHARLIE ANDERSON BOARD MEMBER	X						0	0	0
CARL BARKER BOARD MEMBER	X						0	0	0
LYNN BESHEAR BOARD MEMBER	X						0	0	0
TAYLOR BLACKWELL BOARD MEMBER	X						0	0	0
CHARLES BRIGHTWELL BOARD MEMBER	X						0	0	0
RICK BURLEY BOARD MEMBER	X						0	0	0
JANET BUSKEY BOARD MEMBER	X						0	0	0
KIRBY CADDELL BOARD MEMBER	X						0	0	0
CHRIS CARVER BOARD MEMBER	X						0	0	0
LARRY CHAPMAN BOARD MEMBER	X						0	0	0
JIMMY COLLIER BOARD MEMBER	X						0	0	0
GENE CRANE BOARD MEMBER	X						0	0	0
STEVE CROTZ BOARD MEMBER	X						0	0	0
ED CROWELL BOARD MEMBER	X						0	0	0
KENDALL DUNSON BOARD MEMBER	X						0	0	0
LISTON EDDINS BOARD MEMBER	X						0	0	0
DAVE FARACE BOARD MEMBER	X						0	0	0
TY FONDREN BOARD MEMBER	X						0	0	0
NIM FRAZER BOARD MEMBER	X						0	0	0
ROBERT GRANFELDT BOARD MEMBER	X						0	0	0
JESSE GREAR BOARD MEMBER	X						0	0	0
COL JOEL GREENE BOARD MEMBER	X						0	0	0
DAVID GRIMES BOARD MEMBER	X						0	0	0
GENERAL PAUL HANKINS BOARD MEMBER	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYNN HARRIS BOARD MEMBER	X						0	0	0
MIKE HART BOARD MEMBER	X						0	0	0
JOHN HOWARD BOARD MEMBER	X						0	0	0
TRAVIS HUGHES BOARD MEMBER	X						0	0	0
KAY IVEY BOARD MEMBER	X						0	0	0
VERA JORDAN BOARD MEMBER	X						0	0	0
KEVIN KETZLER BOARD MEMBER	X						0	0	0
KYLE KYSER BOARD MEMBER	X						0	0	0
BILLY LIVINGS BOARD MEMBER	X						0	0	0
FELICIA LONG BOARD MEMBER	X						0	0	0
SAXON MAIN BOARD MEMBER	X						0	0	0
SAM MARTIN BOARD MEMBER	X						0	0	0
JANET MAY BOARD MEMBER	X						0	0	0
PAUL MCTEAR BOARD MEMBER	X						0	0	0
SAM MUNNERLYN BOARD MEMBER	X						0	0	0
MIKE NELSON BOARD MEMBER	X						0	0	0
REV ED NETTLES BOARD MEMBER	X						0	0	0
TERESA NORMAN BOARD MEMBER	X						0	0	0
KERRY PALMER BOARD MEMBER	X						0	0	0
BILL PATTY BOARD MEMBER	X						0	0	0
PHILLIP PONCEY BOARD MEMBER	X						0	0	0
MARK PIERCE BOARD MEMBER	X						0	0	0
MELBA RICHARDSON BOARD MEMBER	X						0	0	0
JENNIFER ROBINSON BOARD MEMBER	X						0	0	0
SHERON ROSE BOARD MEMBER	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIMMY RUTLAND BOARD MEMBER	.....	X						0	0	0
CINDY SAHLIE BOARD MEMBER	.....	X						0	0	0
LESLIE SANDERS BOARD MEMBER	.....	X						0	0	0
WILL SELLERS BOARD MEMBER	.....	X						0	0	0
SIMUEL SIPPAL BOARD MEMBER	.....	X						0	0	0
MELISSA SNOWDEN BOARD MEMBER	.....	X						0	0	0
CHARLANNA SPENCER BOARD MEMBER	.....	X						0	0	0
REV CLIFFORD TERRELL BOARD MEMBER	.....	X						0	0	0
RUSS TYNER BOARD MEMBER	.....	X						0	0	0
BRAXTON WEIMER BOARD MEMBER	.....	X						0	0	0
CAMERON WEST BOARD MEMBER	.....	X						0	0	0
RAY WHITE BOARD MEMBER	.....	X						0	0	0
WILL WILSON BOARD MEMBER	.....	X						0	0	0
DR DINA WINSTON-DOCTSON BOARD MEMBER	.....	X						0	0	0
REV JAY WOLF BOARD MEMBER	.....	X						0	0	0
DAVID WOODS BOARD MEMBER	.....	X						0	0	0
ALAN WORRELL BOARD MEMBER	.....	X						0	0	0
GARY A COBBS PRESIDENT/CE	40 00			X				173,046	0	25,525
JIM FRANKLIN EXECUTIVE VP	40 00			X				147,084	0	14,708
ROD BERGER SENIOR VP	40 00			X				109,180	0	14,398
DARRYL WOODS SENIOR VP	40 00			X				108,349	0	19,055
JEFF REYNOLDS SENIOR VP	40 00			X				105,057	0	18,726
MARY BETH HIGGINS CFO	40 00			X				72,142	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION

Employer identification number
63-0288885

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,090,192	2,045,925	2,465,933	711,618	2,495,581	9,809,249
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,999,409	12,129,712	11,997,625	2,486,212	13,026,692	51,639,650
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	14,089,601	14,175,637	14,463,558	3,197,830	15,522,273	61,448,899
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						61,448,899

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	14,089,601	14,175,637	14,463,558	3,197,830	15,522,273	61,448,899
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,183	10,588	8,064	226	715	31,776
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	12,183	10,588	8,064	226	715	31,776
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	14,101,784	14,186,225	14,471,622	3,198,056	15,522,988	61,480,675
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.950 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.930 %

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

2 Activities Test **Answer (a) and (b) below.**

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

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION

Employer identification number 63-0288885

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes questions 5 and 6 regarding donor informed consent.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN CHARITABLE TR	1,754,916
(2) INVESTMENTS - OTHER	16,322
(3) UTILITY DEPOSITS	3,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 1,774,645

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LIABILITIES	297,596
STATE INCOME TAXES PAYABLE	11,973
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 309,569

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	15,430,326
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-92,662	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	-92,662	
3	Subtract line 2e from line 1	3		15,522,988
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5		15,522,988

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

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

1	Total expenses and losses per audited financial statements		1	15,647,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		15,647,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5		15,647,904

Part XIII Supplemental Information

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

Return Reference	Explanation

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION

Employer identification number

63-0288885

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GARY A COBBS PRESIDENT/CEO	(i)	173,046			17,305	8,220	198,571	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 JIM FRANKLIN EXECUTIVE VP	(i)	147,084			14,708		161,792	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference**Explanation**

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION

Employer identification number 63-0288885

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TAYLOR BLACKWELL	BOARD MEMBER	106,653	PRINTING		No
(2) KEVIN KETZLER	BOARD MEMBER	104,400	INSURANCE		No
(3) KYLE KYSER	BOARD MEMBER	140,224	RENTAL		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 63-0288885
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MONTGOMERY YMCA, REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS, AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES WHICH DEVELOP SPIRIT, MIND, AND BODY MONTGOMERY YMCA STATEMENT OF PURPOSE "THE YOUNG MENS CHRISTIAN ASSOCIATION, WE REGARD AS BEING IN ITS ESSENTIAL GENIUS, A WORLD WIDE FELLOWSHIP, UNITED BY A COMMON LOYALTY TO JESUS CHRIST, FOR THE PURPOSE OF DEVELOPING CHRISTIAN PERSONALITY AND BUILDING A CHRISTIAN SOCIETY " THE MONTGOMERY YMCA SEEKS TO HELP ITS MEMBERS DEVELOP SELF-CONFIDENCE AND SELF-RESPECT AND AN APPRECIATION OF THEIR OWN WORTH AS INDIVIDUALS DEVELOP A FAITH FOR DAILY LIVING BASED UPON THE TEACHINGS OF JESUS, THAT THEY MAY ACHIEVE THEIR HIGHEST POTENTIAL AS CHILDREN OF GOD GROW AS RESPONSIBLE MEMBERS OF THEIR FAMILIES AND AS CITIZENS OF THEIR COMMUNITIES APPRECIATE THAT HEALTH OF MIND AND BODY IS A SACRED GIFT, AND THAT PHYSICAL FITNESS AND MENTAL WELL BEING ARE CONDITIONS TO BE ACHIEVED AND MAINTAINED RECOGNIZE THE WORTH OF ALL PERSONS, AND WORK FOR THE INTERRACIAL AND INTER-GROUP UNDERSTANDING DEVELOP A SENSE OF WORLD-MINDEDNESS AND WORK FOR WORLD UNDERSTANDING DEVELOP THEIR CAPABILITIES FOR LEADERSHIP AND USE THEM RESPONSIBLY IN THEIR OWN GROUPS AND COMMUNITY LIFE
FORM 990	DURING 2014, THE YMCA CHANGED FISCAL YEAR ENDS FROM SEPTEMBER 30 TO DECEMBER 31 AND FILED A SHORT-YEAR RETURN FOR THE THREE MONTH PERIOD BETWEEN PRIOR YEAR NUMBERS REPRESENT ACTIVITY DURING THE THREE MONTHS OF OCTOBER 1, 2014 TO DECEMBER 31, 2014
FORM 990, PAGE 2, PART III, LINE 4A	AND A HEALTHY OUTLOOK ON COMPETITION POSITIVE IDENTITY - COMMUNITY-RELATED PROGRAMMING SUCH AS "YOUTH AND GOVERNMENT" ENCOURAGES ADOLESCENTS TO TAKE ON LEADERSHIP ROLES WHILE ESTABLISHING A SENSE OF SELF WORTH IN ADDITION, CREATIVE VENUES AND COUNCILS ALLOWING YOUNG PEOPLE TO CONTRIBUTE THEIR IDEAS WHICH ARE USED TO DEVELOP NEW PROGRAMS, ESTABLISH RULES AND GUIDELINES AND HELP PLAN YOUTH EVENTS EMPOWERMENT - YOUNG PEOPLE LEARN THE IMPORTANCE OF SERVING OTHERS THROUGH PROGRAM-SPECIFIC VOLUNTEERISM AS WELL AS THROUGH OUR "LEADERS-IN-TRAINING- AND "COUNSELORS-IN-TRAINING" PROGRAMS "Y ACHIEVERS- AND "LEADERS CLUBS" PROGRAMS ENABLE YOUTH TO RAISE THE BAR IN SETTING AND ACHIEVING HIGH EDUCATIONAL AND PROFESSIONAL GOALS AFTER SCHOOL AND PRESCHOOL CHILD CARE AND FULL-DAY SUMMER DAYS CAMPS KEEPS KIDS SAFE IN A PRODUCTIVE ENVIRONMENT THAT INCLUDES YOUTH SPORTS, CAMPING, TUTORING, AND MUCH MORE DEVELOPS POSITIVE DEVELOPMENTAL ASSETS PROVIDES A DETERRENCE FROM UNDESIRABLE BEHAVIOR, GANGS, DRUGS, AND LONELINESS MEETS NEEDS OF WORKING PARENTS GIVES CHILDREN A CHANCE TO BECOME MORE SELF-RELIANT ALLOWS DEVELOPMENT OF RELATIONSHIPS CHILDREN GAIN AUTONOMY ENRICHES THEIR CIVIC AND ACADEMIC LEADERSHIP SKILLS AFTER SCHOOL AND PRESCHOOL PARTICIPANTS SERVED 1,526 FULL SUMMER DAY CARE PARTICIPANTS SERVED 2,822 WATER SAFETY INSTRUCTION PROGRAMS KEEPS KIDS SAFE BUILDS CONFIDENCE PROMOTES PHYSICAL FITNESS SERVES 90 CHILDREN EACH SIX-WEEK SESSION PARTICIPANTS SERVED 1,896 PARENT-CHILD ACTIVITIES AND EVENTS LOCAL STATISTICS INDICATED THAT NEARLY 70% OF CHILDREN LIVE IN HOUSEHOLDS WHERE BOTH PARENTS WORK OR WHERE ONLY ONE PARENT RESIDES YMCA FAMILY RECREATION PROGRAMS PROVIDE RELEVANT OPPORTUNITIES FOR CHILDREN AND THEIR PARENTS/GUARDIANS TO RELATE WITH EACH OTHER YMCA FAMILY PROGRAMS CREATE MEANINGFUL FAMILY TIME REINFORCE PARENT EFFORTS TO INSTILL VALUES STRENGTHEN PARENT-CHILD BONDS SUPPORT THE FAMILY STRUCTURE QUALITY TIME FOR PARENTS AND CHILDREN IN A SAFE, FUN ENVIRONMENT STRENGTHEN FAMILY RELATIONSHIPS Y ACHIEVERS PROGRAM THIS "TEEN FRIENDLY" MENTORING PROGRAM GUIDES 9TH - 12TH GRADERS IN SETTING AND ACHIEVING HIGH EDUCATIONAL AND PROFESSIONAL GOALS WITH THE HELP OF ADULT ROLE MODELS, LOCAL BUSINESSES, INDUSTRY LEADERS AND DEVELOPMENT WORKSHOPS, STUDENTS ARE GIVEN CHANNELS FOR ENHANCING THEIR COMMUNITY INVOLVEMENT AND PERSONAL GROWTH TEENAGERS SERVED 32 YOUTH IN GOVERNMENT PROGRAM THE MONTGOMERY YMCA ENCOURAGES AND EMPOWERS YOUNG PEOPLE THROUGH ITS YOUTH IN GOVERNMENT PROGRAM, A GOVERNMENT SIMULATION EXPERIENCE MONTGOMERY YMCA TEENS ATTEND A STATEWIDE, THREE-DAY CONFERENCE IN MONTGOMERY WHERE "BILLS" WRITTEN BY DELEGATES ARE SUCCESSFULLY DEBATED YOUTH SERVED 1,205 YOUTH SPORTS AND RECREATION THE YMCA RECOGNIZES THAT INVOLVEMENT IN SPORTS CAN HAVE LASTING POSITIVE BENEFITS FOR YOUNG PEOPLE YOUTH SPORTS INCREASE A CHILD'S HEALTH DEVELOPMENT, PHYSICALLY AS WELL AS MENTALLY, EMOTIONALLY, AND SOCIALLY THEY USE PROGRAMS SUCH AS BASEBALL, BASKETBALL, FLAG FOOTBALL, KARATE AND SOCCER TO BUILD AND DEVELOP SKILLS, SELF-CONFIDENCE, HEALTH AND FITNESS, RESPECT FOR OTHERS, AND TEAMWORK PARTICIPANTS SERVED 6,391 PROGRAM SERVICE ACCOMPLISHMENTS REMAIN ACTIVE TO REHABILITATE AFTER ILLNESS OR SURGERY, AND TO HAVE SOCIAL INTERACTION FITNESS PROGRAMS FOR ADULTS TRANSLATE INTO HEALTHIER LIFESTYLES, LESS STRESS AND A BETTER BALANCE OF WORK AND FAMILY PARTICIPANTS SERVED 29,409 MEMBERSHIP/ 2,322 PROGRAMS AQUATICS PROGRAM AQUATIC PROGRAMS INCLUDE SWIM LESSONS, LIFEGUARD CERTIFICATION, ARTHRITIS CLASSES FOR OLDER ADULTS AND SWIM TEAMS INTEGRAL PART OF Y MISSION OF BUILDING HEALTHY SPIRIT, MIND, AND BODY FOR ALL PROMOTE BETTER HEALTH THROUGH REGULAR EXERCISE DEVELOP TEAMWORK, SELF-CONFIDENCE AND LEADERSHIP HEALTH AND PHYSICAL FITNESS INCREASES PRODUCTIVITY REDUCES MEDICAL COSTS COMBATS STRESS AND TENSION RELIEVES STRESS OF WORK/FAMILY LIFE SENIOR PROGRAMS IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY, ACTIVE LIVING PROVIDE OPPORTUNITIES FOR MEANINGFUL SERVICE OFFERS FITNESS, HEALTH SCREENING AND EDUCATION PROGRAMS PROMOTE A SENSE OF BELONGING THROUGH ACTIVITIES HELP WITH MOBILITY ISSUES VIA EXERCISE REDUCE ISOLATION AMONG OLDER POPULATION PROGRAM SERVICE ACCOMPLISHMENTS MOST CAMP COUNSELORS ARE FORMER YMCA CAMPERS WHO WANT TO BECOME ROLE MODELS FOR YOUNGER CAMPERS THIS IS USUALLY A TEEN'S FIRST JOB TYPICALLY THEY CAN MAKE MORE MONEY ELSEWHERE, BUT CHOOSE THIS OPPORTUNITY TO IMPACT A YOUNG CHILD'S LIFE PROVIDES CHARACTER BUILDING EXPERIENCES OFFERS SELF-IMPROVEMENT CHALLENGES TEACHES TEAMWORK ENRICHES UNDERSTANDING OF THE OUTDOORS ENVIRONMENTAL EDUCATION FOSTERS FUN, CHRISTIAN FELLOWSHIP AND FRIENDSHIP PARTICIPANTS SERVED 468 OTHER PROGRAM SERVICES COMMUNITY OUTREACH PROGRAMS THE ABILITY TO BREAK THROUGH THE BOUNDARIES THAT OFTEN SEPARATE A COMMUNITY IS NOT AN IMPOSSIBLE TASK FROM INNER CITY CHILDREN WHO HAVE NO HINT OF THE EXHILARATING FREEDOM OF A WEEK AT CAMP TO ISOLATED SENIORS, THE YMCA REACHES OUT TO HELP PEOPLE GO BEYOND THEIR LIMITS - PHYSICALLY, EMOTIONALLY, AND SPIRITUALLY YMCA'S SERVE AS "COMMUNITY HUBS" WHERE EVERYONE BENEFITS REGARDLESS OF AGE, RACE, RELIGION OR SOCIO-ECONOMIC BACKGROUND THE YMCA WILL CONTINUE TO COLLABORATE WITH OTHER AGENCIES TO CREATE A STRONGER SENSE OF COMMUNITY FINANCIAL AID PROGRAMS THE MONTGOMERY YMCA IS COMMITTED TO SERVING THE NEEDS OF ALL MEMBERS OF OUR COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY FINANCIAL ASSISTANCE IS AVAILABLE FOR MEMBERSHIPS AND FOR PROGRAMS FEES, INCLUDING ALL PROGRAMS AND SERVICES FOR CHILDREN FINANCIAL ASSISTANCE IS AWARDED ON A NEED AND AVAILABILITY BASIS FINANCIAL ASSISTANCE IS MADE POSSIBLE THROUGH GRANT FUNDING, PROCEEDS SECURED THROUGH SPECIAL EVENTS AND BY YMCA MEMBERS AND OUR COMMUNITY'S FRIENDS AND NEIGHBORS AND THEIR GIVING TO OUR PARTNERS WITH YOUTH CAMPAIGN DOCUMENTATION BY GOVERNING BODY (FORM 990, PAGE 6, PART VI, LINE 8A) - BOARD MINUTES ARE REVIEWED BY THE COMMITTEE CHAIR AND APPROVED AT THE FOLLOWING BOARD MEETING
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, AND THE FINANCE COMMITTEE THE RETURN IS THEN APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS
FORM 990, PAGE 6, PART VI, LINE 12C	THE YMCA OF MONTGOMERY'S CONFLICT OF INTEREST POLICY WILL BE UPDATED AND REVIEWED WITH THE BOARD OF DIRECTORS THE POLICY REQUIRES IMMEDIATE DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS, AND WILL BE UPDATED ANNUALLY BY, STAFF, BOARD MEMBERS, AND INFLUENTIAL VOLUNTEERS
FORM 990, PAGE 6, PART VI, LINE 15A	THE MONTGOMERY YMCA USES THE HAY SYSTEM, A NATIONALLY RECOGNIZED SYSTEM, TO APPOINT ALL OF ITS POSITIONS, INCLUDING THE CEO COMPENSATION OF THE CEO IS DETERMINED EACH YEAR BY THE EXECUTIVE COMMITTEE WITH INPUT FROM THE COMPLETE BOARD THE COMMITTEE USES SURVEYS AND COMPARABLE DATA TO SET THE CEO'S COMPENSATION ALL PROCEDURES ARE DOCUMENTED
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE CEO UTILIZING THE HAY SYSTEM AND EXPERTISE OF OTHER MANAGERS IN THE ORGANIZATION ALL PROCEDURES ARE DOCUMENTED
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS MADE AVAILABLE BY REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION

Employer identification number

63-0288885

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)YMCA ENDOWMENT ENDOWMENT FOUNDATIONPO BOX 2336 MONTGOMERY, AL 36102 51-0194498	ENDOWMENT	AL	501	PF	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MONTGOMERY YMCA ENDOWMENT FOUNDATION	E	84,797	AMOUNT DUE FROM RELATED O
(2) MONTGOMERY YMCA ENDOWMENT FOUNDATION	C	258,000	AMOUNT RECEIVED

Part VII Supplemental Information

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

Return Reference**Explanation**