

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
**Open to Public Inspection**

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](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning , and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Young Men's Christian Association of Metropolitan Huntsville Alabama**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **120 Holmes Avenue - Suite 300** Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **Huntsville AL 35801**

**D** Employer identification number: **58-2058795**  
**E** Telephone number: **256-428-9622**  
**G** Gross receipts\$: **7,446,703**

**F** Name and address of principal officer:  
**Jerry Courtney**  
**120 Holmes Ave, Suite 300**  
**Huntsville AL 35801**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.ymcahuntsville.org** **H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1910** **M** State of legal domicile: **AL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Attachment: Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>668</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>501</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>310,447</b>	<b>318,184</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,987,395</b>	<b>7,080,085</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,898</b>	<b>-34,661</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-3,155</b>	<b>22,412</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,297,585</b>	<b>7,386,020</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,272,682</b>	<b>3,525,669</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>96,498</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,489,384</b>	<b>4,472,846</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,762,066</b>	<b>7,998,515</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-464,481</b>	<b>-612,495</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>25,020,154</b>	<b>23,854,932</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>19,259,080</b>	<b>18,708,353</b>

**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: **Jerry Courtney** Date: \_\_\_\_\_  
 Type or print name and title: **President/CEO**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Randy Blackwell** Preparer's signature: **Randy Blackwell** Date: **07/19/16** Check  if self-employed PTIN: **P00075826**  
 Firm's name: **Barnes, Blackwell & Company, P.C.** Firm's EIN: **63-0861852**  
 Firm's address: **3309 Bob Wallace Ave Huntsville, AL 35805** Phone no.: **256-536-3513**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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:

**See Attachment: Schedule O**

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **3,884,601** including grants of \$ ) (Revenue \$ **2,059,203** )

**Youth Development: See Attachment-Program Descriptions**

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**4b** (Code: ) (Expenses \$ **3,175,661** including grants of \$ ) (Revenue \$ **4,942,285** )

**Healthy Living: See Attachment-Program Descriptions**

**4c** (Code: ) (Expenses \$ **547,102** including grants of \$ ) (Revenue \$ **78,597** )

**Social Responsibility: See Attachment-Programs Descriptions**

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **7,607,364**

**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>10</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>668</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>			



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(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			
(1)Ginger Harper	0.00									
Board of Dir	0.00	X					0	0	0	
(2)Scott Seeley	0.00									
Bd of Dir-Chairman	0.00	X					0	0	0	
(3)John Baggette	0.00									
Board of Dir	0.00	X					0	0	0	
(4)Jim Caudle	0.00									
Board of Dir	0.00	X					0	0	0	
(5)Joe Collazo	0.00									
Board of Dir	0.00	X					0	0	0	
(6)Sean Currie	0.00									
Board of Dir	0.00	X					0	0	0	
(7)Jeff Gronberg	0.00									
Board of Dir	0.00	X					0	0	0	
(8)Scott Harbour	0.00									
Board of Dir	0.00	X					0	0	0	
(9)Nicole Jones	0.00									
Board of Dir	0.00	X					0	0	0	
(10)Dan Montgomery	0.00									
Board of Dir-Sec	0.00	X					0	0	0	
(11)Amy Nation	0.00									
Board of Dir	0.00	X					0	0	0	

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

(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			
(12) <b>Kathy Parikh</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(13) <b>Karen Petersen</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(14) <b>Jared Sharp</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(15) <b>Ken Watson</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(16) <b>Steve Brown</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(17) <b>Nanci Clark</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(18) <b>John Eyster</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(19) <b>Jennifer Geist</b>	0.00									
Board of Dir	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>145,216</b>		<b>20,727</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>145,216</b>		<b>20,727</b>	

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>DAXKO Birmingham AL 35209</b>	<b>600 University Park Place Suite 500 Software suppor</b>	<b>104,192</b>

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



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

(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			
(20) <b>Byron Thomas</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(21) <b>Jimmy Thornton, III</b>	0.00									
Board of Dir-Treas	0.00	X					0	0	0	
(22) <b>Sally Warden</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(23) <b>Irene Wisner</b>	0.00									
Board of Dir	0.00	X					0	0	0	
(24) <b>Jerry Courtney</b>	50.00									
President/CEO	0.00			X			145,216	0	20,727	
<b>1b Sub-total</b>							<b>145,216</b>		<b>20,727</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns					
	<b>1b</b> Membership dues					
	<b>1c</b> Fundraising events					
	<b>1d</b> Related organizations					
	<b>1e</b> Government grants (contributions)	27,140				
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	291,044				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	3,717				
	<b>h Total.</b> Add lines 1a-1f	318,184				
<b>Program Service Revenue</b>	<b>2a</b> Healthy Living	4,942,285	4,942,285			
	<b>b</b> Youth Development	2,059,203	2,059,203			
	<b>c</b> Social Responsibility	78,597	78,597			
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	7,080,085				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	2,633			2,633	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	3,679	3,951		
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.	3,679	41,245			
	<b>c</b> Gain or (loss)		-37,294			
<b>d</b> Net gain or (loss)		-37,294	-37,294			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	38,171				
<b>b</b> Less: direct expenses	b	15,759				
<b>c</b> Net income or (loss) from fundraising events		22,412				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	a					
<b>b</b> Less: direct expenses	b					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	a					
<b>b</b> Less: cost of goods sold	b					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		7,386,020	7,042,791	0	2,633	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>3,081,069</b>	<b>2,921,100</b>	<b>96,116</b>	<b>63,853</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>155,731</b>	<b>143,350</b>	<b>8,985</b>	<b>3,396</b>
<b>9</b> Other employee benefits	<b>54,071</b>	<b>49,767</b>	<b>3,120</b>	<b>1,184</b>
<b>10</b> Payroll taxes	<b>234,798</b>	<b>223,872</b>	<b>6,720</b>	<b>4,206</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>14,822</b>	<b>226</b>	<b>14,596</b>	
<b>c</b> Accounting	<b>17,300</b>	<b>264</b>	<b>17,036</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>39,406</b>	<b>25</b>	<b>39,381</b>	
<b>13</b> Office expenses	<b>30,036</b>	<b>11,212</b>	<b>14,485</b>	<b>4,339</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>695,227</b>	<b>661,759</b>	<b>31,041</b>	<b>2,427</b>
<b>17</b> Travel	<b>116,729</b>	<b>113,341</b>	<b>1,694</b>	<b>1,694</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>45,037</b>	<b>27,913</b>	<b>16,516</b>	<b>608</b>
<b>20</b> Interest	<b>803,294</b>	<b>803,294</b>		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>1,092,875</b>	<b>1,090,147</b>	<b>2,530</b>	<b>198</b>
<b>23</b> Insurance	<b>160,014</b>	<b>159,764</b>	<b>231</b>	<b>19</b>
<b>24</b> 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.)				
<b>a</b> <b>Supplies</b>	<b>505,568</b>	<b>488,812</b>	<b>15,739</b>	<b>1,017</b>
<b>b</b> <b>Contract Services</b>	<b>322,949</b>	<b>308,487</b>	<b>4,007</b>	<b>10,455</b>
<b>c</b> <b>Equip-expendable/rented</b>	<b>297,714</b>	<b>286,630</b>	<b>10,280</b>	<b>804</b>
<b>d</b> <b>National Dues</b>	<b>107,656</b>	<b>107,575</b>	<b>75</b>	<b>6</b>
<b>e</b> All other expenses	<b>224,219</b>	<b>209,826</b>	<b>12,101</b>	<b>2,292</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>7,998,515</b>	<b>7,607,364</b>	<b>294,653</b>	<b>96,498</b>
<b>26</b> 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)				

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**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
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	8,750	<b>1</b>	17,921
	<b>2</b> Savings and temporary cash investments	2,094,205	<b>2</b>	1,161,492
	<b>3</b> Pledges and grants receivable, net	90,845	<b>3</b>	106,647
	<b>4</b> Accounts receivable, net	14,050	<b>4</b>	18,851
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			<b>5</b>
	<b>6</b> 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			<b>6</b>
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	106,599	<b>9</b>	63,239
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 30,355,050		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 7,964,818	22,562,637	<b>10c</b> 22,390,232
	<b>11</b> Investments—publicly traded securities	82,187	<b>11</b>	71,795
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	60,881	<b>15</b>	24,755
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	25,020,154	<b>16</b>	23,854,932	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	376,724	<b>17</b>	432,566
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	66,848	<b>19</b>	181,624
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	18,083,644	<b>23</b>	17,478,671
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	450,085	<b>24</b>	367,192
	<b>25</b> 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	281,779	<b>25</b>	248,300
	<b>26 Total liabilities.</b> Add lines 17 through 25	19,259,080	<b>26</b>	18,708,353
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	5,701,535	<b>27</b>	5,088,201
	<b>28</b> Temporarily restricted net assets	59,539	<b>28</b>	58,378
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	5,761,074	<b>33</b>	5,146,579	
<b>34</b> Total liabilities and net assets/fund balances	25,020,154	<b>34</b>	23,854,932	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>7,386,020</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,998,515</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-612,495</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>5,761,074</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-2,000</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,146,579</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization

**Young Men's Christian Association  
of Metropolitan Huntsville Alabama**

Employer identification number

**58-2058795**

**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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

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**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** ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	%

**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 ▶

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	444,355	422,421	403,165	310,447	318,184	1,898,572
<b>2</b> 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 .....	7,163,351	7,845,038	7,574,376	6,993,635	7,118,256	36,694,656
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	7,607,706	8,267,459	7,977,541	7,304,082	7,436,440	38,593,228
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	16,000	30,246	32,854	34,812	40,450	154,362
<b>b</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 .....	496,123	421,103	401,250	312,559	438,680	2,069,715
<b>c</b> Add lines 7a and 7b .....	512,123	451,349	434,104	347,371	479,130	2,224,077
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						36,369,151

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....	7,607,706	8,267,459	7,977,541	7,304,082	7,436,440	38,593,228
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	18,648	9,397	5,964	4,410	2,633	41,052
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	18,648	9,397	5,964	4,410	2,633	41,052
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	37,506	53,462				90,968
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	7,663,860	8,330,318	7,983,505	7,308,492	7,439,073	38,725,248

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	93.92%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	93.46%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	1%

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see instructions)</b> :		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

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

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

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

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

**Part III, Line 12 - Other Income Detail**

\$ 90,968

**Supplemental Information**

Other income for 2010 was the receipt of an insurance settlement.

Other income for 2011 was the receipt of a refund of city & state rental taxes paid.

Other income for 2012 was the receipt of a refund of city & state rental taxes paid in the amount of \$4,975 and the receipt of a refund for overpayment of dues paid in the prior year to the national YMCA in the amount of \$48,487.

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**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

# 2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b> <b>Young Men's Christian Association of Metropolitan Huntsville Alabama</b>	<b>Employer identification number</b> <b>58-2058795</b>
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**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 $\frac{1}{3}$  % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

## Name of organization

Young Men's Christian Association

## Employer identification number

58-2058795

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way Serivces 701 Andrew Jackson Way Huntsville AL 35807-0095	\$ 106,543	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	City of Madison Municipal Building 100 Hughes Road Madison AL 35756	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	David/Ann Hogan 3281 Burnt Pine Lane Miramar Beach FL 32550	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	City of Huntsville P.O. Box 308 Huntsville AL 35804	\$ 13,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	John Hamilton 212 Avian lane Madison AL 35758	\$ 8,717	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	Russell Hill Cancer Foundation 3601 CCI Dr, NW Huntsville AL 35805	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Young Men's Christian Association</b>	Employer identification number <b>58-2058795</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Andy Johnson 140 Shiloh Creek Drive Madison AL 35758	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Steve Brown Available Plastics 5020 Beechmont Drive Huntsville AL 35811	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Tyler Hogan 69 Lake Forest Blvd Huntsville AL 35824	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Ann Hogan 69 Lake Forest Blvd Huntsville AL 35824	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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<b>Name of organization</b> Young Men's Christian Association	<b>Employer identification number</b> 58-2058795
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	Stock-Income Fund ..... ..... .....	\$ ..... 3,717	06/19/15
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Young Men's Christian Association of Metropolitan Huntsville Alabama

Employer identification number

58-2058795

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 3 columns: Question, (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 questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.**

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

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

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**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:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		2,742,641		2,742,641
<b>b</b> Buildings .....		22,884,922	5,547,591	17,337,331
<b>c</b> Leasehold improvements .....		1,386,739	688,377	698,362
<b>d</b> Equipment .....		2,393,996	1,567,595	826,401
<b>e</b> Other .....		946,752	161,255	785,497

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **22,390,232**

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Lease incentive liability</b>	<b>248,300</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>248,300</b>	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>7,384,020</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>-2,000</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>-2,000</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>7,386,020</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>7,386,020</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>7,998,515</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>7,998,515</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>7,998,515</b>

**Part XIII Supplemental Information.**

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

**Part X - FIN 48 Footnote**

**Income Taxes:** The YMCA has received a favorable determination letter from the Internal Revenue Service stating that it are exempt from federal income taxes under Section 501(a) of the Internal Revenue Code of 1986 (IRC), as an organization described in Section 501(c)(3), except for income taxes pertaining to unrelated business income.

The Financial Accounting Standards Board (FASB) guidance requires tax effects from uncertain tax positions to be recognized in the financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority. Management has determined that there are no material uncertain positions that require

**Part XIII Supplemental Information** (continued)

recognition in the financial statements. Additionally, no provision for income taxes is reflected in these financial statements. Interest and penalties would be recognized as tax expense; however, there is no interest or penalties recognized in the statements of activities. The tax years after 2012 are still open to audit for both federal and state purposes.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

Losses from uncollectible pledges from prior years \$ -2,000

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**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**Young Men's Christian Association  
of Metropolitan Huntsville Alabama**

Employer identification number

**58-2058795**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**DRAFT**

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u> (event type)	<u>Veteran Breakfa</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>27,510</b>	<b>8,723</b>		<b>36,233</b>
	<b>2</b> Less: Contributions ..				
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>27,510</b>	<b>8,723</b>		<b>36,233</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	<b>9,250</b>	<b>6,509</b>		<b>15,759</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>15,759</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>20,474</b>	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: .....  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: .....

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: .....



11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:

Name
Gaming manager compensation \$
Description of services provided
 Director/officer  Employee  Independent contractor

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17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Lined area for supplemental information with horizontal and vertical dotted grid lines.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

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

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Young Men's Christian Association  
of Metropolitan Huntsville Alabama**

Employer identification number

**58-2058795**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <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 indemnification 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) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board of compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**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:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**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:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jerry Courtney President/CEO	(i)	145,216	0	0	17,426	3,301	165,943	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

DRAFT

**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.

DRAFT

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Name of the organization

Young Men's Christian Association  
of Metropolitan Huntsville Alabama

Employer identification number

58-2058795

**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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the 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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

1	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2015**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Name of the organization

**Young Men's Christian Association  
of Metropolitan Huntsville Alabama**

Employer identification number

**58-2058795****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**The YMCA Finance Committee and Executive committee met on June XX, 2016  
to review and approve the Form 990 Tax Return for the 2015 return.The final approval for the Form 990 was by the Board of Directors  
meeting on June XX, 2016 using guidelines established by Practitioners  
Publishing Company.**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**The Organization monitors and enforces compliance with the conflict  
of interest policy by the annual completion of a Conflict of Interest  
Questionnaire by all Board members which is then reviewed.**DRAFT****Form 990, Part VI, Line 15a - Compensation Process for Top Official**The YMCA of the USA Human Resources and Talent Management Task Force, a  
subcommittee of the YMCA of the USA Board of Directors, annually  
establishes recommended salary administration guidelines for YMCAs to use  
in budget planning. The Task Force bases its guidelines on a review of  
current salary trends in YMCAs and other organizations. One key  
responsibility of the Task Force is to identify methods for volunteers and  
staff to consider in the development and maintenance of effective salary  
administration programs in their respective associations. The Task Force  
reviews current salary administration trends in YMCAs and in other  
organizations throughout the country in both the for-profit and nonprofit  
sectors. Those trends are then applied to establish recommended guidelines  
for YMCAs to use in budget planning. The group is assisted in this task by

Name of the organization

Employer identification number

**Young Men's Christian Association**

**58-2058795**

external consultants from a leading public accounting firm, RSM McGladrey, Inc. The task force develops a merit pool increase and guidelines for implementation based on the Hay Plan utilizing job descriptions and point values as well as the utilization of YMCA budget size and responsibility for positions from CEO level to other pointed professional positions. The YMCA of Metropolitan Huntsville staff and volunteers use these guidelines in the budgeting process, then, recommendations are made in the budget and discussed among the Executive and Finance Committee then approved by the full Board of Directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

See 15a

**DRAFT**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
 Financial Statements are available on Guidestar and by request. Governing documents and conflict of interest and other policies are available by request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Losses from uncollectible pledges from prior years	\$	-2,000
<b>Total</b>	<b>\$</b>	<b>-2,000</b>



58-2058795

## Federal Asset Report

FYE: 12/31/2015

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
624	Mini Mag Floor Scrubber	1/30/15	7,485		X		3,742	5	HY 200DB	0	4,491
625	Pressure Cleaner	3/04/15	1,747		X		874	5	HY 200DB	0	1,048
626	Security Camera System	6/30/15	30,497		X		15,248	5	HY 200DB	0	18,298
627	Water Softner	12/30/15	5,837		X		2,919	5	HY 200DB	0	3,502
628	Express HD Upright #22605	3/05/15	5,398		X		2,699	5	HY 200DB	0	3,239
629	Express HD Recumbant #23342	4/02/15	6,093		X		3,046	5	HY 200DB	0	3,656
630	Spinner #L01036	3/24/15	1,338		X		669	5	HY 200DB	0	803
631	Spinner #L01037	3/24/15	1,338		X		669	5	HY 200DB	0	803
632	Spinner #L01079	3/24/15	1,338		X		669	5	HY 200DB	0	803
633	Spinner #L001103	3/24/15	1,338		X		669	5	HY 200DB	0	803
634	Full Commercial Lateral Trainer #10593	4/16/15	6,383		X		3,191	5	HY 200DB	0	3,830
635	Full Copmmercial Lateral Trainer #10587	4/16/15	6,383		X		3,191	5	HY 200DB	0	3,830
636	Ascent Trainer #105252	3/26/15	5,883		X		2,941	5	HY 200DB	0	3,530
637	Ascent Trainer #105249	3/26/15	5,883		X		2,941	5	HY 200DB	0	3,530
638	Climbmill #101453	3/26/15	5,883		X		2,941	5	HY 200DB	0	3,530
639	Climbmill #101451	3/26/15	5,883		X		2,941	5	HY 200DB	0	3,530
640	Recumbent #150204829	3/26/15	3,813		X		1,907	5	HY 200DB	0	2,288
641	Outdoor Pool Surveillance System	1/07/15	4,555		X		2,278	5	HY 200DB	0	2,733
642	Pressure Cleaner	3/04/15	1,747		X		874	5	HY 200DB	0	1,048
643	100 Folding Chairs/Storage Caddie for Ever	3/03/15	2,135		X		1,068	5	HY 200DB	0	1,281
644	4-Heet Benches 6 x 20	3/20/15	1,625		X		812	5	HY 200DB	0	975
645	Pool Deck Shade 27x18x9	4/13/15	8,446		X		4,223	5	HY 200DB	0	5,068
648	Expresso HD Upright #23178	3/05/15	5,696		X		2,848	5	HY 200DB	0	3,417
649	Expresso HD Upright #23179	3/05/15	5,696		X		2,848	5	HY 200DB	0	3,417
650	AMT 885 Open Stride Preva NTSC	3/12/15	8,142		X		4,071	5	HY 200DB	0	4,885
651	AMT 885 Open Stride Preva NTSC	3/12/15	8,142		X		4,071	5	HY 200DB	0	4,885
652	Spinner #L01045	3/25/15	1,327		X		663	5	HY 200DB	0	796
653	Spinner #L01048	3/25/15	1,327		X		663	5	HY 200DB	0	796
654	Spinner #L01071	3/25/15	1,327		X		663	5	HY 200DB	0	796
655	Spinner #L01073	3/25/15	1,327		X		663	5	HY 200DB	0	796
656	Spinner #L01075	3/25/15	1,327		X		663	5	HY 200DB	0	796
657	Spinner #L01078	3/25/15	1,327		X		663	5	HY 200DB	0	796
658	Spinner #L01081	3/25/15	1,327		X		663	5	HY 200DB	0	796
659	Full Commercial Lateral Trainer #10596	4/16/15	3,975		X		1,987	5	HY 200DB	0	2,385
660	Full Commercial Lateral Trainer #90349	4/16/15	3,975		X		1,987	5	HY 200DB	0	2,385
661	Climbmill #101286	3/26/15	5,899		X		2,949	5	HY 200DB	0	3,539
662	Climbmill #101284	3/26/15	5,899		X		2,949	5	HY 200DB	0	3,539
667	SECD Camera System	8/28/15	2,545		X		1,273	5	HY 200DB	0	1,527
668	Security System with Cameras	8/26/15	3,167		X		1,583	5	HY 200DB	0	1,900
669	Cleaning Machine	3/04/15	1,747		X		874	5	HY 200DB	0	1,048
670	16 Security Camera System	8/31/15	8,098		X		4,049	5	HY 200DB	0	4,859
673	Expresso HD Upright #23185	3/05/15	5,893		X		2,946	5	HY 200DB	0	3,536
674	Jacobs Ladder Climber	4/16/15	4,057		X		2,028	5	HY 200DB	0	2,434
675	Full Commercial Lateral Trainer	4/16/15	8,809		X		4,404	5	HY 200DB	0	5,285
676	Climbmill #101283	3/26/15	5,871		X		2,935	5	HY 200DB	0	3,523
677	Ascent Trainer #105253	3/26/15	5,871		X		2,935	5	HY 200DB	0	3,523
678	Recumbent #150204830	3/26/15	3,805		X		1,903	5	HY 200DB	0	2,283
679	Lenova Computers -COO	11/24/15	978		X		489	5	HY 200DB	0	587
680	Lenova Computers -CFO	11/24/15	978		X		489	5	HY 200DB	0	587
681	Lenova Computers -Marketing	11/24/15	978		X		489	5	HY 200DB	0	587
682	Lenova Computers -Executive Assistant	11/24/15	978		X		489	5	HY 200DB	0	587
683	Lenova Computers -Annual Giving Director	11/24/15	978		X		489	5	HY 200DB	0	587
684	Lenova Computers -Youth Service Director	11/24/15	978		X		489	5	HY 200DB	0	587
685	Lenova Computers -Human Resources	11/24/15	978		X		489	5	HY 200DB	0	587
704	770 Arc Trainer w/E3 #772A686N	12/20/15	6,055		X		3,028	5	HY 200DB	0	3,633
705	770AT Total Body Arc w/E3 #AT335N	12/20/15	6,271		X		3,136	5	HY 200DB	0	3,762
706	Ascent Trainer #10106357	12/20/15	5,299		X		2,649	5	HY 200DB	0	3,179
707	Ascent Trainer #1006359	12/20/15	5,299		X		2,649	5	HY 200DB	0	3,179
708	Recumbent R7XE-05 #1007426	12/20/15	3,499		X		1,749	5	HY 200DB	0	2,099
709	Recumbent R7XE-05 #1007425	12/20/15	3,499		X		1,749	5	HY 200DB	0	2,099
710	Upright U7XE-05 #1008442	12/20/15	3,199		X		1,599	5	HY 200DB	0	1,919
711	Upright U7XE-05 #1008456	12/20/15	3,199		X		1,599	5	HY 200DB	0	1,919
712	Upright U7XE-05 #1008457	12/20/15	3,199		X		1,599	5	HY 200DB	0	1,919
713	IC7-02 MX Spin Bike #6014A15G	12/20/15	1,500		X		750	5	HY 200DB	0	900
714	IC7-02 MX Spin Bike #6015A15G	12/20/15	1,500		X		750	5	HY 200DB	0	900
715	IC7-02 MX Spin Bike #6016A15G	12/20/15	1,500		X		750	5	HY 200DB	0	900
716	IC7-02 MX Spin Bike #6017A15G	12/20/15	1,500		X		750	5	HY 200DB	0	900
717	IC7-02 MX Spin Bike #6284A15H	12/20/15	1,500		X		750	5	HY 200DB	0	900

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
718	IC7-02 MX Spin Bike #6285A15H	12/20/15	1,500		X	750	5 HY 200DB	0	900
719	IC7-02 MX Spin Bike #6286A15H	12/20/15	1,500		X	750	5 HY 200DB	0	900
720	IC7-02 MX Spin Bike #6287A15H	12/20/15	1,500		X	750	5 HY 200DB	0	900
721	IC7-02 MX Spin Bike #6288A15H	12/20/15	1,500		X	750	5 HY 200DB	0	900
			<u>287,469</u>			<u>143,723</u>		<u>0</u>	<u>172,478</u>
<b>7-year GDS Property:</b>									
616	Steam Generator-Mens/Wom. Steam Rms	3/05/15	5,062		X	2,531	7 HY 200DB	0	2,893
646	Haywood Pool/Spa Heater	3/26/15	9,290		X	4,645	7 HY 200DB	0	5,309
647	400K Hayward Pool Heater	11/09/15	3,300		X	1,650	7 HY 200DB	0	1,886
664	20-72' round plywood Tables w/Cart	6/11/15	4,100		X	2,050	7 HY 200DB	0	2,343
665	15 Mattresses	6/17/15	1,327		X	664	7 HY 200DB	0	758
666	Convection Oven	7/03/15	3,100		X	1,550	7 HY 200DB	0	1,771
671	Steam Generator	11/02/15	5,913		X	2,957	7 HY 200DB	0	3,379
686	DT Men's Locker Room Renovations	12/28/15	25,115		X	12,557	7 HY 200DB	0	14,351
			<u>57,207</u>			<u>28,604</u>		<u>0</u>	<u>32,690</u>
<b>10-year GDS Property:</b>									
609	High Challenge Ropes Course	9/02/15	38,652		X	19,326	10 HY 200DB	0	21,259
617	Desert Air 5.7 Ton Tran Compressor w/ coo	6/25/15	15,176		X	7,588	10 HY 200DB	0	8,347
618	Install 250K BTU Gas Heater for Spa	1/01/15	3,250		X	1,625	10 HY 200DB	0	1,788
619	Locker Room Condenser Fans	8/28/15	3,400		X	1,700	10 HY 200DB	0	1,870
620	3 Ton HVAC-SECC	12/22/15	6,495		X	3,247	10 HY 200DB	0	3,572
621	10 Ton SE Y Rubber Room	12/22/15	12,894		X	6,447	10 HY 200DB	0	7,092
623	Fit Room Rubber Flooring	8/27/15	37,190		X	18,595	10 HY 200DB	0	20,455
663	2-21'Tipi Cover & Door	7/06/15	4,214		X	2,107	10 HY 200DB	0	2,318
672	Lockers	12/08/15	19,536		X	9,768	10 HY 200DB	0	10,745
			<u>140,807</u>			<u>70,403</u>		<u>0</u>	<u>77,446</u>
<b>15-year GDS Property:</b>									
610	Rubber floor-Multi purpose & spin room	3/27/15	10,100		X	5,050	15 HY 150DB	0	5,303
612	Natatorium Sprinkler Upgrade	10/23/15	15,840		X	7,920	15 HY 150DB	0	8,316
			<u>25,940</u>			<u>12,970</u>		<u>0</u>	<u>13,619</u>
<b>Non-Residential Real Property:</b>									
611	SE Y Downstair Renovations	7/08/15	409,214			409,214	39 MMS/L	0	4,809
613	SECC Improvements	12/30/15	48,458			48,458	39 MMS/L	0	52
622	Camp Renovations	6/01/15	45,641			45,641	39 MMS/L	0	634
			<u>503,313</u>			<u>503,313</u>		<u>0</u>	<u>5,495</u>
<b>Prior MACRS:</b>									
3	READY MIX CONCRETE	5/01/98	1,100			1,100	7 HY 200DB	1,100	0
	Sold/Scrapped: 6/30/15								
4	STEEL FRAMING - CHORBA	5/01/98	53,521			53,521	27 MMS/L	32,355	1,946
5	RENOVATE CAFETERIA	5/01/98	60,707			60,707	27 MMS/L	36,699	2,208
6	DOCK INSTALLATION	5/01/98	8,500			8,500	7 HY 200DB	8,500	0
7	RENOVATION	1/02/88	13,300			13,300	7 HY 200DB	13,300	0
8	ROOF	2/01/97	21,295			21,295	27 MMS/L	13,842	774
12	HOLLOW METAL DOOR	5/01/98	8,703			8,703	27 MMS/L	5,261	317
14	SICO STOOLS & TABLES	5/01/98	7,890			7,890	27 MMS/L	4,770	131
	Sold/Scrapped: 6/30/15								
15	LUMBER FOR BUNK BEDS	5/15/98	1,772			1,772	5 HY 200DB	1,772	0
16	32 BUNK BEDS @ CAMP	9/23/99	2,720			2,720	5 HY 200DB	2,720	0
17	1998 FORD E350 VAN	6/03/98	25,517			25,517	5 HY 200DB	25,517	0
18	KITCHEN IMPROVEMENTS	7/01/02	45,000			45,000	27 MMS/L	20,385	1,637
19	CAMP IMPROVEMENTS	7/01/02	23,223			23,223	27 MMS/L	10,520	845
23	LANDSCAPING	11/01/03	21,627		X	10,813	15 HY 150DB	16,853	1,364
24	BUILDING	11/01/03	5,562,444			5,562,444	27 MMS/L	2,250,105	202,270
25	WATER REACTIVATION FEE	11/01/03	300			300	27 MMS/L	121	11
26	CORNERSTONE	11/01/03	1,107			1,107	27 MMS/L	448	40
27	WIRING	11/01/03	3,081			3,081	27 MMS/L	1,246	112
28	SE RENOVATIONS	1/01/03	22,935			22,935	27 MMS/L	9,973	834

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58-2058795

## Federal Asset Report

FYE: 12/31/2015

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
29	5 ROOF TOP AIR CONDITIONING UNIT	11/12/03	51,300				51,300	27	MMS/L	20,752	1,865
30	ENGINEERING FEE-Y ROOF	12/08/03	2,125				2,125	27	MMS/L	853	77
31	ROOF-EXISTING YMCA	11/12/03	25,480				25,480	27	MMS/L	10,307	927
32	SPRINKLER SYSTEM	11/26/03	37,205				37,205	27	MMS/L	15,050	1,353
33	14 ROOF CURBS	3/03/03	1,481				1,481	27	MMS/L	635	54
34	SPEAKERS & WIRELESS MICROPHONI	11/01/03	3,589			X	1,794	7	HY 200DB	3,589	0
36	20 STEREO TV	11/01/03	170			X	85	7	HY 200DB	170	0
37	20: TV/DVD/VCR COMBO	11/01/03	410			X	205	7	HY 200DB	410	0
39	DELL OPTIPLEX COMPUTER	11/01/03	1,047			X	523	7	HY 200DB	1,047	0
40	SERVER SWITCH	11/01/03	509			X	254	7	HY 200DB	509	0
41	DUMBELLS/EXERCISE MATS	11/04/03	1,179			X	589	7	HY 200DB	1,179	0
42	FITNESS CENTER MIRRORS	11/05/03	814			X	407	7	HY 200DB	814	0
43	AUTOMATIC DEFRIBILLATORS	11/06/03	9,365			X	4,682	7	HY 200DB	9,365	0
46	TASK CHAIR	11/12/03	249			X	124	7	HY 200DB	249	0
47	HON DESK W/ RETURN & PEDESTALS	11/26/03	833			X	416	7	HY 200DB	833	0
48	FITNESS EQUIPMENT - AEROBICS	11/01/03	1,873			X	937	7	HY 200DB	1,873	0
49	INDOOR PRIME PLAYSYSTEM--Y TIKI	11/01/03	36,442			X	18,221	7	HY 200DB	36,442	0
50	IRON PLATES -- WEIGHTS	11/01/03	6,522			X	3,261	7	HY 200DB	6,522	0
51	OUTDOOR PLAYGROUND EQUIPMEN	11/01/03	14,064			X	7,032	7	HY 200DB	14,064	0
52	12 ZEUBRA CHAIRS	11/01/03	6,444			X	3,222	7	HY 200DB	6,444	0
53	3 END TABLES 24X24X24	11/01/03	450			X	225	7	HY 200DB	450	0
54	COFFEE TABLES	11/01/03	241			X	120	7	HY 200DB	241	0
57	18 CHAIRS - CHILDCARE	11/01/03	288			X	144	7	HY 200DB	288	0
58	TASK CHAIR W/ ARMS - CHILDCARE	11/01/03	249			X	124	7	HY 200DB	249	0
59	66X30 DESK - CHILDCARE	11/01/03	663			X	331	7	HY 200DB	663	0
62	6 - 66 X 30 DESKS	11/01/03	4,350			X	2,175	7	HY 200DB	4,350	0
63	7-4 DRAWER VERTICAL FILE CABINE	11/01/03	1,666			X	833	7	HY 200DB	1,666	0
64	5 MID-BACK TASK CHAIRS W/ ARMS -	11/01/03	1,245			X	622	7	HY 200DB	1,245	0
65	4 GUEST CHAIRS - NAVY	11/01/03	600			X	300	7	HY 200DB	600	0
66	HIGH BACK MGR CHAIR W/ARMS - BU	11/01/03	273			X	137	7	HY 200DB	273	0
67	3 MID-BACK TASK CHAIRS W/ARMS --	11/01/03	747			X	373	7	HY 200DB	747	0
68	5 GUEST CHAIRS -- BURGUNDY	11/01/03	750			X	375	7	HY 200DB	750	0
69	SAMBA KEYBOARD	11/01/03	165			X	82	7	HY 200DB	165	0
70	66 CHAIRS W/OUT ARMS -- COMMUNI	11/01/03	9,240			X	4,620	7	HY 200DB	9,240	0
71	6 CHAIR DOLLY -- COMMUNITY ROOM	11/01/03	936			X	468	7	HY 200DB	936	0
72	7 FOLDING TABLES - WHITE SPECKLE	11/01/03	413			X	206	7	HY 200DB	413	0
73	DOLLY -- COMMUNITY ROOM	11/01/03	209			X	104	7	HY 200DB	209	0
74	OLYMPIC WEIGHT SYSTEM	11/01/03	6,437			X	3,218	7	HY 200DB	6,437	0
75	INSTALLATION AND TRANSPORT OF	12/01/03	6,900				6,900	27	MMS/L	2,770	251
76	POOL SAFETY EQUIPMENT (LIFE VES	12/14/03	1,040			X	520	7	HY 200DB	1,040	0
77	BLACK FENCE AROUND INDOOR POO	12/08/03	2,065			X	1,032	7	HY 200DB	2,065	0
84	Metal Roofing - Staff, Director, Nurse, #5, &	7/15/03	21,348				21,348	39	MMS/L	6,272	548
85	D-HALL GREASETRAPS/BATHROOMS	7/15/03	4,337				4,337	39	MMS/L	1,274	112
86	SEPTIC FOR BOY'S/ GIRL'S SIDE	7/15/03	4,700				4,700	39	MMS/L	1,381	120
87	STAFF CABIN BATHROOM	7/15/03	4,693				4,693	39	MMS/L	1,379	120
88	NURSES CABIN	7/15/03	131				131	39	MMS/L	39	3
89	BATHHOUSES	7/15/03	17,428				17,428	39	MMS/L	5,121	447
90	UPPER ROOM OF DINNING HALL	7/15/03	22,480				22,480	39	MMS/L	6,605	576
91	CABIN BATHROOMS	7/15/03	63,380				63,380	39	MMS/L	18,622	1,625
92	DINING HALL ADDITION	7/15/03	37,498				37,498	39	MMS/L	11,017	962
93	FACADES (PINE SIDING)	7/15/03	15,383				15,383	27	MMS/L	6,409	559
94	HVAC IN DINNING HALL	7/15/03	20,000			X	10,000	7	HY 200DB	20,000	0
95	ROPES COURSE	7/15/03	10,434			X	5,217	7	HY 200DB	10,434	0
96	AMPHITHEATER	7/15/03	16,908			X	8,454	7	HY 200DB	16,908	0
97	POOL LINER	7/15/03	4,125			X	2,062	7	HY 200DB	4,125	0
98	BEDS	7/15/03	9,298				9,298	27	MMS/L	3,874	338
99	KITCHEN EQUIPMENT (Industrial stove,	7/15/03	5,000				5,000	27	MMS/L	2,083	182
100	DIRECTOR'S CABIN	7/15/03	2,815				2,815	39	MMS/L	827	72
101	BLUE PLAY CURBS	11/01/03	555				555	27	MMS/L	225	20
102	Fence - Preschool Play Area	8/10/04	970			X	485	15	HY 150DB	712	58
103	Fence - Ball Fields	5/05/04	5,750			X	2,875	15	HY 150DB	4,222	340
104	Fence with Gate - Volleyball Area	5/11/04	5,000			X	2,500	15	HY 150DB	3,671	296
105	SE Building (retainer)	1/01/04	34,708				34,708	27	MMS/L	13,830	1,262
106	Rooftop (Retainer) SE Child Care	1/01/04	5,700				5,700	27	MMS/L	2,271	207
107	External Doors	6/29/04	1,175				1,175	27	MMS/L	450	43
108	2 Steel Doors & Building Renovations	7/14/04	5,000				5,000	27	MMS/L	1,901	182
109	Carpet - Day care	8/05/04	3,140			X	1,570	7	HY 200DB	3,140	0
110	Benches for Steamroom	1/12/04	668			X	334	7	HY 200DB	668	0
112	10 Picnic Tables	5/21/04	648			X	324	7	HY 200DB	648	0
114	SE Child Care Furniture	7/28/04	5,833			X	2,917	7	HY 200DB	5,833	0

Sold/Scrapped: 6/30/15

## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current	
115	NW Child Care Furniture	6/09/04	10,533		X	5,267	7 HY 200DB	10,533	0	
116	Desktop Optiplex 2.4 Ghz	1/07/04	1,037		X	518	5 HY 200DB	1,037	0	
117	Compaq/HP Desktop Computer	6/30/04	1,069		X	534	5 HY 200DB	1,069	0	
118	Playground Equipment	8/19/04	26,725		X	13,362	5 HY 200DB	26,725	0	
119	Delfield Cooler	7/14/04	1,700		X	850	5 HY 200DB	1,700	0	
120	20 CF Refrigerator	7/28/04	544		X	272	5 HY 200DB	544	0	
	Sold/Scrapped: 6/30/15									
123	Pool Waterslide	5/05/05	34,900			34,900	5 HY 200DB	34,900	0	
124	Used Sta-Rite Commercial Filter	5/06/05	6,500			6,500	5 HY 200DB	6,500	0	
125	Lifeguard Stand - Moveable	5/06/05	1,300			1,300	5 HY 200DB	1,300	0	
126	Electric Portable Vacuum System	5/19/05	1,750			1,750	5 HY 200DB	1,750	0	
127	Phone System	9/02/05	3,222			3,222	5 HY 200DB	3,222	0	
129	Replace roof-old gym area	10/30/06	15,594			15,594	39 MMS/L	3,282	400	
130	HVAC-old gym	7/26/06	27,058			27,058	39 MMS/L	5,869	694	
131	2 HP Pavilion DV1610US laptops	5/05/06	845			845	27 MMS/L	265	14	
	Sold/Scrapped: 6/30/15									
132	Pontoon boat sn butj02512F607 w/trailer	10/17/06	17,900			17,900	27 MMS/L	5,343	650	
133	Roof SECC	12/01/06	14,634			14,634	39 MMS/L	3,017	376	
134	3 cribs/1 changing table	3/31/06	834			834	27 MMS/L	266	14	
	Sold/Scrapped: 6/30/15									
136	Chain Link Fence	4/04/07	4,295			4,295	15 HY 150DB	2,418	250	
137	Veterans Memorial Flagpole	11/07/07	4,569			4,569	15 HY 150DB	2,466	280	
138	SE YMCA Renovations with spin room	3/17/07	188,225			188,225	39 MMS/L	37,610	4,826	
139	Cubby Cabinets for SECC & Childwatch	10/07/07	5,494			5,494	27 MMS/L	1,440	92	
	Sold/Scrapped: 6/30/15									
140	2 mahogany writing desks - leasesouth	2/02/07	1,337			1,337	27 MMS/L	383	48	
141	6 Mahogany Credenzas - leasesouth	2/02/07	5,681			5,681	27 MMS/L	1,627	206	
142	2 Mahogany Hutches	2/02/07	1,944			1,944	27 MMS/L	557	70	
143	17 Traditional Chairs	2/02/07	3,770			3,770	27 MMS/L	1,080	137	
144	18 Side Chairs	2/02/07	3,445			3,445	27 MMS/L	987	125	
145	6 - 36x84 Bookcases	2/02/07	2,060			2,060	27 MMS/L	590	75	
146	10 - 4 drawer veritel file cabinets	2/02/07	2,785			2,785	27 MMS/L	797	102	
147	2 - 4 drawer lateral file cabinets	2/02/07	1,213			1,213	27 MMS/L	347	45	
148	1 Mahogany end table	2/02/07	121			121	27 MMS/L	34	5	
149	1 mahogany Conference table	2/02/07	1,306			1,306	27 MMS/L	374	48	
150	4 Mahogany Executive desks	2/02/07	3,816			3,816	27 MMS/L	1,093	138	
151	1 Executive pillowback chair	2/02/07	475			475	27 MMS/L	136	17	
152	16 channel DVR	10/25/07	4,043			4,043	27 MMS/L	1,060	92	
	Sold/Scrapped: 8/28/15									
153	10 Channell DVR	10/07/07	3,644			3,644	27 MMS/L	955	83	
	Sold/Scrapped: 8/28/15									
154	Kalatel 14 color monitor	10/25/07	340			340	27 MMS/L	89	13	
155	2 Tabletop scoreboards	12/07/07	1,073			1,073	27 MMS/L	275	39	
157	Dell Server - dual core Xeon processor - Le:	2/02/07	4,543			4,543	27 MMS/L	1,301	165	
158	Dell Laptop - CEO - Leasesouth	2/02/07	1,932			1,932	27 MMS/L	553	62	
	Sold/Scrapped: 11/24/15									
159	Dell Laptop - COO - Leasesouth	2/02/07	1,932			1,932	27 MMS/L	553	62	
	Sold/Scrapped: 11/24/15									
160	Dell laptop - CFO - Leasesouth	2/02/07	1,932			1,932	27 MMS/L	553	62	
	Sold/Scrapped: 11/24/15									
161	Dell Laptop - CEO Asst. - Leasesouth	2/02/07	1,932			1,932	27 MMS/L	553	62	
	Sold/Scrapped: 11/24/15									
162	Dell Laptop - Mktg - Leasesouth	2/02/07	1,932			1,932	27 MMS/L	553	62	
	Sold/Scrapped: 11/24/15									
163	Dell Laptop - Camp - Leasesouth	2/02/07	1,932			1,932	27 MMS/L	553	62	
	Sold/Scrapped: 11/24/15									
164	spa Safety Release & Booster Pump	12/22/08	1,464		X	732	5 HY 200DB	1,464	0	
165	Brick Improvements	12/22/08	4,200			4,200	39 MMS/L	2,533	108	
166	Pool Drain Covers	12/22/08	4,038			4,038	27 MMS/L	887	67	
	Sold/Scrapped: 6/30/15									
167	Sauna Access Panels & sprinkler heads	4/16/08	3,639			3,639	27 MMS/L	888	132	
168	SECC - Tile Entrance	3/27/08	2,225			2,225	27 MMS/L	549	81	
169	2 Desks	6/16/08	1,110			1,110	27 MMS/L	264	40	
170	1 Exec Swivel Chair	6/16/08	90			90	27 MMS/L	21	4	
171	4 Chairs	6/16/08	418			418	27 MMS/L	99	16	
172	2 Vinyl mid-back Chairs	6/16/08	159			159	27 MMS/L	38	6	
173	2 - 72x36 Desk	6/01/08	1,400			1,400	27 MMS/L	333	51	
174	2 - Credenza	6/01/08	1,200			1,200	27 MMS/L	285	44	
175	1 - Hutch	6/01/08	500			500	27 MMS/L	119	18	
176	2 - Bookcases	6/01/08	790			790	27 MMS/L	188	29	
177	2 - Lateral File	6/01/08	940			940	27 MMS/L	224	34	

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
178	2 - Desk Chairs	6/01/08	598		598	27 MMS/L	142	22
179	6 Guest Chairs	6/01/08	1,380		1,380	27 MMS/L	328	50
180	4 Tables Base	6/01/08	660		660	27 MMS/L	157	24
181	4 - 30 Table Tops	6/01/08	360		360	27 MMS/L	86	13
182	12 - Multipurpose Chairs w/arms	6/01/08	1,560		1,560	27 MMS/L	371	57
183	Air Hockey Table-Teen Center	3/18/08	1,800		1,800	27 MMS/L	445	65
186	Aerobic Equipment	6/01/08	793		793	27 MMS/L	189	29
187	Fitness Wholesale - Aerobic Equipment	6/01/08	626		626	27 MMS/L	149	23
188	Fitness Wholesale - Aerobic Equipment	6/01/08	678		678	27 MMS/L	161	25
189	Sound System	6/01/08	1,767		1,767	27 MMS/L	420	64
190	3-E Series Treadmills w/PVS Kit	6/01/08	6,550		6,550	27 MMS/L	1,558	50
	Sold/Scrapped: 3/26/15							
191	5-E Series Bikes w/PVS Kit	6/01/08	16,389		16,389	27 MMS/L	3,898	572
	Sold/Scrapped: 12/15/15							
192	7-Spinners	6/01/08	6,789		6,789	27 MMS/L	1,615	236
	Sold/Scrapped: 12/15/15							
193	10 Spinning computers	6/01/08	1,517		1,517	27 MMS/L	361	53
	Sold/Scrapped: 12/15/15							
194	3-Series Steppers 1 of 3	6/01/08	3,895		3,895	27 MMS/L	927	41
	Sold/Scrapped: 4/16/15							
195	Humansport Total Legs	6/01/08	3,409		3,409	27 MMS/L	811	124
196	Humansport Shoulder Chest	6/01/08	3,409		3,409	27 MMS/L	811	124
198	Indoor Rower with Monitor	6/01/08	1,185		1,185	27 MMS/L	282	43
201	3 Arc Trainers	6/01/08	15,640		15,640	27 MMS/L	3,720	166
	Sold/Scrapped: 4/16/15							
202	2 Total Body Arc Trainer 1 of 2	6/01/08	5,560		5,560	27 MMS/L	1,323	59
	Sold/Scrapped: 4/16/15							
203	Eagle Fly / Rear Delt	6/01/08	3,639		3,639	27 MMS/L	866	132
204	Eagle Prone Leg Curl w/ SRLD	6/01/08	3,113		3,113	27 MMS/L	740	114
205	Eagle Glute	6/01/08	3,188		3,188	27 MMS/L	758	116
206	Eagle Hip Ab/Ad	6/01/08	4,277		4,277	27 MMS/L	1,017	156
207	Eagle Torso	6/01/08	3,511		3,511	27 MMS/L	835	128
208	Eagle Chest Press w/Fitlinxx	6/01/08	3,526		3,526	27 MMS/L	839	128
209	Eagle Overhead Press w/Fitlinxx	6/01/08	3,413		3,413	27 MMS/L	812	124
210	Eagle Row w/ Fitlinxx	6/01/08	3,526		3,526	27 MMS/L	839	128
211	Eagle Leg Press w/ Fitlinxx	6/01/08	4,713		4,713	27 MMS/L	1,121	171
212	Eagle Leg Exten w/ SRLD w/ Fitlinxx	6/01/08	3,113		3,113	27 MMS/L	740	114
213	Eagle Seated Leg Curl w/ SRLD w/Fitlinxx	6/01/08	3,113		3,113	27 MMS/L	740	114
214	Eagle Arm Curl w/Fitlinxx	6/01/08	2,737		2,737	27 MMS/L	651	100
215	Eagle Arm Extension w/ Fitlinxx	6/01/08	2,925		2,925	27 MMS/L	696	106
216	Eagle Abdominal w Fitlinxx	6/01/08	2,775		2,775	27 MMS/L	660	101
217	Eagle Back Extension w/SRLD w/Fitlinxx	6/01/08	3,113		3,113	27 MMS/L	740	114
218	Eagle Calf w/Fitlinxx	6/01/08	3,286		3,286	27 MMS/L	782	119
219	Eagle Lat Pull w/Fitlinxx	6/01/08	3,526		3,526	27 MMS/L	839	128
220	Bent Leg Abdominal Board	6/01/08	1,296		1,296	27 MMS/L	308	47
221	Olympic Bench Press	6/01/08	689		689	27 MMS/L	164	25
222	Weight Storage Attachment	6/01/08	1,027		1,027	27 MMS/L	244	38
223	Olympic Incline Bench	6/01/08	819		819	27 MMS/L	195	30
224	Twin Tier Dumbell Rack	6/01/08	1,343		1,343	27 MMS/L	320	48
225	45 Deg Back Extension	6/01/08	758		758	27 MMS/L	180	28
226	Power Cage Station	6/01/08	1,642		1,642	27 MMS/L	391	59
227	Flat Bench w/ Adj to 80 Bench	6/01/08	2,370		2,370	27 MMS/L	564	86
228	Scott Curl	6/01/08	646		646	27 MMS/L	154	23
229	Olympic Decline Bench	6/01/08	819		819	27 MMS/L	195	30
230	Upright Bench	6/01/08	386		386	27 MMS/L	92	14
231	Mod-Lat Pulldown with Center Post	6/01/08	2,217		2,217	27 MMS/L	527	81
232	Mod-Cable Cross w/Connecting Tube Pull t	6/01/08	1,772		1,772	27 MMS/L	422	64
233	Mod-High/Low Cable w/Adj Pulleys	6/01/08	1,642		1,642	27 MMS/L	391	59
234	Mod-Low Row	6/01/08	1,815		1,815	27 MMS/L	432	66
235	Converging Chest Press	6/01/08	1,729		1,729	27 MMS/L	411	63
236	Squat Press	6/01/08	2,769		2,769	27 MMS/L	659	100
237	Converging Incline Press	6/01/08	1,729		1,729	27 MMS/L	411	63
238	Row	6/01/08	1,902		1,902	27 MMS/L	452	70
239	Smith Press	6/01/08	3,245		3,245	27 MMS/L	772	118
240	VR3 Dip/Chin Assist	6/01/08	3,376		3,376	27 MMS/L	803	123
241	Pro-Style Dumbbells	6/01/08	7,657		7,657	27 MMS/L	1,821	279
242	FitLinxx System Software	6/01/08	22,580		22,580	27 MMS/L	5,371	821
243	FitLinxx Management Station	6/01/08	11,911		11,911	27 MMS/L	2,833	433
244	12-Fitlinxx Strength Training Partners	6/01/08	14,986		14,986	27 MMS/L	3,565	545
246	Laptop - HR	8/14/08	1,400		1,400	27 MMS/L	325	44
	Sold/Scrapped: 11/24/15							

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
247	Laptop - Marketing Sold/Scrapped: 11/24/15	8/14/08	1,400			1,400	27 MMS/L	325	44
248	Downtown Leasehold Improvements	6/01/08	1,361,624			1,361,624	39 MMS/L	829,933	34,914
249	Fencing - Playground Area	11/05/09	4,060			4,060	27 MMS/L	757	147
250	Childwatch Window Tinting	8/12/09	3,158			3,158	27 MMS/L	617	115
251	Septic Tanks	3/20/09	2,690			2,690	27 MMS/L	567	97
252	Security System - Childwatch	6/30/09	4,261			4,261	27 MMS/L	859	155
253	2 - Swimsuit Extractors	8/12/09	2,452			2,452	27 MMS/L	479	89
254	2 - Swimsuit Extractors	11/18/09	2,452			2,452	27 MMS/L	457	89
255	Body Pump Equipment	11/20/09	2,960			2,960	27 MMS/L	552	107
256	Playground Equipment	11/24/09	29,246		X	14,623	7 HY 200DB	24,842	2,936
257	61.5 Bunk Beds	11/23/09	1,845			1,845	27 MMS/L	344	67
258	189 Mattresses	11/23/09	532			532	27 MMS/L	99	20
259	Camp Original Stock Sold/Scrapped: 6/30/15	11/23/09	4,455			4,455	27 MMS/L	830	74
260	Dining Hall Stools	11/23/09	10,000			10,000	27 MMS/L	1,864	363
263	DTCC Interior Wall Trim	5/24/04	4,435		X	2,217	7 HY 200DB	4,435	0
264	DTCC Credenza	6/30/05	200			200	27 MMS/L	69	8
265	DTCC Alarm System Sold/Scrapped: 8/26/15	4/06/05	4,595			4,595	27 MMS/L	1,622	104
266	DTCC Carpet	5/02/05	10,000			10,000	27 MMS/L	3,500	363
267	DTCC Computer Equipment	6/24/06	2,189			2,189	27 MMS/L	680	79
269	DTCC Computer Equipment	6/29/07	2,451			2,451	27 MMS/L	672	89
270	DTCC Air Conditioners	9/27/06	9,789			9,789	7 HY 200DB	9,789	0
271	DTCC HVAC	5/15/08	3,000		X	1,500	7 HY 200DB	2,866	134
272	DTCC 10 Teacher Low-Back Chairs	6/29/09	1,800			1,800	27 MMS/L	363	65
273	Seal/Line Parking Lot	3/30/10	11,719			11,719	27 MMS/L	2,042	426
274	2 Desert Air Compressors 1 of 2 Sold/Scrapped: 6/25/15	6/01/10	7,138			7,138	27 MMS/L	1,179	119
275	Carpet	8/18/10	21,045			21,045	27 MMS/L	3,348	765
276	From CIP Hogan Y	11/01/10	14,890,193			14,890,193	39 MMS/L	1,574,966	381,800
277	Monument Sign - Electronic Message Cente	11/01/10	31,650			31,650	27 MMS/L	4,747	1,151
278	Building Sign - Lighted YMCA	11/01/10	8,458			8,458	27 MMS/L	1,269	307
279	Monument Sign - Hogan Family Center	11/01/10	6,850			6,850	27 MMS/L	1,027	250
280	Monument Sign Letterset-Enfinger Steele C	12/14/10	1,625			1,625	27 MMS/L	239	59
281	Recognition Plates	12/14/10	6,749			6,749	27 MMS/L	992	245
282	Desk 41.5x71 with pedistal	11/01/10	498			498	27 MMS/L	75	18
283	File Cabinet 22x16x28.5	11/01/10	219			219	27 MMS/L	33	8
284	Bookcase 14x32x65	11/01/10	269			269	27 MMS/L	40	10
285	5 Display Storage Bookcases 13.75x31.5x6.	11/01/10	1,975			1,975	27 MMS/L	296	72
286	4 36 round Resin Tables	11/01/10	512			512	27 MMS/L	77	18
287	5 36x36 Mahogany Tabela 1 of 5 Sold/Scrapped: 6/30/15	11/01/10	128			128	27 MMS/L	19	2
288	28 Mahogany Chairs	11/01/10	1,019			1,019	27 MMS/L	153	37
289	10 - 8ft Plastic Folding Tables	11/01/10	775			775	27 MMS/L	116	28
290	10 - 6ft Plastic Folding Tables	11/01/10	540			540	27 MMS/L	81	20
291	10 - 60 Round Plastic Folding Tables	11/01/10	892			892	27 MMS/L	134	32
292	8 - 24x24 Caf? Tables	11/01/10	484			484	27 MMS/L	73	17
293	6 - 24 Round Tables 1 of 6 Sold/Scrapped: 6/30/15	11/01/10	81			81	27 MMS/L	12	1
294	25 Barstools	11/01/10	1,526			1,526	27 MMS/L	229	55
296	1 Leather Club Chairs Sold/Scrapped: 6/30/15	11/01/10	357			357	27 MMS/L	54	6
297	Table transport truck & 2 carts	11/01/10	818			818	27 MMS/L	123	29
299	Patio Furntiure	11/01/10	1,922			1,922	27 MMS/L	288	70
300	16 Locker Benches	11/24/10	2,877			2,877	27 MMS/L	431	105
301	Child Watch Wood Gates	11/01/10	1,256			1,256	27 MMS/L	188	46
302	Filter & Pool Pump - Transfer to SE Y	6/14/10	1,200			1,200	27 MMS/L	198	44
303	Water Slide Disassembly	6/14/10	3,500			3,500	27 MMS/L	578	127
304	9 Lenovo ThinkCentre Computers	9/16/10	6,066			6,066	27 MMS/L	947	220
305	Indoor Rower	9/24/10	1,240			1,240	27 MMS/L	194	45
306	8 EFX 576i Cardio Equipment 1 of 8 Sold/Scrapped: 3/26/15	9/24/10	5,695			5,695	27 MMS/L	889	43
307	19 Spinners with Spinning computer	9/24/10	24,644			24,644	27 MMS/L	3,846	896
308	3 eSpinners	9/24/10	7,418			7,418	27 MMS/L	1,158	269
309	1 Roc-It Ab - Hoist Plate Loaded	9/24/10	1,665			1,665	27 MMS/L	260	60
310	2 Cross Trainers with TV & remotes	9/24/10	8,462			8,462	27 MMS/L	1,321	307
311	2 LVPA & 14 TP5 Upgrades	9/24/10	20,432			20,432	27 MMS/L	3,189	743
312	18 Treadmills Sold/Scrapped: 3/26/15	9/24/10	100,359			100,359	27 MMS/L	15,662	760
313	2 Lower Body Arc Trainers	9/24/10	11,246			11,246	27 MMS/L	1,755	409

## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
314	3 Total Body Arc Trainers	9/24/10	17,228		17,228	27 MMS/L	2,689	626
315	3 750C Upright Cycles	9/24/10	10,529		10,529	27 MMS/L	1,643	383
316	3 Recumbent Cycles	9/24/10	10,942		10,942	27 MMS/L	1,708	398
317	1 Eagle Fly/Rear Delt	9/24/10	3,475		3,475	27 MMS/L	542	127
318	1 Eagle Calf	9/24/10	2,978		2,978	27 MMS/L	465	108
319	1 Eagle Prone Leg Curls w/ SRLD	9/24/10	2,730		2,730	27 MMS/L	426	99
320	1 Eagle Glute	9/24/10	3,040		3,040	27 MMS/L	474	111
321	1 Eagle Torso	9/24/10	3,351		3,351	27 MMS/L	523	122
322	1 Eagle Chest Press w/Fitlinxx	9/24/10	3,351		3,351	27 MMS/L	523	122
323	1 Eagle Overhead Press w/Fitlinxx	9/24/10	3,289		3,289	27 MMS/L	513	120
324	1 Eagle Row w/Fitlinx	9/24/10	3,351		3,351	27 MMS/L	523	122
325	1 Eagle Leg Press w/Fitlinxx	9/24/10	4,531		4,531	27 MMS/L	707	165
326	1 Eagle Leg Extension w/ SRLD w/ Fitlinxx	9/24/10	2,978		2,978	27 MMS/L	465	108
327	1 Eagle Seated Leg Curl w/SRLD w/Fitlinx:	9/24/10	2,978		2,978	27 MMS/L	465	108
328	1 Eagle Curl w/Fitlinxx	9/24/10	2,605		2,605	27 MMS/L	407	94
329	1 Eagle Arm Extension w/Fitlinxx	9/24/10	2,792		2,792	27 MMS/L	436	101
330	1 Eagle Abdominal w/Fitlinxx	9/24/10	2,668		2,668	27 MMS/L	416	97
331	1 Eagle Back Extension w/ SRLD w Fitlinx:	9/24/10	2,978		2,978	27 MMS/L	465	108
332	1 Eagle Lat Pull w/Fitlinxx	9/24/10	3,351		3,351	27 MMS/L	523	122
333	1 Bent Leg Abdominal Board	9/24/10	1,261		1,261	27 MMS/L	197	46
334	BRAVO w/Progressive Stabilization	9/24/10	5,641		5,641	27 MMS/L	880	205
335	1 Quad Tower	9/24/10	1,182		1,182	27 MMS/L	184	43
336	1 Row	9/24/10	1,498		1,498	27 MMS/L	234	54
337	1 Lat Pull	9/24/10	1,498		1,498	27 MMS/L	234	54
338	1 Adjustable Cable	9/24/10	1,318		1,318	27 MMS/L	206	48
339	1 Attached Cable Crossover	9/24/10	4,027		4,027	27 MMS/L	629	146
340	1 Plate Loaded T Bar Row	9/24/10	1,232		1,232	27 MMS/L	192	45
341	1 Fitlinxx Lateral Raise	9/24/10	2,617		2,617	27 MMS/L	408	95
342	2 Fitlinxx Hip Abduction	9/24/10	5,485		5,485	27 MMS/L	856	200
343	TV Cable for New Fitness Equipment	9/20/10	3,100		3,100	27 MMS/L	484	113
344	Pool - 10HP C Series Motor	12/22/10	3,550		3,550	27 MMS/L	522	129
345	New Phone System	12/10/10	10,272		10,272	27 MMS/L	1,510	373
346	Pool Filter	7/29/10	1,800		1,800	27 MMS/L	292	65
347	Laptop/docking station - CEO	8/02/10	1,116		1,116	27 MMS/L	178	40
348	12 Lenovo ThinkCentre Comput 1 of 12 Sold/Scrapped: 6/30/15	11/01/10	674		674	27 MMS/L	101	11
349	Customized Play Structure	11/01/10	174,950	X	39,033	7 HY 200DB	135,917	15,613
350	Fitlinx Equipment	11/01/10	53,831		53,831	27 MMS/L	8,074	1,958
351	Hoist - Roc-It Ab	11/01/10	1,665		1,665	27 MMS/L	250	60
352	18 Spinners w/computer 1 of 18 Sold/Scrapped: 12/15/15	11/01/10	1,303		1,303	27 MMS/L	195	46
353	2 eSpinners	11/01/10	7,450		7,450	27 MMS/L	1,117	271
354	8 Cardio Experience Serices 1 of 8 Sold/Scrapped: 12/15/15	11/01/10	5,695		5,695	27 MMS/L	854	199
355	2 Indoor Rower Models	11/01/10	2,480		2,480	27 MMS/L	372	90
356	18 Treadmills 1 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595		5,595	27 MMS/L	839	195
357	3 750A Lower Bodty Arc Trainers	11/01/10	16,928		16,928	27 MMS/L	2,539	616
358	3 750AT Lower Body Arc Trainers	11/01/10	17,288		17,288	27 MMS/L	2,593	629
359	3 750C Upright Cycles	11/01/10	10,566		10,566	27 MMS/L	1,585	384
360	3 750R Recumbent Cycles	11/01/10	10,981		10,981	27 MMS/L	1,647	399
361	1 Eagle Fly/Rear Delt	11/01/10	3,487		3,487	27 MMS/L	523	127
362	1 Eagle Prone Leg Curl	11/01/10	2,739		2,739	27 MMS/L	411	99
363	1 Eagle Glute	11/01/10	3,051		3,051	27 MMS/L	458	111
364	1 Eagle Torso	11/01/10	3,362		3,362	27 MMS/L	504	123
365	1 Fitlinxx Eagle Chest Press	11/01/10	3,362		3,362	27 MMS/L	504	123
366	1 Fitlinxx Eagle Overhead Press	11/01/10	3,300		3,300	27 MMS/L	495	120
367	1 Fitlinxx Eagle Row	11/01/10	3,362		3,362	27 MMS/L	504	123
368	1 Fitlinxx Eagle Leg Press	11/01/10	4,547		4,547	27 MMS/L	682	165
369	1 Fitlinxx Eagle Lex Extension	11/01/10	2,989		2,989	27 MMS/L	448	109
370	1 FitlinxxEagle Seated Leg Curl	11/01/10	2,989		2,989	27 MMS/L	448	109
371	1 Fitlinxx Eagle Arm Curl	11/01/10	2,615		2,615	27 MMS/L	392	95
372	1 Fitlinxx Eagle Arm Extension	11/01/10	2,802		2,802	27 MMS/L	420	102
373	1 Fitlinxx Eagle Abdominal	11/01/10	2,677		2,677	27 MMS/L	402	97
374	1 Fitlinxx Eagle Back Extension	11/01/10	2,989		2,989	27 MMS/L	448	109
375	1 Fitlinxx Eagle Calf	11/01/10	2,989		2,989	27 MMS/L	448	109
376	1 Fitlinxx Eagle Lat Pull	11/01/10	3,362		3,362	27 MMS/L	504	123
377	Free Weights - Benches & Weight Storage	11/01/10	10,590		10,590	27 MMS/L	1,588	386
378	Free Weights - 3 Twin Tier Dumbbell Rack	11/01/10	2,130		2,130	27 MMS/L	319	78
379	Free Weights - 2 Bent Leg Abdominal Boar	11/01/10	2,530		2,530	27 MMS/L	380	92
380	Free Weights - Power Cage Station	11/01/10	1,979		1,979	27 MMS/L	297	72

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
381	Free Weights - Leg Raise Dip & Squat Rack	11/01/10	2,086			2,086	27 MMS/L	313	76
382	Functional Trainer - BRAVO	11/01/10	5,152			5,152	27 MMS/L	773	187
383	Jungle Gym - 2 Quad Towers	11/01/10	2,372			2,372	27 MMS/L	356	86
384	Jungle Gym - 1 Row	11/01/10	1,503			1,503	27 MMS/L	225	55
385	Jungle Gym - 1 Dual Handle Row	11/01/10	1,583			1,583	27 MMS/L	237	58
386	Jungle Gym - 1 Lat Pull	11/01/10	1,503			1,503	27 MMS/L	225	55
387	Jungle Gym - 1 Dual handle Lat Pull	11/01/10	1,583			1,583	27 MMS/L	237	58
388	Jungle Gym - 2 Adjustable Cables	11/01/10	2,644			2,644	27 MMS/L	397	96
389	Jungle Gym - 1 Embedded Cable Cross Ove	11/01/10	3,891			3,891	27 MMS/L	584	141
390	OEM - 10 Bars & Pressure Ring Collars	11/01/10	5,037			5,037	27 MMS/L	756	183
391	OEM - Urethane Plates/ Free Weights	11/01/10	10,923			10,923	27 MMS/L	1,638	398
392	OEM - 3 Straight Handles Dumbbells	11/01/10	8,506			8,506	27 MMS/L	1,276	309
393	5 Personal Entertainment Monitors	11/01/10	7,366			7,366	27 MMS/L	1,105	268
394	1 Plate Loaded - Row-Diverging	11/01/10	1,741			1,741	27 MMS/L	261	63
395	1 Plate Loaded Overhead Press	11/01/10	1,741			1,741	27 MMS/L	261	63
396	1 Plate Loaded Leg Press	11/01/10	3,010			3,010	27 MMS/L	452	109
397	1 Plate Loaded Smith Press	11/01/10	3,129			3,129	27 MMS/L	469	114
398	1 Plate Loaded Squat Press	11/01/10	2,693			2,693	27 MMS/L	404	98
399	1 Pleate Loaded Seated Calf	11/01/10	1,265			1,265	27 MMS/L	190	46
400	1 Chest Press	11/01/10	2,757			2,757	27 MMS/L	414	100
401	Overhead Press	11/01/10	2,691			2,691	27 MMS/L	404	98
402	Row	11/01/10	2,954			2,954	27 MMS/L	443	108
403	Lex Extension	11/01/10	2,757			2,757	27 MMS/L	414	100
404	Seated leg Curl	11/01/10	2,757			2,757	27 MMS/L	414	100
405	Arm Curl	11/01/10	2,363			2,363	27 MMS/L	354	86
406	Ab Crunch	11/01/10	2,231			2,231	27 MMS/L	335	81
407	Back Extension	11/01/10	2,626			2,626	27 MMS/L	394	95
408	Lateral Raide	11/01/10	2,626			2,626	27 MMS/L	394	95
409	Tricep Press	11/01/10	2,626			2,626	27 MMS/L	394	95
410	Cable Column	11/01/10	2,691			2,691	27 MMS/L	404	98
411	Dip/Chin Assist	11/01/10	3,152			3,152	27 MMS/L	473	114
412	2 Hip Abductions 1 of 2	11/01/10	2,752			2,752	27 MMS/L	413	21
	Sold/Scrapped: 3/25/15								
414	2 Pool Tables 1 of 2	11/01/10	1,435			1,435	27 MMS/L	215	24
	Sold/Scrapped: 6/30/15								
417	AED / CPR Responder	11/01/10	6,191			6,191	27 MMS/L	929	225
418	Fitness Equipment - BOSU Class Pack	11/01/10	4,170			4,170	27 MMS/L	626	151
419	3 LG 47 LCD TV with Mounts	11/01/10	4,025			4,025	27 MMS/L	604	146
420	1 LG 42 LCD TV with Mount	11/01/10	1,191			1,191	27 MMS/L	179	43
421	1 LG 55 LCD TV with Mount	11/01/10	2,601			2,601	27 MMS/L	390	95
422	Sound System	11/01/10	9,674			9,674	27 MMS/L	1,451	352
423		11/01/10	1,774			1,774	27 MMS/L	266	65
424	Body Pump Equipment - 30 sets Hand Held	11/11/10	2,820			2,820	27 MMS/L	423	103
425	Security System - ViewSonic 26 VGA Mor	11/01/10	3,607		X	804	7 HY 200DB	2,803	322
426	Security System	11/01/10	5,214		X	1,163	7 HY 200DB	4,051	465
427	Security System - Revision #3	11/01/10	17,613		X	3,929	7 HY 200DB	13,684	1,571
428	16 Dumbbells with Rack	11/03/10	682			682	27 MMS/L	102	25
429	Phone System	11/10/10	8,862			8,862	27 MMS/L	1,329	323
430	Pool - Palm Tree Royale	11/01/10	10,099			10,099	27 MMS/L	1,515	367
431	Pool - Leakin Beacon	11/01/10	11,953			11,953	27 MMS/L	1,793	435
432	Pool - Tumble Buckets	11/01/10	11,852			11,852	27 MMS/L	1,778	431
433	Pool - Sheetflo Curtain	11/01/10	8,104			8,104	27 MMS/L	1,216	294
434	Pool - Pirates Cove	11/01/10	23,243			23,243	27 MMS/L	3,486	846
435	Pool - Water Cannon	11/01/10	12,399			12,399	27 MMS/L	1,860	451
436	Pool - Sprayng Whale	11/01/10	7,901			7,901	27 MMS/L	1,185	287
437	Pool - Pop & Slant Jet	11/01/10	3,049			3,049	27 MMS/L	457	111
438	Plastic Lockers	11/01/10	101,391		X	22,622	7 HY 200DB	78,769	9,049
439	Pool - Slide Flumes	11/01/10	65,272			65,272	27 MMS/L	9,791	2,373
440	Pool - Tower Canopy	11/01/10	1,950			1,950	27 MMS/L	292	71
441	Aerobic Equipment	11/01/10	12,321			12,321	27 MMS/L	1,848	448
442	Acquatic Equipment	11/01/10	2,094			2,094	27 MMS/L	314	76
443	2 Guard Stations	11/01/10	878			878	27 MMS/L	132	32
444	7 - 2 Way Radios	11/01/10	1,645			1,645	27 MMS/L	247	60
446	Aquatic Rescue Equipment	12/30/10	3,180			3,180	27 MMS/L	467	116
447	Outdoor Sports Equipment	12/16/10	2,018			2,018	27 MMS/L	297	73
448	4 Stanchion Posts with flags/pool ropes	12/22/10	2,861			2,861	27 MMS/L	420	105
449	Lenovo ThinkCentre Computer	9/16/10	674			674	27 MMS/L	105	25
450	Lenovo ThinkCentre Computer	9/16/10	674			674	27 MMS/L	105	25
451	4 Cribs + 1 Evac Crib	3/04/10	1,677			1,677	27 MMS/L	292	61
452	Lenovo ThinkCentre Computer	9/16/10	674			674	27 MMS/L	105	25
453	2 Star Trac Refurbished Spin Bikes	1/19/10	1,200			1,200	27 MMS/L	216	9

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58-2058795

## Federal Asset Report

FYE: 12/31/2015

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Sold/Scrapped: 3/26/15								
454	Laptop - Info Center/Presentations	2/11/10	1,860		1,860	27 MMS/L	330	67
455	5 Desk 36x72 with pedistal	11/01/10	2,495		2,495	27 MMS/L	374	91
456	Gravel for Parking Lot	4/11/11	27,843		27,843	27 MMS/L	3,755	1,012
457	Chainlink fence with top rail	11/21/11	3,190		3,190	27 MMS/L	363	116
458	Monument Sign - New Y Logo	4/12/11	5,153		5,153	27 MMS/L	695	187
459	Pylon Sign - New Y Logo	4/12/11	12,886		12,886	27 MMS/L	1,738	468
460	Indoor Signs - New Y Logo	12/22/11	4,787		4,787	27 MMS/L	529	175
461	Building Sign - New Y Logo	3/31/11	8,890		8,890	27 MMS/L	1,226	323
462	Final Construction Costs	1/07/11	346,816		346,816	39 MMS/L	35,213	8,893
463	Locker Room Benches	11/28/11	3,390		3,390	27 MMS/L	385	123
464	Electric Blinds	9/02/11	48,699		48,699	27 MMS/L	5,829	1,771
465	KUBOTA BX 1860 W/ 54	8/11/11	9,148	X	2,857	7 HY 200DB	6,291	816
466	3 Elliptical Trainers	2/09/11	14,385		14,385	27 MMS/L	2,027	523
467	6 Treadmills	2/09/11	32,869		32,869	27 MMS/L	4,632	1,195
469	KUBOTA BX 1860 W/ 54	8/11/11	9,148	X	2,857	7 HY 200DB	6,291	816
470	Dell Server	7/29/11	1,690		1,690	27 MMS/L	213	61
471	35 Foot Blob	6/20/11	4,145		4,145	27 MMS/L	534	151
472	Shade & Pole Pads	9/25/12	5,760	X	2,880	15 HY 150DB	3,544	221
473	HY Fitness Center Drinking Fountain	3/13/12	2,414	X	1,207	7 HY 200DB	1,886	151
474	HY Dutch doors in Kids Gym/ASC Room	5/04/12	3,208		3,208	39 MMS/L	216	82
475	YMCA Building Sign	7/31/12	5,174	X	2,587	7 HY 200DB	4,043	323
476	Portable Aquatic Lift	4/26/12	4,960	X	2,480	7 HY 200DB	3,876	310
477	Camera System	10/02/12	6,100	X	3,050	7 HY 200DB	4,766	381
478	4 Window A/C units	6/06/12	2,069	X	1,034	7 HY 200DB	1,617	129
479	Dell T110 Server - Corp Office	11/07/12	2,288	X	1,144	5 HY 200DB	1,958	132
480	Chain link fence & Drainage ditch	9/19/13	8,750	X	4,375	15 HY 150DB	5,009	374
481	Rubber Flooring	8/19/13	9,152	X	4,576	10 HY 200DB	5,857	659
482	Window Tinting-Teen Center	8/21/13	1,100	X	550	10 HY 200DB	704	79
483	Shooting House	4/13/13	1,500	X	750	15 HY 150DB	859	64
484	Eye Wash Station	3/07/13	3,290	X	1,645	15 HY 150DB	1,884	140
485	Wood Flooring	5/07/13	9,500	X	4,750	15 HY 150DB	5,439	406
486	Office Door	11/27/13	1,350	X	675	15 HY 150DB	773	58
487	Suspension Tracking Pro Pack	1/16/13	1,356	X	678	7 HY 200DB	941	118
488	Post Pads for Shade	5/07/13	1,366	X	683	7 HY 200DB	948	119
489	Splash Pool Heater	7/16/13	3,814	X	1,907	7 HY 200DB	2,646	334
490	Spa Heater	7/31/13	3,714	X	1,857	7 HY 200DB	2,577	162
Sold/Scrapped: 1/01/15								
491	Bleachers	11/07/13	4,908	X	2,454	15 HY 150DB	2,810	210
492	5 Ceiling Fans & installation	10/14/13	2,875	X	1,437	7 HY 200DB	1,995	251
493	Walk in Cooler	10/08/13	4,818	X	2,409	7 HY 200DB	3,343	421
494	Infant Cribs	2/02/13	2,322	X	1,161	7 HY 200DB	1,611	204
495	Access Control System	9/11/13	3,525	X	1,762	5 HY 200DB	2,679	338
496	10 Cameras & DVR	10/01/13	4,696	X	2,348	7 HY 200DB	3,258	411
497	Refrigerator	10/30/13	1,803	X	901	7 HY 200DB	1,251	158
498	Infant Cribs	2/02/13	2,322	X	1,161	7 HY 200DB	1,611	204
499	Alphone Door Station	9/09/13	5,380	X	2,690	7 HY 200DB	3,733	471
500	6 Cameras	10/25/13	2,242	X	1,121	7 HY 200DB	1,556	196
501	Infant Cribs	2/02/13	2,652	X	1,326	7 HY 200DB	1,840	232
502	Intercom System	8/23/13	3,455	X	1,727	7 HY 200DB	2,397	303
503	2 DVRs	8/23/13	3,010	X	1,505	7 HY 200DB	2,089	263
504	Hot Food Serving Counter	9/19/13	1,200	X	600	7 HY 200DB	833	105
505	6 Cameras	11/08/13	2,097	X	1,048	7 HY 200DB	1,455	92
Sold/Scrapped: 8/26/15								
506	7 Elliptical Machines	2/21/13	42,260	X	21,130	7 HY 200DB	29,323	3,696
507	13 Treadmills	2/22/13	78,745	X	39,372	7 HY 200DB	54,639	6,888
508	SwitchVox Voice System	12/05/13	6,191	X	3,096	7 HY 200DB	4,295	542
509	SwitchVox Voice System	12/03/13	8,283	X	4,141	7 HY 200DB	5,747	725
519	5 Desks	6/16/08	2,775		2,775	27 MMS/L	660	101
520	3-Series Steppers 2 of 3	6/01/08	3,895		3,895	27 MMS/L	927	141
521	3-Series Steppers 3 of 3	6/01/08	3,895		3,895	27 MMS/L	927	141
522	2 Total Body Arc Trainer 2 of 2	6/01/08	5,560		5,560	27 MMS/L	1,323	202
523	5 36x36 Mahogany Tables 2 of 5	11/01/10	128		128	27 MMS/L	19	5
524	5 36x36 Mahogany Tables 3 of 5	11/01/10	128		128	27 MMS/L	19	5
525	5 36x36 Mahogany Tables 4 of 5	11/01/10	128		128	27 MMS/L	19	5
526	5 36x36 Mahogany Tables 5 of 5	11/01/10	128		128	27 MMS/L	19	5
527	6 - 24 Round Tables 2 of 6	11/01/10	81		81	27 MMS/L	12	3
528	6 - 24 Round Tables 3 of 6	11/01/10	81		81	27 MMS/L	12	3
529	6 - 24 Round Tables 4 of 6	11/01/10	81		81	27 MMS/L	12	3
530	6 - 24 Round Tables 5 of 6	11/01/10	81		81	27 MMS/L	12	3
531	6 - 24 Round Tables 6 of 6	11/01/10	81		81	27 MMS/L	12	3

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
532	12 Lenovo ThinkCentre Comput 2 of 12 Sold/Scrapped: 6/30/15	11/01/10	674			674	27 MMS/L	101	11
533	12 Lenovo ThinkCentre Comput 3 of 12	11/01/10	674			674	27 MMS/L	101	25
534	12 Lenovo ThinkCentre Comput 4 of 12	11/01/10	674			674	27 MMS/L	101	25
535	12 Lenovo ThinkCentre Comput 5 of 12	11/01/10	674			674	27 MMS/L	101	25
536	12 Lenovo ThinkCentre Comput 6 of 12	11/01/10	674			674	27 MMS/L	101	25
537	12 Lenovo ThinkCentre Comput 7 of 12	11/01/10	674			674	27 MMS/L	101	25
538	12 Lenovo ThinkCentre Comput 8 of 12	11/01/10	674			674	27 MMS/L	101	25
539	12 Lenovo ThinkCentre Comput 9 of 12	11/01/10	674			674	27 MMS/L	101	25
540	12 Lenovo ThinkCentre Comput 10 of 12	11/01/10	674			674	27 MMS/L	101	25
541	12 Lenovo ThinkCentre Comput 11 of 12	11/01/10	674			674	27 MMS/L	101	25
542	12 Lenovo ThinkCentre Comput 12 of 12	11/01/10	674			674	27 MMS/L	101	25
543	18 Spinners w/computer 2 of 18 Sold/Scrapped: 12/15/15	11/01/10	1,303			1,303	27 MMS/L	195	46
544	18 Spinners w/computer 3 of 18 Sold/Scrapped: 12/15/15	11/01/10	1,303			1,303	27 MMS/L	195	46
545	18 Spinners w/computer 4 of 18 Sold/Scrapped: 12/15/15	11/01/10	1,303			1,303	27 MMS/L	195	46
546	18 Spinners w/computer 5 of 18 Sold/Scrapped: 12/15/15	11/01/10	1,303			1,303	27 MMS/L	195	46
547	18 Spinners w/computer 6 of 18 Sold/Scrapped: 12/15/15	11/01/10	1,303			1,303	27 MMS/L	195	46
548	18 Spinners w/computer 7 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
549	18 Spinners w/computer 8 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
550	18 Spinners w/computer 9 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
551	18 Spinners w/computer 10 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
552	18 Spinners w/computer 11 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
553	18 Spinners w/computer 12 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
554	18 Spinners w/computer 13 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
555	18 Spinners w/computer 14 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
556	18 Spinners w/computer 15 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
557	18 Spinners w/computer 16 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
558	18 Spinners w/computer 17 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
559	18 Spinners w/computer 18 of 18	11/01/10	1,303			1,303	27 MMS/L	195	48
560	8 Cardio Experience Serices 2 of 8 Sold/Scrapped: 12/15/15	11/01/10	5,695			5,695	27 MMS/L	854	199
561	8 Cardio Experience Serices 3 of 8 Sold/Scrapped: 12/15/15	11/01/10	5,695			5,695	27 MMS/L	854	199
562	8 Cardio Experience Serices 4 of 8 Sold/Scrapped: 12/15/15	11/01/10	5,695			5,695	27 MMS/L	854	199
563	8 Cardio Experience Serices 5 of 8 Sold/Scrapped: 12/15/15	11/01/10	5,695			5,695	27 MMS/L	854	199
564	8 Cardio Experience Serices 6 of 8 Sold/Scrapped: 12/15/15	11/01/10	5,695			5,695	27 MMS/L	854	199
565	8 Cardio Experience Serices 7 of 8	11/01/10	5,695			5,695	27 MMS/L	854	207
566	8 Cardio Experience Serices 8 of 8	11/01/10	5,695			5,695	27 MMS/L	854	207
567	18 Treadmills 2 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
568	18 Treadmills 3 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
569	18 Treadmills 4 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
570	18 Treadmills 5 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
571	18 Treadmills 6 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
572	18 Treadmills 7 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
573	18 Treadmills 8 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
574	18 Treadmills 9 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
575	18 Treadmills 10 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
576	18 Treadmills 11 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
577	18 Treadmills 12 of 18 Sold/Scrapped: 12/15/15	11/01/10	5,595			5,595	27 MMS/L	839	195
578	18 Treadmills 13 of 18	11/01/10	5,595			5,595	27 MMS/L	839	204
579	18 Treadmills 14 of 18	11/01/10	5,595			5,595	27 MMS/L	839	204
580	18 Treadmills 15 of 18	11/01/10	5,595			5,595	27 MMS/L	839	204

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
581	18 Treadmills 16 of 18	11/01/10	5,595			5,595	27 MMS/L	839	204
582	18 Treadmills 17 of 18	11/01/10	5,595			5,595	27 MMS/L	839	204
583	18 Treadmills 18 of 18	11/01/10	5,595			5,595	27 MMS/L	839	204
584	2 Hip Abductions 2 of 2	11/01/10	2,752			2,752	27 MMS/L	413	100
585	2 Pool Tables 2 of 2	11/01/10	1,435			1,435	27 MMS/L	215	52
586	2 Desert Air Compressors 2 of 2	6/01/10	7,138			7,138	27 MMS/L	1,179	259
602	8 EFX 576i Cardio Equipment 2 of 8	9/24/10	5,695			5,695	27 MMS/L	889	207
603	8 EFX 576i Cardio Equipment 3 of 8	9/24/10	5,695			5,695	27 MMS/L	889	207
604	8 EFX 576i Cardio Equipment 4 of 8	9/24/10	5,695			5,695	27 MMS/L	889	207
605	8 EFX 576i Cardio Equipment 5 of 8	9/24/10	5,695			5,695	27 MMS/L	889	207
606	8 EFX 576i Cardio Equipment 6 of 8	9/24/10	5,695			5,695	27 MMS/L	889	207
607	8 EFX 576i Cardio Equipment 7 of 8	9/24/10	5,695			5,695	27 MMS/L	889	207
608	8 EFX 576i Cardio Equipment 8 of 8	9/24/10	5,695			5,695	27 MMS/L	889	207
687	Airnasium	1/15/14	77,708		X	38,854	15 HY 150DB	40,797	3,691
688	Outdoor Pool	5/31/14	664,923		X	332,462	15 HY 150DB	349,084	31,584
689	Fence-Outdoor Pool	7/28/14	16,652		X	8,326	15 HY 150DB	8,742	791
690	Outdoor Pool Slide	5/01/14	17,941		X	8,970	7 HY 200DB	10,252	2,197
691	Pool Heater	1/31/14	5,300		X	2,650	7 HY 200DB	3,029	649
692	Chemical Controllers and feed pumps	12/31/14	9,570		X	4,785	7 HY 200DB	5,469	1,171
693	100 Folding Chairs	12/29/14	1,297		X	648	7 HY 200DB	741	159
694	77 X 12 Trailer	6/17/14	1,550		X	775	7 HY 200DB	886	190
695	Dell Optiplex 3020 Desktop Mship Dir Asst	7/23/14	1,064		X	532	5 HY 200DB	638	171
696	Outdoor Pool Supplies	5/14/14	13,944		X	6,972	7 HY 200DB	7,968	1,707
697	Tomcat Miminag 28" Edge Scrubber Used	12/30/14	3,600			3,600	7 HY 200DB	514	882
698	56 Mattresses	10/16/14	4,652		X	2,326	7 HY 200DB	2,658	570
699	DTY- 5 Computers	3/14/14	4,575		X	2,287	5 HY 200DB	2,745	732
700	Marketing-Dell 15" Laptop	3/14/14	2,264		X	1,132	5 HY 200DB	1,358	362
701	Fundraising-Dell 15.4" Laptop	3/14/14	796		X	398	5 HY 200DB	477	128
702	2 Dell Optiplex 3020 Desktops	6/30/14	1,830		X	915	5 HY 200DB	1,098	293
703	1 eSpinners	9/24/10	3,709			3,709	27 MMS/L	579	135
			<u>26,618,517</u>			<u>25,685,247</u>		<u>6,568,129</u>	<u>813,713</u>

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**ACRS:**

1	SWIMMING POOL	1/01/81	20,670			20,670	15 MMPRE	20,670	0
2	IMFIRMARY REMODEL	7/01/85	9,006			9,006	19 MMPRE	9,006	0
			Sold/Scrapped: 6/30/15						
<b>Total ACRS Depreciation</b>			<u>29,676</u>			<u>29,676</u>		<u>29,676</u>	<u>0</u>

**Other Depreciation:**

10	BUILDING II	10/10/64	255,000			255,000	40 MO200DB	255,000	0
11	BUILDING IV	1/01/56	106,000			106,000	40 MO200DB	106,000	0
20	LAND	6/04/63	38,595			38,595	0 -- Land	0	0
21	LAND	6/12/63	35,000			35,000	0 -- Land	0	0
22	HAZEL GREEN LAND	12/26/96	34,200			34,200	0 -- Land	0	0
135	18.87 acres land Hughes Rd Madison	12/08/06	2,634,846			2,634,846	0 -- Land	0	0
<b>Total Other Depreciation</b>			<u>3,103,641</u>			<u>3,103,641</u>		<u>361,000</u>	<u>0</u>

<b>Total ACRS and Other Depreciation</b>			<u>3,133,317</u>			<u>3,133,317</u>		<u>390,676</u>	<u>0</u>
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<b>Grand Totals</b>			30,766,570			29,577,577		6,958,805	1,115,441
<b>Less: Dispositions and Transfers</b>			358,485			352,391		85,203	7,379
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>30,408,085</u>			<u>29,225,186</u>		<u>6,873,602</u>	<u>1,108,062</u>

58-2058795

**Bonus Depreciation Report**

FYE: 12/31/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
609	High Challenge Ropes Course	9/02/15	38,652		0	19,326	0	19,326
23	LANDSCAPING	11/01/03	21,627	100	0	0	10,814	10,813
34	SPEAKERS & WIRELESS MICROPHONE-	11/01/03	3,589	100	0	0	1,795	1,794
36	20 STEREO TV	11/01/03	170	100	0	0	85	85
37	20: TV/DVD/VCR COMBO	11/01/03	410	100	0	0	205	205
39	DELL OPTIPLEX COMPUTER	11/01/03	1,047	100	0	0	524	523
40	SERVER SWITCH	11/01/03	509	100	0	0	255	254
41	DUMBELLS/EXERCISE MATS	11/04/03	1,179	100	0	0	590	589
42	FITNESS CENTER MIRRORS	11/05/03	814	100	0	0	407	407
43	AUTOMATIC DEFIBILLATORS	11/06/03	9,365	100	0	0	4,683	4,682
46	TASK CHAIR	11/12/03	249	100	0	0	125	124
47	HON DESK W/ RETURN & PEDESTALS	11/26/03	833	100	0	0	417	416
48	FITNESS EQUIPMENT - AEROBICS	11/01/03	1,873	100	0	0	936	937
49	INDOOR PRIME PLAYSYSTEM--Y TIKES	11/01/03	36,442	100	0	0	18,221	18,221
50	IRON PLATES -- WEIGHTS	11/01/03	6,522	100	0	0	3,261	3,261
51	OUTDOOR PLAYGROUND EQUIPMENT	11/01/03	14,064	100	0	0	7,032	7,032
52	12 ZEUBRA CHAIRS	11/01/03	6,444	100	0	0	3,222	3,222
53	3 END TABLES 24X24X24	11/01/03	450	100	0	0	225	225
54	COFFEE TABLES	11/01/03	241	100	0	0	121	120
57	18 CHAIRS - CHILDCARE	11/01/03	288	100	0	0	144	144
58	TASK CHAIR W/ ARMS - CHILDCARE	11/01/03	249	100	0	0	125	124
59	66X30 DESK - CHILDCARE	11/01/03	663	100	0	0	332	331
62	6 - 66 X 30 DESKS	11/01/03	4,350	100	0	0	2,175	2,175
63	7-4 DRAWER VERTICAL FILE CABINET:	11/01/03	1,666	100	0	0	833	833
64	5 MID-BACK TASK CHAIRS W/ ARMS --1	11/01/03	1,245	100	0	0	623	622
65	4 GUEST CHAIRS - NAVY	11/01/03	600	100	0	0	300	300
66	HIGH BACK MGR CHAIR W/ARMS - BUF	11/01/03	273	100	0	0	136	137
67	3 MID-BACK TASK CHAIRS W/ARMS -- 1	11/01/03	747	100	0	0	374	373
68	5 GUEST CHAIRS -- BURGUNDY	11/01/03	750	100	0	0	375	375
69	SAMBA KEYBOARD	11/01/03	165	100	0	0	83	82
70	66 CHAIRS W/OUT ARMS -- COMMUNIT	11/01/03	2,240	100	0	0	4,620	4,620
71	6 CHAIR DOLLY -- COMMUNITY ROOM	11/01/03	936	100	0	0	468	468
72	7 FOLDING TABLES - WHITE SPECKLEI	11/01/03	445	100	0	0	207	206
73	DOLLY -- COMMUNITY ROOM	11/01/03	209	100	0	0	105	104
74	OLYMPIC WEIGHT SYSTEM	11/01/03	6,437	100	0	0	3,219	3,218
76	POOL SAFETY EQUIPMENT (LIFE VEST,	12/14/03	1,040	100	0	0	520	520
77	BLACK FENCE AROUND INDOOR POOL	12/08/03	2,065	100	0	0	1,033	1,032
94	HVAC IN DINNING HALL	7/15/03	20,000	100	0	0	10,000	10,000
95	ROPES COURSE	7/15/03	10,434	100	0	0	5,217	5,217
96	AMPHITHEATER	7/15/03	16,908	100	0	0	8,454	8,454
97	POOL LINER	7/15/03	4,125	100	0	0	2,063	2,062
102	Fence - Preschool Play Area	8/10/04	970	100	0	0	485	485
103	Fence - Ball Fields	5/05/04	5,750	100	0	0	2,875	2,875
104	Fence with Gate - Volleyball Area	5/11/04	5,000	100	0	0	2,500	2,500
109	Carpet - Day care	8/05/04	3,140	100	0	0	1,570	1,570
110	Benches for Steamroom	1/12/04	668	100	0	0	334	334
112	10 Picnic Tables	5/21/04	648	100	0	0	324	324
114	SE Child Care Furniture	7/28/04	5,833	100	0	0	2,916	2,917
115	NW Child Care Furniture	6/09/04	10,533	100	0	0	5,266	5,267
116	Desktop Optiplex 2.4 Ghz	1/07/04	1,037	100	0	0	519	518
117	Compaq/HP Desktop Computer	6/30/04	1,069	100	0	0	535	534
118	Playground Equipment	8/19/04	26,725	100	0	0	13,363	13,362
119	Delfield Cooler	7/14/04	1,700	100	0	0	850	850
120	20 CF Refrigerator	7/28/04	544	100	0	0	272	272
164	spa Safety Release & Booster Pump	12/22/08	1,464	100	0	0	732	732
256	Playground Equipment	11/24/09	29,246	100	0	0	14,623	14,623
263	DTCC Interior Wall Trim	5/24/04	4,435	100	0	0	2,218	2,217
271	DTCC HVAC	5/15/08	3,000	100	0	0	1,500	1,500
349	Customized Play Structure	11/01/10	174,950	100	0	0	135,917	39,033
425	Security System - ViewSonic 26 VGA Moni	11/01/10	3,607	100	0	0	2,803	804
426	Security System	11/01/10	5,214	100	0	0	4,051	1,163
427	Security System - Revision #3	11/01/10	17,613	100	0	0	13,684	3,929
438	Plastic Lockers	11/01/10	101,391	100	0	0	78,769	22,622
465	KUBOTA BX 1860 W/ 54	8/11/11	9,148	100	0	0	6,291	2,857
469	KUBOTA BX 1860 W/ 54	8/11/11	9,148	100	0	0	6,291	2,857
472	Shade & Pole Pads	9/25/12	5,760		0	0	2,880	2,880
473	HY Fitness Center Drinking Fountain	3/13/12	2,414		0	0	1,207	1,207
475	YMCA Building Sign	7/31/12	5,174		0	0	2,587	2,587
476	Portable Acquatic Lift	4/26/12	4,960		0	0	2,480	2,480

58-2058795

**Bonus Depreciation Report**

FYE: 12/31/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1 (continued)</b>								
477	Camera System	10/02/12	6,100		0	0	3,050	3,050
478	4 Window A/C units	6/06/12	2,069		0	0	1,035	1,034
479	Dell T110 Server - Corp Office	11/07/12	2,288		0	0	1,144	1,144
480	Chain link fence & Drainage ditch	9/19/13	8,750		0	0	4,375	4,375
481	Rubber Flooring	8/19/13	9,152		0	0	4,576	4,576
482	Window Tinting-Teen Center	8/21/13	1,100		0	0	550	550
483	Shooting House	4/13/13	1,500		0	0	750	750
484	Eye Wash Station	3/07/13	3,290		0	0	1,645	1,645
485	Wood Flooring	5/07/13	9,500		0	0	4,750	4,750
486	Office Door	11/27/13	1,350		0	0	675	675
487	Suspension Tracking Pro Pack	1/16/13	1,356		0	0	678	678
488	Post Pads for Shade	5/07/13	1,366		0	0	683	683
489	Splash Pool Heater	7/16/13	3,814		0	0	1,907	1,907
490	Spa Heater	7/31/13	3,714		0	0	1,857	1,857
491	Bleachers	11/07/13	4,908		0	0	2,454	2,454
492	5 Ceiling Fans & installation	10/14/13	2,875		0	0	1,438	1,437
493	Walk in Cooler	10/08/13	4,818		0	0	2,409	2,409
494	Infant Cribs	2/02/13	2,322		0	0	1,161	1,161
495	Access Control System	9/11/13	3,525		0	0	1,763	1,762
496	10 Cameras & DVR	10/01/13	4,696		0	0	2,348	2,348
497	Refrigerator	10/30/13	1,803		0	0	902	901
498	Infant Cribs	2/02/13	2,322		0	0	1,161	1,161
499	Alphone Door Station	9/09/13	5,380		0	0	2,690	2,690
500	6 Cameras	10/25/13	2,242		0	0	1,121	1,121
501	Infant Cribs	2/02/13	2,652		0	0	1,326	1,326
502	Intercom System	8/23/13	3,455		0	0	1,728	1,727
503	2 DVRs	8/23/13	3,010		0	0	1,505	1,505
504	Hot Food Serving Counter	9/19/13	1,200		0	0	600	600
505	6 Cameras	11/08/13	2,097		0	0	1,049	1,048
506	7 Elliptical Machines	2/21/13	42,260		0	0	21,130	21,130
507	13 Treadmills	2/21/13	38,745		0	0	39,373	39,372
508	SwitchVox Voice System	12/05/13	3,191		0	0	3,095	3,096
509	SwitchVox Voice System	12/03/13	8,285		0	0	4,142	4,141
610	Rubber floor-Multi purpose & spin room	3/27/15	10,100		0	5,050	0	5,050
612	Natorium Sprinkler Upgrade	10/23/15	15,840		0	7,920	0	7,920
616	Steam Generator-Mens/Wom. Steam Rms	3/05/15	5,062		0	2,531	0	2,531
617	Desert Air 5.7 Ton Tran Compressor w/ cooli	6/25/15	15,176		0	7,588	0	7,588
618	Install 250K BTU Gas Heater for Spa	1/01/15	3,250		0	1,625	0	1,625
619	Locker Room Condenser Fans	8/28/15	3,400		0	1,700	0	1,700
620	3 Ton HVAC-SECC	12/22/15	6,495		0	3,248	0	3,247
621	10 Ton SE Y Rubber Room	12/22/15	12,894		0	6,447	0	6,447
623	Fit Room Rubber Flooring	8/27/15	37,190		0	18,595	0	18,595
624	Mini Mag Floor Scrubber	1/30/15	7,485		0	3,743	0	3,742
625	Pressure Cleaner	3/04/15	1,747		0	873	0	874
626	Security Camera System	6/30/15	30,497		0	15,249	0	15,248
627	Water Softner	12/30/15	5,837		0	2,918	0	2,919
628	Express HD Upright #22605	3/05/15	5,398		0	2,699	0	2,699
629	Express HD Recumbant #23342	4/02/15	6,093		0	3,047	0	3,046
630	Spinner #L01036	3/24/15	1,338		0	669	0	669
631	Spinner #L01037	3/24/15	1,338		0	669	0	669
632	Spinner #L01079	3/24/15	1,338		0	669	0	669
633	Spinner #L001103	3/24/15	1,338		0	669	0	669
634	Full Commercial Lateral Trainer #10593	4/16/15	6,383		0	3,192	0	3,191
635	Full Copmercial Lateral Trainer #10587	4/16/15	6,383		0	3,192	0	3,191
636	Ascent Trainer #105252	3/26/15	5,883		0	2,942	0	2,941
637	Ascent Trainer #105249	3/26/15	5,883		0	2,942	0	2,941
638	Climbmill #101453	3/26/15	5,883		0	2,942	0	2,941
639	Climbmill #101451	3/26/15	5,883		0	2,942	0	2,941
640	Recumbent #150204829	3/26/15	3,813		0	1,906	0	1,907
641	Outdoor Pool Surveillance System	1/07/15	4,555		0	2,277	0	2,278
642	Pressure Cleaner	3/04/15	1,747		0	873	0	874
643	100 Folding Chairs/Storage Caddie for Event	3/03/15	2,135		0	1,067	0	1,068
644	4-Heet Benches 6 x 20	3/20/15	1,625		0	813	0	812
645	Pool Deck Shade 27x18x9	4/13/15	8,446		0	4,223	0	4,223
646	Haywood Pool/Spa Heater	3/26/15	9,290		0	4,645	0	4,645
647	400K Hayward Pool Heater	11/09/15	3,300		0	1,650	0	1,650
648	Expresso HD Upright #23178	3/05/15	5,696		0	2,848	0	2,848
649	Expresso HD Upright #23179	3/05/15	5,696		0	2,848	0	2,848
650	AMT 885 Open Stride Preva NTSC	3/12/15	8,142		0	4,071	0	4,071

58-2058795

**Bonus Depreciation Report**

FYE: 12/31/2015

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1 (continued)</b>								
651	AMT 885 Open Stride Preva NTSC	3/12/15	8,142		0	4,071	0	4,071
652	Spinner #L01045	3/25/15	1,327		0	664	0	663
653	Spinner #L01048	3/25/15	1,327		0	664	0	663
654	Spinner #L01071	3/25/15	1,327		0	664	0	663
655	Spinner #L01073	3/25/15	1,327		0	664	0	663
656	Spinner #L01075	3/25/15	1,327		0	664	0	663
657	Spinner #L01078	3/25/15	1,327		0	664	0	663
658	Spinner #L01081	3/25/15	1,327		0	664	0	663
659	Full Commercial Lateral Trainer #10596	4/16/15	3,975		0	1,988	0	1,987
660	Full Commercial Lateral Trainer #90349	4/16/15	3,975		0	1,988	0	1,987
661	Climbmill #101286	3/26/15	5,899		0	2,950	0	2,949
662	Climbmill #101284	3/26/15	5,899		0	2,950	0	2,949
663	2-21'Tipi Cover & Door	7/06/15	4,214		0	2,107	0	2,107
664	20-72' round plywood Tables w/Cart	6/11/15	4,100		0	2,050	0	2,050
665	15 Mattresses	6/17/15	1,327		0	663	0	664
666	Convection Oven	7/03/15	3,100		0	1,550	0	1,550
667	SECD Camera System	8/28/15	2,545		0	1,272	0	1,273
668	Security System with Cameras	8/26/15	3,167		0	1,584	0	1,583
669	Cleaning Machine	3/04/15	1,747		0	873	0	874
670	16 Security Camera System	8/31/15	8,098		0	4,049	0	4,049
671	Steam Generator	11/02/15	5,913		0	2,956	0	2,957
672	Lockers	12/08/15	19,536		0	9,768	0	9,768
673	Espresso HD Upright #23185	3/05/15	5,893		0	2,947	0	2,946
674	Jacobs Ladder Climber	4/16/15	4,057		0	2,029	0	2,028
675	Full Commercial Lateral Trainer	4/16/15	8,809		0	4,405	0	4,404
676	Climbmill #101283	3/26/15	5,871		0	2,936	0	2,935
677	Ascent Trainer #105253	3/26/15	5,871		0	2,936	0	2,935
678	Recumbent #150204830	3/26/15	3,805		0	1,902	0	1,903
679	Lenova Computers -COO	11/24/15	978		0	489	0	489
680	Lenova Computers -CFO	11/24/15	978		0	489	0	489
681	Lenova Computers -Marketing	11/24/15	978		0	489	0	489
682	Lenova Computers -Executive Assistant	11/24/15	978		0	489	0	489
683	Lenova Computers -Annual Giving Director	11/24/15	978		0	489	0	489
684	Lenova Computers -Youth Service Director	11/24/15	978		0	489	0	489
685	Lenova Computers -Human Resources	11/24/15	978		0	489	0	489
686	DT Men's Locker Room Renovations	12/28/15	25,115		0	12,558	0	12,557
687	Airnasium	1/15/14	77,708		0	0	38,854	38,854
688	Outdoor Pool	5/31/14	664,923		0	0	332,461	332,462
689	Fence-Outdoor Pool	7/28/14	16,652		0	0	8,326	8,326
690	Outdoor Pool Slide	5/01/14	17,941		0	0	8,971	8,970
691	Pool Heater	1/31/14	5,300		0	0	2,650	2,650
692	Chemical Controllars and feed pumps	12/31/14	9,570		0	0	4,785	4,785
693	100 Folding Chairs	12/29/14	1,297		0	0	649	648
694	77 X 12 Trailer	6/17/14	1,550		0	0	775	775
695	Dell Optiplex 3020 Desktop Mship Dir Asst	7/23/14	1,064		0	0	532	532
696	Outdoor Pool Supplies	5/14/14	13,944		0	0	6,972	6,972
698	56 Mattresses	10/16/14	4,652		0	0	2,326	2,326
699	DTY- 5 Computers	3/14/14	4,575		0	0	2,288	2,287
700	Marketing-Dell 15" Laptop	3/14/14	2,264		0	0	1,132	1,132
701	Fundraising-Dell 15.4" Laptop	3/14/14	796		0	0	398	398
702	2 Dell Optiplex 3020 Desktops	6/30/14	1,830		0	0	915	915
704	770 Arc Trainer w/E3 #772A686N	12/20/15	6,055		0	3,027	0	3,028
705	770AT Total Body Arc w/E3 #AT335N	12/20/15	6,271		0	3,135	0	3,136
706	Ascent Trainer #10106357	12/20/15	5,299		0	2,650	0	2,649
707	Ascent Trainer #1006359	12/20/15	5,299		0	2,650	0	2,649
708	Recumbent R7XE-05 #1007426	12/20/15	3,499		0	1,750	0	1,749
709	Recumbent R7XE-05 #1007425	12/20/15	3,499		0	1,750	0	1,749
710	Upright U7XE-05 #1008442	12/20/15	3,199		0	1,600	0	1,599
711	Upright U7XE-05 #1008456	12/20/15	3,199		0	1,600	0	1,599
712	Upright U7XE-05 #1008457	12/20/15	3,199		0	1,600	0	1,599
713	IC7-02 MX Spin Bike #6014A15G	12/20/15	1,500		0	750	0	750
714	IC7-02 MX Spin Bike #6015A15G	12/20/15	1,500		0	750	0	750
715	IC7-02 MX Spin Bike #6016A15G	12/20/15	1,500		0	750	0	750
716	IC7-02 MX Spin Bike #6017A15G	12/20/15	1,500		0	750	0	750
717	IC7-02 MX Spin Bike #6284A15H	12/20/15	1,500		0	750	0	750
718	IC7-02 MX Spin Bike #6285A15H	12/20/15	1,500		0	750	0	750
719	IC7-02 MX Spin Bike #6286A15H	12/20/15	1,500		0	750	0	750
720	IC7-02 MX Spin Bike #6287A15H	12/20/15	1,500		0	750	0	750
721	IC7-02 MX Spin Bike #6288A15H	12/20/15	1,500		0	750	0	750

**Bonus Depreciation Report**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1 (continued)</b>								
			<b>Form 990, Page 1</b>			255,723	933,270	1,014,401
			<b>*Less: Dispositions and Transfers</b>			0	6,094	6,094
			<b>Net Form 990, Page 1</b>			<u>255,723</u>	<u>927,176</u>	<u>1,008,307</u>
			<b>Grand Total</b>			255,723	933,270	1,014,401
			<b>Less: Dispositions and Transfers</b>			0	6,094	6,094
			<b>Net Grand Total</b>			<u>255,723</u>	<u>927,176</u>	<u>1,008,307</u>

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**Depreciation Adjustment Report****All Business Activities**AMT  
Adjustments/  
Preferences

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	52	12 ZEUBRA CHAIRS	0	0	0
Page 1	1	112	10 Picnic Tables	0	0	0
Page 1	1	131	2 HP Pavilion DV1610US laptops	14	31	-17
Page 1	1	190	3-E Series Treadmills w/PVS Kit	50	238	-188
Page 1	1	258	189 Mattresses	20	20	0
Page 1	1	308	3 eSpinners	269	269	0
Page 1	1	687	Airnasium	3,691	3,691	0
Page 1	1	688	Outdoor Pool	31,584	31,584	0
Page 1	1	689	Fence-Outdoor Pool	791	791	0
Page 1	1	690	Outdoor Pool Slide	2,197	2,197	0
Page 1	1	691	Pool Heater	649	649	0
Page 1	1	692	Chemical Controllers and feed pumps	1,171	1,171	0
Page 1	1	693	100 Folding Chairs	159	159	0
Page 1	1	694	77 X 12 Trailer	190	190	0
Page 1	1	695	Dell Optiplex 3020 Desktop Mship Dir Asst	171	171	0
Page 1	1	696	Outdoor Pool Supplies	1,707	1,707	0
Page 1	1	697	Tomcat Miminag 28" Edge Scrubber Used	882	688	194
Page 1	1	698	56 Mattresses	570	570	0
Page 1	1	699	DTY- 5 Computers	732	732	0
Page 1	1	700	Marketing-Dell 15" Laptop	362	362	0
Page 1	1	701	Fundraising-Dell 15.4" Laptop	128	128	0
Page 1	1	702	2 Dell Optiplex 3020 Desktops	293	293	0
Page 1	1	703	1 eSpinners	135	135	0
				<u>45,765</u>	<u>45,776</u>	<u>-11</u>

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Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning

, ending

Name

Taxpayer Identification Number

**Young Men's Christian Association  
of Metropolitan Huntsville Alabama****58-2058795**

		2014	2015	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	272,307	291,044	18,737
	2. Membership dues and assessments			
	3. Government contributions and grants	38,140	27,140	-11,000
	4. Program service revenue	6,987,395	7,080,085	92,690
	5. Investment income	4,410	2,633	-1,777
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-1,512	-37,294	-35,782
	8. Net income or (loss) from fundraising events	-3,155	22,412	25,567
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>7,297,585</b>	<b>7,386,020</b>	<b>88,435</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	236,014		-236,014
	16. Salaries, other compensation, and employee benefits	3,036,668	3,525,669	489,001
	17. Professional fundraising fees			
	18. Other professional fees	25,869	32,122	6,253
	19. Occupancy, rent, utilities, and maintenance	691,804	695,227	3,423
	20. Depreciation and Depletion	1,084,806	1,092,875	8,069
	21. Other expenses	2,686,905	2,652,622	-34,283
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>7,762,066</b>	<b>7,998,515</b>	<b>236,449</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-464,481</b>	<b>-612,495</b>	<b>-148,014</b>
<b>Other Information</b>	24. Total exempt revenue	7,297,585	7,386,020	88,435
	25. Total unrelated revenue			
	26. Total excludable revenue	6,990,293	7,045,424	55,131
	27. Total assets	25,020,154	23,854,932	-1,165,222
	28. Total liabilities	19,259,080	18,708,353	-550,727
	29. Retained earnings	5,761,074	5,146,579	-614,495
	30. Number of voting members of governing body	25	24	
	31. Number of independent voting members of governing body	24	23	
	32. Number of employees	618	668	
	33. Number of volunteers	573	501	

Form **990****Tax Return History****2015**Name **Young Men's Christian Association  
of Metropolitan Huntsville Alabama**Employer Identification Number  
**58-2058795**

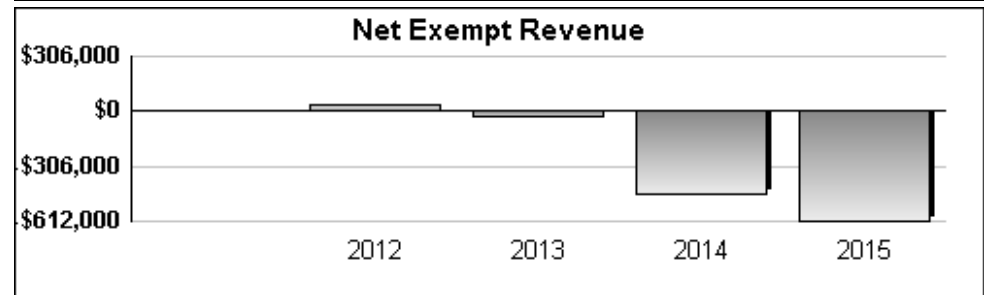
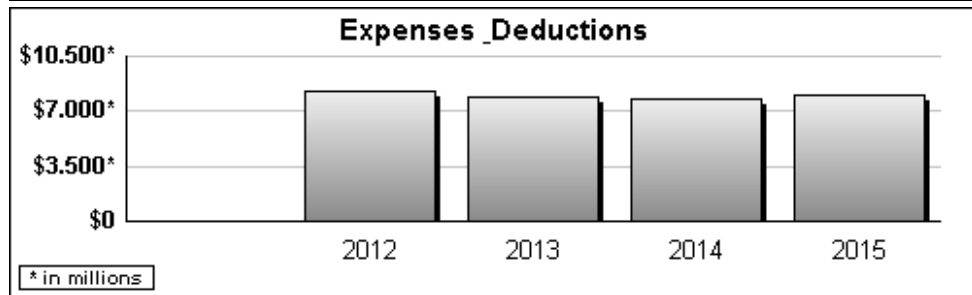
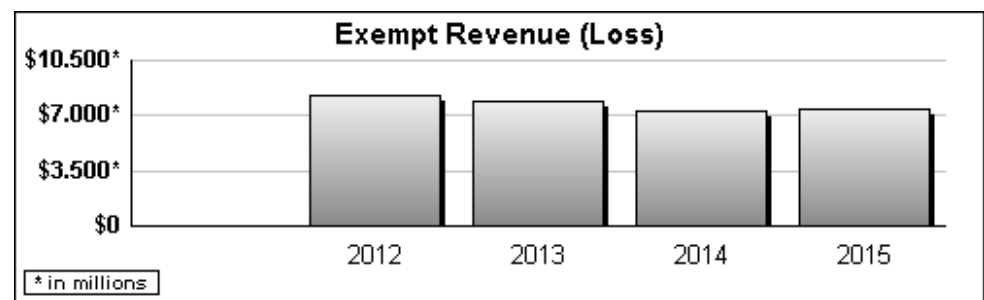
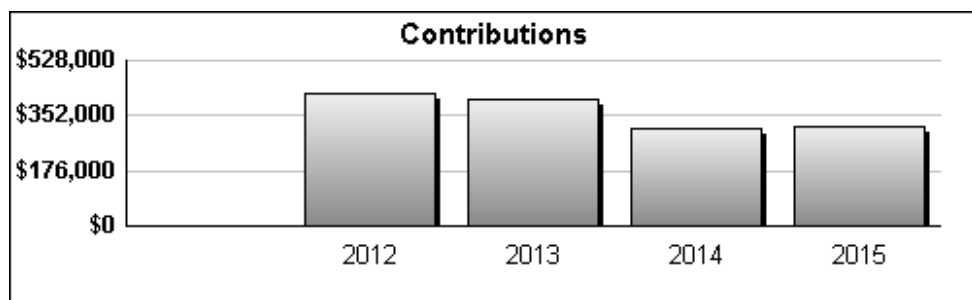
	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		422,421	403,165	310,447	318,184	
Membership dues						
Program service revenue		7,837,588	7,569,436	6,987,395	7,080,085	
Capital gain or loss		-682	-8,761	-1,512	-37,294	
Investment income		9,397	5,964	4,410	2,633	
Fundraising revenue (income/loss)		-31,411	-33,810	-3,155	22,412	
Gaming revenue (income/loss)						
Other revenue		53,462				
<b>Total revenue</b>		<b>8,290,775</b>	<b>7,935,994</b>	<b>7,297,585</b>	<b>7,386,020</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		293,220	318,633	236,014		
Other compensation		3,374,072	3,223,906	3,036,668	3,525,669	
Professional fees			29,807	25,869	32,122	
Occupancy costs		615,592	691,072	691,804	695,227	
Depreciation and depletion		1,109,616	1,078,166	1,084,806	1,092,875	
Other expenses		2,781,291	2,624,791	2,686,905	2,652,622	
<b>Total expenses</b>		<b>8,253,791</b>	<b>7,966,375</b>	<b>7,762,066</b>	<b>7,998,515</b>	
<b>Excess or (Deficit)</b>		<b>36,984</b>	<b>-30,381</b>	<b>-464,481</b>	<b>-612,495</b>	
Total exempt revenue		8,290,775	7,935,994	7,297,585	7,386,020	
Total unrelated revenue						
Total excludable revenue		8,290,775	7,566,639	6,990,293	7,045,424	
Total Assets		27,158,823	26,423,177	25,020,154	23,854,932	
Total Liabilities		20,640,665	20,081,000	19,259,080	18,708,353	
Net Fund Balances		6,518,158	6,342,177	5,761,074	5,146,579	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2015</b>
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Name <b>Young Men's Christian Association of Metropolitan Huntsville Alabama</b>	Employer Identification Number <b>58-2058795</b>
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

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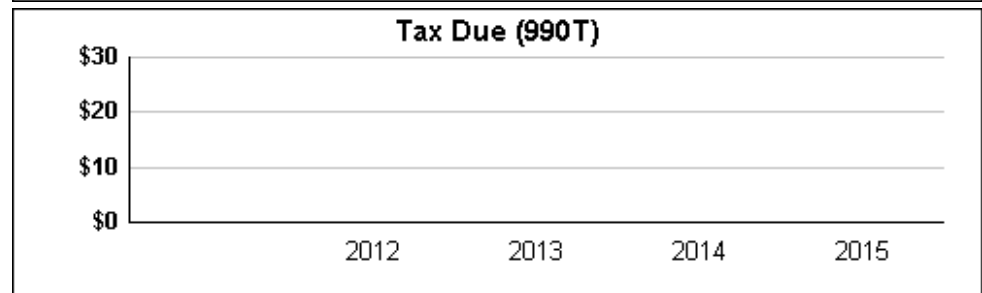
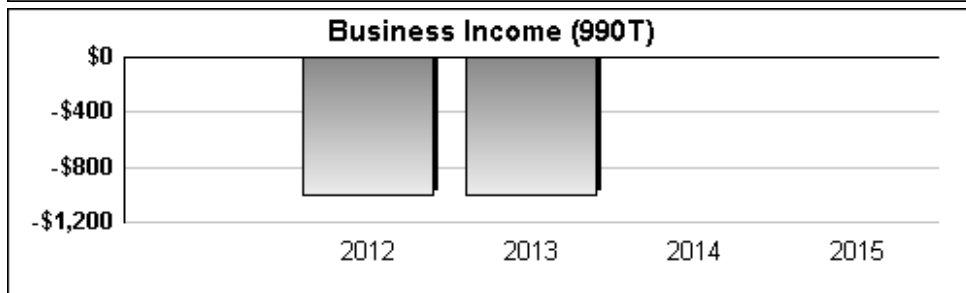
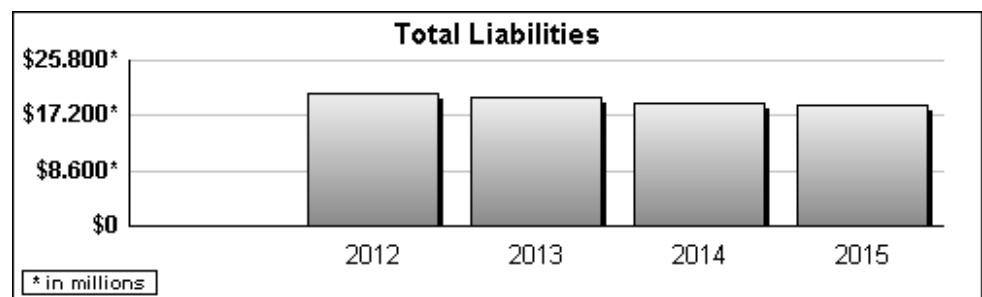
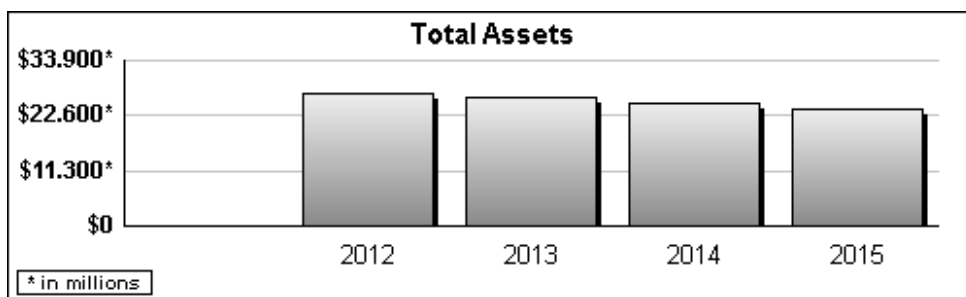
Form <b>990T</b>	<b>Tax Return History</b>	<b>2015</b>
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Name <b>Young Men's Christian Association of Metropolitan Huntsville Alabama</b>	Employer Identification Number <b>58-2058795</b>
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	2011	2012	2013	2014	2015	2016
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000	1,000			
Income after expense and deductions .....		-1,000	-1,000			
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses

# DRAFT



**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Savings interest	\$ 2,633		14			
Total	<u>\$ 2,633</u>					

# DRAFT

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Bank Charges	\$ 77,626	\$ 76,338	\$ 1,288	\$
Telecommunications	65,494	59,254	4,572	1,668
Provision for Bad Debt	54,804	55,274	-470	
Miscellaneous	16,621	9,287	6,710	624
Dues & Subscriptions	6,581	6,580	1	
Licenses & Permits	3,093	3,093		
Total	<u>\$ 224,219</u>	<u>\$ 209,826</u>	<u>\$ 12,101</u>	<u>\$ 2,292</u>

# DRAFT

## Federal Statements

### Schedule A, Part III, Line 2(e)

Description	Amount
Youth Development	\$ 2,059,203
Healthy Living	4,942,285
Social Responsibility	78,597
Golf Tournament	27,510
Veteran Breakfast	8,723
Community Service	1,938
Facility Weatherly Rd	
Total	\$ 7,118,256

### Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2011	2012	2013	2014	2015
David & Ann Hogan	\$ 6,000	\$ 4,500	\$ 9,400	\$ 10,000	\$ 10,000
Enfinger& Steele Developement					
Julie & David Herbert					
Tony & Deone Keane					
Stephanie Hogan					
Gary Wolfe, BOD					
Steve Brown, BOD	5,000				5,000
Brett Crain, BOD	5,000	2,000			
Hamilton, John, BOD		9,000	9,580	8,589	5,050
Sanderford, Howard, BOD		7,000			
Mathis, David, BOD		1,496			
Burcham, Steve, BOD		1,000	1,500	6,167	1,000
Seeley, Scott, BOD		1,000	1,000	1,000	1,500
Wagoner, Brian, BOD		1,000			
Caudle, Jim, BOD		1,000	1,000	1,000	1,500
Wolfe, Gary, BOD		500			
Adcox, Lee, BOD		500			1,500
Evans, Steuart, BOD		500	2,500		500
McAdams, Todd, BOD		500			
Thrasher, David, BOD		250	500	506	1,000
Perry, Foster, BOD			1,200	350	
Wisner, Michael, BOD			1,000	1,150	1,700
Eyster, John, BOD			2,000		

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## Federal Statements

**Schedule A, Part III, Line 7a - Support from Disqualified Persons (continued)**

<u>Donor Name</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Thornton, Jimmy, BOD	\$	\$	\$ 1,700	\$ 1,000	\$ 1,000
Mounts, Scott, CEO			504		
Gossett, James, COO			720		100
Smith, Denise, CFO			250	250	300
Baggette, John, BOD				1,500	1,500
Clark, Nansi, BOD				500	
Cummings, Sheila, BOD				1,500	
Montgomery, Daniel, BOD				1,000	1,000
Peterson, Karen, BOD				50	200
Thomas, Bryon, BOD				50	
Warden, Sally, BOD				200	250
Joe Collazo, BOD					2,000
Jennifer Geist, BOD					1,000
Ginger Harper, BOD					1,000
Scott Harbour, BOD					1,500
Amy Nation, BOD					100
Kathy Parikh, BOD					1,500
Jared Sharp, BOD					250
Total	\$ <u>16,000</u>	\$ <u>30,246</u>	\$ <u>32,854</u>	\$ <u>34,812</u>	\$ <u>40,450</u>

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**Federal Statements****Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
State of Alabama	\$	\$
2015	513,071	438,680
2014	385,644	312,559
2013	481,085	401,250
2012	504,406	421,103
2011	572,762	496,123
Total	<u>\$ 2,456,968</u>	<u>\$ 2,069,715</u>

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# Young Men's Christian Association of Metropolitan Huntsville Alabama

Form 990 #58-2058795

## Part III

### Program Descriptions

#### 4-a **Youth Development**

Our YMCA is committed to nurturing the potential of every child and teen. We believe all kids have great potential and deserve the opportunity to discover who they are and what they can achieve. That's why we help young people cultivate the values, skills and relationships that lead to positive behaviors, better health and educational achievement. Our YMCA programs, such as extended child care, 6:30 a.m. – 6:00 p.m., Child Watch, After School Care, Day Camp, Over Night Camp, Youth Swimming and Youth Sports, offer a range of experiences that enrich social-emotional, cognitive and physical growth. In 2015 the YMCA served 1,098 youth in its Day Camps, 1,818 youth in its Youth Sports Programs, 726 youth were taught to swim, 674 youth attended our Splash Water Safety Program and 289 children attended our Early Childhood Learning Centers. In addition, 2,724 individuals had an overnight outdoor experience at YMCA Camp Cha-La-Kee. Financial assistance is offered to all who may not be able to afford to participate.

#### 4-b **Healthy Living**

The Y is committed to improving America's health and well-being, community by community. We bring families closer together, encourage good health and foster connections through fitness, sports, fun and shared interests. As a result, 35,204 people in our community are receiving the support, guidance and resources they need to achieve greater health in spirit, mind and body. This is particularly important as our nation struggles with chronic disease and obesity, families wrestle with work/life balance and individuals search for personal fulfillment. Our programs are accessible, affordable and open to all faiths, backgrounds, abilities and income levels. Financial assistance is offered to all who may not be able to afford to participate.

#### 4-c **Social Responsibility**

Our YMCA believes in giving back and supporting our neighbors. We have been listening and responding to our community's most critical social needs for 105 years. Y programs, such as our Military Outreach Initiative, Splash (an outreach swim safety initiative), Annual Giving Campaign and volunteer opportunities are examples of how we deliver training, resources and support that empower our neighbors to effect change, bridge gaps and overcome obstacles. In 2015 we engaged 33,460 YMCA members, participants and volunteers in activities that strengthen our community and pave the way for future generations to thrive. In 2015 the YMCA provided \$698,340 in financial assistance to individuals who could otherwise not afford to participate.

# Young Men's Christian Association of Metropolitan Huntsville Alabama

## Form 990 #58-2058795

### Schedule O

The Y's mission is our reason for being, and the Y's cause is our mission in action – a promise to do everything in our YMCA's considerable power to enrich the common good and make life better for individuals, families, and communities.

More than 105 years of innovating programs and delivering transformative responses to urgent social challenges has produced and reinforced a set of basic beliefs about how and why our YMCA effects meaningful, enduring change. The Young Men's Christian Association of Metropolitan Huntsville Alabama is chartered by the YMCA of the USA to serve Madison, Marshall, Morgan, Limestone and Jackson Counties. The YMCA embraces its charitable mission that "no one is turned away due to the inability to pay full fees".

#### THE Y'S MISSION

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

#### THE Y'S CAUSE

At the Y, strengthening community is our cause. We believe that positive, lasting personal and social change can only come about when we all work together to invest in our kids, our health, and our neighbors. That's why we focus our work in three areas:

- Youth Development – nurturing the potential of every child and teen
- Healthy Living – improving the nation's health and well-being
- Social Responsibility – giving back and providing support to our neighbors

#### THE Y'S BELIEFS

**We believe** that when we devote our full strength to the Y's mission and cause, work in partnership with others, and build on our history of innovation, we can address the most pressing issues of our time unlike any other organization.

**We believe** all people have potential.

**We believe** active and connected families make for active and connected communities.

**We believe** in a holistic approach to development, promoting healthy spirit, mind, and body.

**We believe** that in a diverse world, we are stronger when we are inclusive and our doors are open to all.

**We believe** in honoring our mission, living our cause, acting in accordance with our values, and placing the greater good above self.