

Attachment B

990 Tax Returns for the Past three years

YMCA of South Florida, Inc. – December 31, 2016 – is nearing completion and will be done by July 15, 2017

YMCA of South Florida, Inc. – December 31, 2015

(9 months)

YMCA of Broward County, Inc. – March 31, 2015

(3 months)

YMCA of Greater Miami, Inc. – March 31, 2015

(3 months)

YMCA of Broward County, Inc. – December 31, 2014

YMCA of Greater Miami, Inc. – December 31, 2014

		for an Exempt (e Authorization Organization		OMB No. 1545-1878
partment of the Treasury		, or fiscal year beginning $01/01$ Do not send to the IRS.	, 2014, and ending $\underline{12}$ /. Keep for your records.		2014
mal Revenue Service		bout Form 8879-EO and its ins	tructions is at www.irs.gov/f		ification number
• • •		SOC OF GREATER M	ТЪМТ	59-062	
me and title of officer	TRIDIIAN ADD	JOC OF GREATER M.	TUNT		1101
AVID CASH, (CFO · ·				
artl Type of R	eturn and Return l	Information (Whole Dollar	s Only)		
eck the box on line ' ive line 1b. 2b. 3b.	1a, 2a, 3a, 4a, or 5a, 4b, or 5b, whicheve	are using this Form 8879-E , below, and the amount on er is applicable, blank (do no ete more than 1 line in Part I.	that line for the return be ot enter -0-). But, if you e	ing filed with this fo	rm was blank, ther
Form 990 check h Form 990-EZ chec	here 🕨 🔀 b To	tal revenue, if any (Form 99) Total revenue, if any (Form	0, Part VIII, column (A), lin n 990-EZ, line 9)	2b	
Form 1120-POL cl		b Total tax (Form 1120-	-POL, line 22)		
Form 990-PF chec		Tax based on investment in			
Form 8868 check	nere 🕨 🛄 b Ba	alance Due (Form 8868, Par	. LI, IINE-SC OF Part II, IINE 8		
art li Declaratio	on and Signature A	Authorization of Officer			
ganization's electron send the organizatio transmission, (b) th thorize the U.S. Trea ancial institution acc urn, and the financia ent at 1-888-353-45 olved in the process solve issues related	nic return. I consent to on's return to the IRS ne reason for any dela asury and its designa count indicated in the al institution to debit to 537 no later than 2 bu sing of the electronic to the payment. I hav	eclare that the amount in Par o allow my intermediate serves and to receive from the IRS (ay in processing the return o ated Financial Agent to initiat tax preparation software for the entry to this account. To usiness days prior to the pay payment of taxes to receive ve selected a personal ident anization's consent to electro	vice provider, transmitter, (a) an acknowledgement of prefund, and (c) the date of te an electronic funds with r payment of the organiza revoke a payment, I mus yment (settlement) date. I a confidential information r tification number (PIN) as t	or electronic return of freceipt or reason of any refund. If app idrawal (direct debit) tion's federal taxes of t contact the U.S. Tro also authorize the f lecessary to answer	originator (ERO) for rejection of licable, I entry to the owed on this easury Financial inancial institutions inquiries and
ficer's PIN: check on \overline{X} I authorize \underline{BI}		••	to enter my PIN	19234	as my signature
		RO firm name		Enter five numbers, but	
on the organiz	h a state agency(les)	l electronically filed return. If regulating charities as part 's disclosure consent screen.	I have indicated within th of the IRS Fed/State proc	do not enter all zeros is return that a copy jram, I also authorize	of the return is the aforementioned
being filed with ERO to enter r		will onton my DIN on my gign	ature on the organization	s tax year 2014 elec	ctronically filed retur
ERO to enter r As an officer o If I have indica	ited within this return	that a copy of the return is t	being filed with a state ag disclosure consent screen.	ency(ies) regulating	charities as part of
ERO to enter r As an officer o If I have indica the IRS Fed/SI	ited within this return	that a copy of the return is b	disclosure consent screen.	ency(ies) regulating	charities as part of
ERO to enter r As an officer o If I have indica the IRS Fed/Si cer's signature	ited within this return tate program, I will en	that a copy of the return is b inter my PIN on the return's of . 6.1	being filed with a state ag disclosure consent screen. Date	ency(ies) regulating	charities as part of
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Form	0	U	U

Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Α	For th	ne 201	4 calendar year, or tax year beginning , 2014	l, and endin	-			, 20	
			C Name of organization		1	D Employer ider		number	
В	Check if a	pplicable;	YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI	·		59-0624	464		·
Γ	Addre	455 18	Doing business as THE YMCA OF GREATER MIAMI, INC.						
		change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1 1	E Telephone nur	nber		
	Initial	retum	730 NW 107TH AVENUE	200		(305) 35'	7-400	0	
	Final	relum/	City or town, state or province, country, and ZIP or foreign postal code						
	Amen	ded	MIAMI, FL 33172			G Gross receipt	s \$	16,030),991.
-	Applic	allon	F Name and address of principal officer; DAVID CASH		1	H(a) is this a grou subordinates	p return for	Yes	X No
۱ <u>ــ</u> ـ	, pendi	ពជ្ញ	730 NW 107TH AVENUE MIAMI, FL 33172		1	H(b) Are all subord		r Yes	No
	Tax-ax	empt si		or 527	7	lf "No," attac	h a list. (see	a instructions)	
<u>.</u>			WWW.YMCAMIAMI.ORG			H(c) Group exemp	tion numbe	ar 🕨	
ĸ			ization: X Corporation Trust Association Other	L Year of	formatio	n: 1916 M	State of le	gal domícile	: FL
	arti		mmary						
			describe the organization's mission or most significant activities:						
		DITION	VIDING SERVICES TO FAMILIES AND INDIVIDUALS I	N THE COL	MMUNI	TY			
Activities & Governance		FRO							
Ē			this box time if the organization discontinued its operations or dispose	ad of more the		vf ite rigt geeale			
ove	2						3		15.
0	3		er of voting members of the governing body (Part VI, line 1a)er of independent voting members of the governing body (Part VI, line 1b) .				4		15.
s	4								948.
Viti	5		number of individuals employed in calendar year 2014 (Part V, line 2a)				6		254.
ŧ	6		number of volunteers (estimate if necessary)				7a		0
4	1 1 1 1		Inrelated business revenue from Part VIII, column (C), line 12				7b		0
	b	Net ur	related business taxable income from Form 990-T, line 34		<u></u>	Prior Year		Current	
			· · · · · · · · · · · · · · · · · · ·			4,038,20	<u> </u>		,463.
a	8		butions and grants (Part VIII, line 1h)			1,238,83		11,263	
eni	9	-	am service revenue (Part VIII, line 2g)		L				1,589.
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	115,42			,554.
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			131,69			
<u> </u>	12	Total	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1	5,524,15		16,000	,282.
			s and similar amounts paid (Part IX, column (A), lines 1-3)				0		0
			its paid to or for members (Part IX, column (A), line 4)		J		0		0
ŝ	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11	0,314,81	8.	9,386	5,282.
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)				0	·····	C
xpe	b	Total f	undraising expenses (Part IX, column (D), line 25) 369, 301					(
Ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,301,52			0,652.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			6,616,34		16,135	5,934.
	19		ue less expenses. Subtract line 18 from line 12		-	1,092,19	2.		6,652.
20	3			-	Beginn	ing of Current Y	ear	End of Ye	ear
and	20	Total	assets (Part X, line 16)			25,677,16		24,664	l,515.
Assets or Halances	21		iabilities (Part X, line 26)		1	9,717,16	5.	18,806	5,860.
Net			sets or fund balances. Subtract line 21 from line 20		•	5,960,00	4.	5,857	1,655.
P	art II		jnature Block			•			
1 be	dor nor	neltion c	f periody I declare that I have examined this return, including accompanying sched	ules and staten	nents, an	d to the best of	my know	/ledge and b	bellef, it is
tru	ie, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of wh	Ich. preparer ha	s any kno	wiedge.			
						1			
Sig	gn .		Signature of officer			Date			
He	ere								
			Type or print name and lille			1			
			Type preparer's signature	Date		Check	IF PTIN		
Pai	d	AND				self-employe		014624	22
Pre	parer					Firm's EIN 🕨 1		the second se	
Use	e Only							1-8000	
Me	v tha li	Firm's	address 1111 BRICKELL AVENUE, SUITE 2801 MIAMI, FL 33131 cuss this return with the preparer shown above? (see instructions)					X Yes	. No
									0 (2014)
For	r Papel	rwork	Reduction Act Notice, see the separate instructions.						· • (~ • • • • • • • • • • • • • • • • •

JSA 4E1010 1.000 4591BN 702D 9/1/2015 10:51:06 AM V 14-6F

	m 990 (2014) art III Statement of Program Service Accomplishments Chock if Schedule O contains a response or note to any line in this Part III
	Check if Schedule O contains a response or note to any line in this Part III
	TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT
	BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O. 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.
a	(Code:) (Expenses \$ 7,383,991_including grants of \$ 3,558,482_) (Revenue \$ 3,894,801_)
	ATTACHMENT 1
b	(Code:) (Expenses \$ 2,928,947, including grants of \$ 342,855.) (Revenue \$ 5,452,883.)
	THE YMCA OF GREATER MIAMI THROUGH FAMILY CENTERS LOCATED AT THE
	SOUTH DADE FAMILY CENTER, HOMESTEAD YMCA FAMILY CENTER, NORTH
	POINTE YMCA FAMILY CENTER AND VILLAGE OF ALLAPATTAH YMCA FAMILY CENTER HAS A NETWORK OF HEALTH ENRICHMENT PROGRAMS THAT PROVIDES
	CENTER HAS A NETWORK OF HEALTH ENRICHMENT PROGRAMS THAT PROVIDES ADULT PHYSICAL WELLNESS, AEROBIC AND OTHER WELLNESS PROGRAMS THAT
	FULFILL THE Y'S MISSION OF MIND, BODY AND SPIRIT. THE YMCA SERVED
	44,628 MEMBERS IN 4 FAMILY CÉNTERS
	44,628 MEMBERS IN 4 FAMILY CÉNTERS
c	44, 628 MEMBERS IN 4 FAMILY CÉNTERS
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Form 9	90 (2014)		P	age 3
Part		T	T	
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		х
	candidates for public office? If "Yes," complete Schedule C, Part I	3	\rightarrow	<u></u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
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,		[
	assessments, or similar amounts as defined in revenue procedure so-137 n res, complete concerno c, Part III	5		X
~	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ĺ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII VIII IX or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ľ	
	complete Schedule D. Part VI	11a	<u>X</u>	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a	x	
•••	complete Schedule D, Parts XI and XII,	124		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12b		х
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a L	Did the organization maintain an once, employees, of agents outside of the onted outside in the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
a	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	•	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		. X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
•••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes." complete Schedule G. Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

Form 990 (2014)

JSA

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	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
66	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
. <u> </u>	\$100,000 as of the last day of the year, that was issued after December 31, 20021 in res, where where a	24a	X	
	Inrough Z40 and complete Schedule IV. II. No., go to line 200,	24b		X
b	The me analyzation invest any biocecus of tax-exempt bonds beyond a temporary ponda exception.	<u>A-TD</u>		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		x
		24c		X
d	The me drughization act as an on behall of issuer for points betotalians at one warms are year.	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes" complete Schedule L Part 1	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disgualified persons? If "Yes," complete Schedule L, Part II	26		Х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27	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.	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Was the organization a party to a business transaction with other of the following parties (see Concernic L)			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	INTERACTO IN	X
а	A CITIENT OF TURDET DITCET, UNECTOF, IN ACCOUNT TO A COMPLETE DEFICIENCE OF THE COMPLETE DITCET.	200		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20h		x
		28b		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•••	Part I	31	•	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
97	complete Schedule N, Part II	32		X
40	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			1
34	Was the organization related to any tax-exempt of taxable entry: in roo, complete constant by tax in any	34		x
	or IV, and Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	00a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes." complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37	ļ	X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		·	
38	Did the exercise complete Schedule Usand blovide explanations in achequie U for rail vi, lines i to any			

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Par	tV Statements Regarding Other IRS Filings and Tax Compliance		Г
	Check if Schedule O contains a response or note to any line in this Part V	Ye	s N
_	E Lotte much a sectod in Day 2 of Form 1006 Enter 0 if not applicable		
a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and		
С	Did the organization comply with backup withholding rules for reportable payments to vehicle and	1c	AND THE REAL PROPERTY OF
	reportable gaming (gambling) winnings to prize winners?		
a	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 . 2a 948		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	and the second s	X
b	If at least one is reported on line 2a, did the organization line an required to a flo (see instructions)		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
la	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
b	If "Yes," has it filed a form 990-1 for tills year 7 in No to the sup provide an explanation in concerned of the strength of the strength on the prior time of a signature of other authority.		
la	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	4a	1
	account)?		
ь	If "Yes," enter the name of the foreign country:		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
_	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
ja	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
c	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
b	If "Yes," did the organization include with every solicitation an express statisticity that such contrabutions of	6b	
_	gifts were not tax deductible?		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
а	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity to goods	7a	
	and services provided to the payor?	7b	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
¢	required to file Form 8282?	7c	
	required to file Form 8282?		
d		7e	*****
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
3	Sponsoring organizations maintaining donor advised tunds, bud a donor advised tund individual by the	8	353127
	sponsoring organization have excess business holdings at any time during the year?		
)	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the sponsoring organization make any taxable distributions under section 4966?	96	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?,		
)	Section 501(c)(7) organizations. Enter:		
а			
b			
I	Section 501(c)(12) organizations. Enter:		
а			
b	Gross income from other sources (Do not net amounts due or paid to other sources angints due or received from them.)		n,sits 113 ta di si
		12a	
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
1	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
а	Is the organization licensed to issue qualified health plans in more than one state?	124	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
¢	Enter the amount of reserves on hand	140	
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Form 99	<u>ا</u> م مد
1.0			au (2

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CAM # 17-0875 Exhibit 2 Page 7 of 176

Bert VI Governance, Management, and Disclosure for each "yes" neapones to lines 2; through 7b below, and for a "Non- mesones to line 8, ab, or 70 below, executed to any line in this Part VI. Image: Check If Schedule C contains a response or note to any line in this Part VI. Image: Check If Schedule C contains a response or note to any line in this Part VI. Image: Check If Schedule C contains a response or note to any line in this Part VI. Image: Check If Schedule C contains a response or note to any line in this Part VI. Image: Check If Schedule C contains a response or note to any line in this Part VI. Image: Check If Schedule C contains a response or note to any line or division committes, expline Schedule C C contains a response or hole and power if the soverning to any officer, director, trustes, or key employees have a family relationship or at husiness relationship with any other officer, director, trustes, or key employees have a family relationship or at husiness relationship with any other officer, director, trustes, or key employees have a reality relationship or at husiness relationship with any other officer, director, director, et varias any and or a splice state or how any and and any officer of the soverning documents able in form 900 wes flear? Image: Check If Schedule C C any Check If Schedule C C any point or nor members in coldises, or organization have members a tochoblers? Image: Check If Schedule C C any Check If Schedule C C any Check If Schedule C C any Schedule C	Form 9	90 (2014) YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI 59-0624			age 6
insponse to line 8a, 8b, or 10b helow, describe the circumstances, processes, or analys in Schedule C. See Instructions C. Check K Schedule O. Constinus a response or note to any line in the Part VI. Image: Constitute		A Governance Management and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the and of the tax year		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See III	SITUCI	ions.
1a Enter the number of voting members of the governing body at the end of the tax year			<u> </u>		X
1a 1a <t< td=""><td>Sect</td><td>ion A. Governing Body and Management</td><td></td><td>Var</td><td>No</td></t<>	Sect	ion A. Governing Body and Management		Var	No
1a Enter the number of voting members of the governing body at the end of the tay year. 1b 1b Enter the number of voting members involued in the new more new to reduce the governing body. 1b 2 Did any officer, director, trustee, or key employee have a family relationship performed by or under the diverter person? 2 3 Did the organization delegate control over management duties customerity performed by or under the diverter person? 2 4 Did the organization make any significant charges to its governing documents ince the pixor for person? 4 5 Did the organization nake any significant charges to its governing documents ince the pixor form 900 was filed? 5 6 Did the organization have members or solucitobias? 6 X 7 Did the organization nake members or solucitobias? 6 X 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization have members of solucitobias? 7a X 7 Did the organization nake members or solucitobias? 7a X 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the organization contemporaneously document the meetings held or written actions undertaken during the organization contemporaneously document with the organization acconstates on solutous of solutous or such and active solutous solutous oreduring boddy? 8b X			<u>enso</u>	2.0355	100
bcdy delogated broad authority to an executive committee or similar committee, explain in Schedule 0. 11 11 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management during the present of the present? 2 X 3 Did the organization make any significant damage to its governing documents since the prior form 900 was flech? 4 X 4 Did the organization have emembers or steck/ckdars? 6 X 7 Did the organization have members or steck/ckdars? 6 X 7 Did the organization have members or steck/ckdars? 6 X 7 Did the organization have members or steck/ckdars? 6 X 7 Did the organization have members or steck/ckdars? 6 X 8 Did the organization contemportaneously document the meetings held or written actions undertaken during the year of flag overning body? 8 8 8 Did the organization have members or steck/chdars? 8 X 7 7 8 Did the organization have members or steck/chdars? 8 X 7 7 7 7 7 7 8 7 8 8 X 7 7 7 8 7 8	1a	Enter the number of voting members of the governing body at the end of the tax year			1971)
 b Ener the number of volng members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing			
b Enter the number of voing methodes induced in line 1a, above, will be independent in the independent in the second interval and the independent in the independent in the independent in the independent in the independent independent in the independent index independent index independent index independent index independent index inder index independen		body delegated broad authority to an executive committee or similar committee, explain in Schedule O,			
2 Did any officer, director, instead, or key employee have a taining view busined by or under the direct supervision delegate control over management-duties outsomently performed by or under the direct supervision of officer, director, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any elemination changes to its governing documents since the pitcr Form 900 was field? 4 X 5 Did the organization have members or stockholders? 6 X 7 Did the organization have members, stockholders? 6 X 7 Did the organization have members, stockholders? 6 X 7 Did the organization have members, stockholders? 6 X 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of step envining body? 7 X 8 Did the organization receiver, the governing body? 8a X 8 Did the organization have written optices and proved two diverses on Scholders on the contemporaneously document the meetings held or written activities of such chapters, affinities, and branches to ansure the governing body? 8a X 8 Did the organization have written polices and proved two diverses on Scholders on the chapters, affinities, and branches on such during branches, or affilietes, and branches on diverses on Scholders on	b	Enter the number of voting members included in line 1a, above, who are independent		7 25 1	
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Supervision of officers, directors, or futurese, or key employee is the future or some away significant changes in the governing documents also the point officers of required to the organization account set of the organiza	3	Did the organization delegate control over management duties customanly performed by or under the unext	3		х
 4 Did the organization make any significant diversity plot for the organization's assets?		supervision of officers, directors, or trustees, or key employees to a management company of other personner a			X
b Did the organization backmer emembers or slockholders? Image: the organization have members or slockholders? Image: the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Image: the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Image: the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Image: the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Image: the organization contemporaneously document the meetings held or written actions and addresses in Schedule O. Image: the organization second actions the reached at the organization's weight action's backgroup or the second actions the organization's action actions are consistent with the organization's exempt purposes? Image: the organization have written policies and procedures governing the activities of such chapters, trackers, or trustees, and key employees required to disclose annually interests that could give rise to conflict? Image: the organization have written conflict of interest policy? Image: the organization have are trusteen organization the deliberation and addressory Image: the organization have are trusteen organization policy? Image: the organization have are trusten policy are procedures gover		Did the organization make any significant changes to its governing documents since the pilor i of was needed in the second state of a significant diversion of the organization's assets?			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X b Each committee with authority to act on behalf of the governing body? 8b X b Each committee with authority to act on behalf of the governing body? 8b X b Each committee with authority to act on behalf of the governing body? 8b X b Each committee with authority to act on behalf of the governing body? 8b X committee with authority to act on behalf of the governing body? 8b X 8b Section B. Policies (Thic Section B requests information about policies not required by the internal Revenue Code.) Yes No 10a Did the organization have a written organization the oneveet withis form governing body form sex with the form?		Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization of the or			Х
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 a The governing body?	0.5			STORE OF	
b Each committee with authority to act on behalf of the governing body? 1	-	The governing hody?	8a		
 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O,		Each committee with authority to act on behalf of the governing body?	8b	X	
the organization's mailing address? If "Yes," provide the names and addresses in science U. 19 111 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a X 10a Did the organization have local chapters, branches, or affiliates? 10a X 10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates? 10a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b X 11a X 12a Did the organization nave a written conflict of interest policy? If "No," g to line 13 11a X 12a		In there any officer director trustee or key employee listed in Part VII. Section A, who cannot be reached at			
Section B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 10a X 10a X b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a X 10a X 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b X 11a X 10b X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a X 12a X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12a X 12a X 12a X 13 Did the organization have a written document retention and destruction policy? 11a X 12a X	-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule U,		L	X
 10a Did the organization have local chapters, branches, or affiliates? 10a X 10a Conflicts? 10a Conflict	Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<u>∍.)</u>	
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 Has the organization provided a complete copy of this Form 990 to all members of its glorening due to thing the kontrills between the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
b Describe in Schedule Of the process, if any, used by the organization is observed. 12a 12b	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	7. 11 4		
 12a Did the organization have a written conflict of interest policy? If NO, glob line 13	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			CLANVE AND
 rise to conflicts?	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
 rise to conflicts?	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12h	x	
describe in Schedule O how this was done 120 x 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a The organization's CEO, Executive Director, or top management official 15 16 b Other officers or key employees of the organization 15 15 3 if "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 16a X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X 17 List the states with which a copy of this Form 990 is required to be filed ▶ FLr 16b 16b 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only availabl		rise to conflicts?	125		
describe in Schedule O how this was done 13 X 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X a The organization's CEO, Executive Director, or top management official 15 X 15 b Other officers or key employees of the organization 15 Jis X 15 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X 16b 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ FLr 16b 16b 16b	C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If res,	120	X	
 14 Did the organization have a written document retention and destruction policy?		describe in Schedule O how this was done			
 14 Did the organization have a written document retention and estatucion property interpretation and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?		X	1
 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official		Did the organization have a written document retention and destruction policy?	1.47	1	19:103
 a The organization's CEO, Executive Director, or top management official	15	Did the process for determining compensation of the rollowing persons include a review and approved by			
 b Other officers or key employees of the organization		independent persons, comparability data, and contemporaneous substantiation of the deliberation and device of the	1	1	
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	a	The organization's CEO, Executive Director, or top management official the transition	15b	X	
 bit is bit the organization invest in, contribute bases b, or participation in plants and plants in a plant of the organization is the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16a X 16a X 16a X 16b 16c 16	a	Other officers or key employees of the organization \cdot	74. Q.S. 24. AU		
 bit is bit the organization invest in, contribute bases b, or participation in plants and plants in a plant of the organization is the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16a X 16a X 16a X 16b 16c 16	40.0	If "Yes" to line to a of 15b, describe the process in ochecular of (see instruction).			
 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶_FLr 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website X Another's website X Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ 	109	with a tayable patity during the veer?		L	X
 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶_FL/ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DAVID W, CASH 730 NN 107TH AVENDE, SUTTE 200 MIAMI, FL 33172 305-357-4000 	h	With a taxable entity during the year is a structure requiring the organization to evaluate its			
Image: Section C. Disclosure 16b Image: Section C. Disclosure 16b Image: Section C. Disclosure 16b Image: Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. Image: Own website Image: Another's website Image: Another's website Image: Own website Image: Another's website Image: Another's website Image: Own website Image: Another's website Image: Own website Image: Own website Image: Another's website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website Image: Own website	D	narticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	-81 ÷	(PER	
 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FL. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of Interest policy, ar financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DAVID W. CASH 730 NN 107TH AVENDE, SUTTE 200 MIAMI, FL 33172 305-357-4000 		organization's exempt status with respect to such arrangements?		L	
 List the states with which a copy of this Form 990 is required to be filed ▶ FLr Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DAVID W, CASH 730 NN 107TH AVENDE, SUTTE 200 MIAMI, FL 33172 305-357-4000 	Sect				
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 501(c)(3)s of available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DAVID W, CASH 730 NN 107TH AVENDE, SUITE 200 MIAMI, FL 33172 305-357-4000 		List the states with which a copy of this Form 990 is required to be filed \triangleright FL.			
 available for public inspection. Indicate how you made these available. Check an that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► Describe in Schedule O, whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► 		Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section	1 501(c)(3)s	s only)
 Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► 	10	available for public inspection. Indicate how you made these available. Check all that apply.			
financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DAVID W. CASH 730 NR 107TH AVENUE, SUITE 200 MIAMI, FL 33172 305-357-4000		Own website X Another's website X Upon request Other (explain in Schedule O)			-
financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DAVID W. CASH 730 NR 107TH AVENUE, SUITE 200 MIAMI, FL 33172 305-357-4000	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► DAVID W. CASH 730 NW 107TH AVENUE, SUITE 200 MIAMI, FL 33172 305-357-4000		financial statements available to the public during the tax year.			
DAVID W. CASH 730 NW 107TH AVENUE, SUITE 200 MIAMI, FL 33172 305-357-4000	20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds: 🕨		
Earn 990 (201		DAVID W. CASH 730 NW 107TH AVENUE, SUITE 200 MIAMI, FL 33172 305-357-4000		990	(2014)
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Form 990 (2014)		YOUNG	MENS CHI	RISTIAN A	ASSOC	OF GREATE	R MIAMI	59-0624464	Page 1
Part Vil	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated Employed	es, and
	Independent Co									

Check if Schedule O contains a response or note to any line in this Part VII..... Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• 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)	box,	ot ch unles	s pe	ition more rson	e than o is both or/trust employee	an	(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
(1)BRIAN P. MORMILE	1.00	}								
DIRECTOR	0	X				}		C	0	0
(2)LISA D. NAPIER	1.00				{					
BOARD CHAIR	0	X						C	0	0
(3)CARLOS SEGRERA	1.00								_	
DIRECTOR	0	X					L	C	0	0
(4) IDALBERTO DE ARMAS	1.00	l								
DIRECTOR	0	X					L	[C	00	0
(5)CARIDAD C. ERRAZQUIN	1.00									0
TREASURER	0	X			ļ	1	ļ	(0	
(6) DEREK HOPKINS	1.00									0
DIRECTOR	0	X			<u> </u>			(JU	v
(7)ALVIN D. LODISH	1.00							0	. 0	0
DIRECTOR	0	X			ļ		-	() <u> </u>	U
(8) DENNIS .A. NOWAK	1.00								- 0	0.
CHAIR-ELECT	0	X		<u> </u>		<u> </u>			,	
(9) JAY A. STEINMAN	1.00									0
DIRECTOR	0	X		-		 .	\vdash	· · · · ·	,	
(10)STEVE D. NIVET	1.00							(Ó
DIRECTOR	0	X				┼──		· · · · · · · · · · · · · · · · · · ·	,	
(11)EVAN REES	1.00							. (0
DIRECTOR	40.00	X			+	+				
(12) CHARLOTTE DONN	40.00	-		X				60,084.	.	0
ASSOCIATE VP MARKETING & COMM.	40.00		+-	┝≏	+	+				
(13)BRIAN SHEAFER	40.00	-		x				108,059.		0
V.P. OF CHILDREN'S SERVICES	1.00			1	+	+	1-	1.		
(14)JOAQUIN URQUIOLA SECRETARY		-		x				1	a c	00
DEURGIARI	_L	-L		<u> </u>	1		,		•	Form 990 (2014)

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59-0624464

art VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related	(don box, u office	ot ch unles rand	(C Posi iecki is per ladi	C) ition more rson irecte	than o is bolh pr/trust	ne en ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	ndividuai trustee r director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related · organizations
) SHARON GRIEMSMAN CHIEF OF FINANCIAL DEVELOPMENT	40.00 0		•	x				113,648.		00
) RALPH YOHE INTERIM CEO	40.00 0			x				73,319.		00
) PEYTON TUNE DISTRICT VICE PRESIDENT	40,00			x				91,161.		0 0
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				* *			168,143. 278,128. 446,271.		0 0 0 0 0 0 0 0
Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose 2	liste	d al	bov	ə) wh	o re	eceived more than	\$100,000 of	Yes No
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the	ule J for su sum of rei	ch ind cortab	livid ole o	ual com	ner	•••• Isatio	 na	nd other compen	sation from the	3 X
organization and related organizations gr individual	accrue co	 mpen	 Isati	on f	••• fron	n. anv	· · un	related organizati	ion or individual	4 X
for services rendered to the organization? If "Y	'es," comple	te Sch	nedi	ile J	J for	such	per	rson	*****	5 X
Complete this table for your five highest com compensation from the organization. Report of year.	pensated i compensat	ndepe Ion for	∍nde r the	ent e ca	con Ilen	tracto dar y∈	ors ar e	ending with or wit	e than \$100,000 hin the organizat	
(A) Name and business add	dress				<u> </u>		1	(B) Description of s	ervices .	(C) Compensation
ATTACHMENT 3							-		· · · · · · · · · · · · · · · · · · ·	
· · · ·									1	

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		Check if Schedule O contains a respo	nse of note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
Ì.					function revenue	revenue	under section 512-514
lts	1a	Federated campaigns	195,195.				
no		Membership dues	-				
Ę		Fundraising events					
lar		Related organizations	# 				
Ē		Government grants (contributions). 1e	2,164,370.				
and Other Similar Amounts		All other contributions, glits, grants,					
Ŧ	•	and similar amounts not included above . 1f	2,144,898.				
P	g	Noncash contributions included in lines 1a-1f: \$					
臣	9 h	Total. Add lines 1a-1f		4,504,463.			
en la			Business Code				
Ven	2a	YOUTH RELATED PROGRAMS	624100	6,037,841.	6,037;841.		
δų		MEMBERSHIP DUES	624100	5,225,835.	5,225,835.		
ice	c						
ŝ	d	· ·					
E	e						
Program Service Revenue		All other program service revenue				and the second se	
2	g	Total. Add lines 2a-2f		11,263,676.			
		Investment income (including divide	nds, interest,				
	-	and other similar amounts). ATTACHMEN	Ţ,4▶	79,160.			79,10
	4	income from investment of tax-exempt bon	d proceeds . 🕨	0			
	5	Royalties	<u></u> ►	D,	The strength of the strength of the		T Alexandra
		(i) Real	(ii) Personal				
	6a	Gross rents	,				
		Less: rental expenses '					
		Rental income or (loss) . 108,263					
	d	Net rental income or (loss)		108,263.	are constant	Contraction of the Party of the	108,21
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 15,429					
	b	Less; cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	· <u>· · · · · · · · · · · · · · · · · · </u>	15,429.			15,4
e	8a	Gross income from fundraising					
enue		events (not including \$					
€¥€		of contributions reported on line 1c).					
Ř		See Part IV, line 18	a <u>60,000</u> .				
Other R	b		b <u>30,709.</u>				
3	c	Net income or (loss) from fundraising event	s ATCH 5 ►	29,291,			29,2
-	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
•	b		ь				
	¢	Net income or (loss) from gaming activities	3. <u></u>	, 0			
	10a	Gross sales of inventory, less					
		returns and allowances	a				
	d		ь[
	c	Net income or (loss) from sales of inventory.		0	Magazini and a star of the second		
		Miscellaneous Revenue	Business Code				Constant Constant
	11a.				· · · ·		
	b	·	·		<u>.</u>	·	
	C						
	d	All other revenue					
		Total. Add lines 11a-11d					

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200	tion 501(c)(3) and 501(c)(4) organizations me	usi complete all column	S, All Other Organization		
	Check if Schedule O contains a resp			(0)	<u>· · · · · · · · · · · · · · · · · · · </u>
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	·	1		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	i		
-	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members	V			
5	Compensation of current officers, directors, trustees, and key employees	446,271.		446,271.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	Q	C 000 400	453,716.	151,274
	Other salaries and wages	7,435,413.	6,830,423.	- 400,/10.	131,274
8	Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions)	o			•
		677,853.	520,612.	153,182.	4,059
	Other employee benefits	826,745.	710,053.	101,233.	15,459
10 11	Payroll taxes				
	Management	1,331.		1,331.	
	Legal	66,326.	33,163.	33,163.	
С	Accounting , ,	00,320.	JJ;20J.		
	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	U			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 000 725	580,856.	594,973.	122,900
	(A) amount, list line 11g expenses on Schedule O.). 🖌	1,298,735. 138,986.	111,826.	17,998.	9,162
12	Advertising and promotion	859,261.	831,732.	23,085.	4,444
13	Office expenses	033,201.	051,7521	20,0001	
14	Information technology	0			
15	Royalties,	1,034,951.	797,918.	235;899.	1,134
16	Occupancy	86,427.	72,131.	11,425.	2,87
17	Travel	00,427.			-,-,-
18	Payments of travel or entertainment expenses	n			
	for any federal, state, or local public officials	174,699.	136,321.	25,822.	· 12,550
	Conferences, conventions, and meetings	375,211.	375,211.		
	Interest	0,0,211,			
21	Payments to affiliates	1,027,697.	959,424.	68,273.	
22	Depreciation, depletion, and amortization	485,129.	427,302.	57,827.	
23	Insurance , , , , ,				
24	•				
	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.)	245,543.	194,379.	51,164.	
	REPAIRS & MAINTENANCE	191,698.	153,086.	37,783.	82
	TELEPHONE	292,783.	292,783.		
-	ADMISSION_FEES	150,753.	130,797.	19,376.	58
-	MEMBERSHIP_DUES	320,122	170,925.	105,170.	44,02
	All other expenses	16,135,934.	13,328,942.	. 2,437,691.	369,30
	Total functional expenses. Add lines 1 through 24e	το,του,954.	10,020,042.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	· · · · · · · · · · · · · · · · · · ·			

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59-0624464

		YOUNG MENS CHRISTIAN ASSOC OF GREAT	ER MIAMI	59-	0624464 Page 1
		Balance Sheet			Page I
art	X	Check if Schedule O contains a response or note to any line in this Pa	art X		
		Cileck il Scheddle O contains a response er note to any internation	(A) '		(B)
			Beginning of year		End of year
	1	Cash - non-Interest-bearing	484,391.	1	475,194
		Savings and temporary cash investments	. 0	2	•
		Pledges and grants receivable, net	322,661.	3	293,400
		Accounts receivable, net	603,400.	4	607,613
		Loans and other receivables from current and former officers, directors,			
1	9	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		1.44	
1.		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	. 0	6	
<u>s</u> .	7	Notes and loans receivable, net	C	7	•
			· 0	8	
	9	Inventories for sale or use Prepaid expenses and deferred charges	550,000.	9	530,752
		Land, buildings, and equipment: cost or			
	va	other basis. Complete Part VI of Schedule D 10a 24,177,392.		1-51	
	h	Less: accumulated depreciation	20,289,112.	10c	19,578,179
1		Investments - publicly traded securities ATCH 7	3,012,886.	11	2,823,520
1		Investments - other securities. See Part IV, line 11	79,783.	12	78,82
		Investments - program-related. See Part IV, line 11	C	13	
		Intangible assets	C	14	
		Other assets. See Part IV, line 11	334,936.	15	277,02
		Total assets. Add lines 1 through 15 (must equal line 34)	25,677,169.	16	24,664,51
		Accounts payable and accrued expenses	560,585.	17	432,95
		Grants payable	0	18	
1.		Deferred revenue	6,514,248.	19	6,416,55
		Tax-exempt bond liabilities	9,055,000.	20	8,747,00
		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Loans and other payables to current and former officers, directors,		家園	
	-	trustees, key employees, highest compensated employees, and			
Ľ		disqualified persons. Complete Part II of Schedule L		22	
2	3	Secured mortgages and notes payable to unrelated third parties ATCH 9.	2,992,861.	23	2,671,09
1.1		Unsecured notes and loans payable to unrelated third parties	(24	· · ·
2	5	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			
2	6	Total liabilities. Add lines 17 through 25		26	18,806,86
•		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and			
s		complete lines 27 through 29, and lines 33 and 34.		172512	
<u></u> 2	7	Unrestricted net assets	5,888,028.		5,806,94
r 2	8	Temporarily restricted net assets	(28	
2 2	9	Permanently restricted net assets	71,976.	29	50,71
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	And Andrew States, 1992		
<u>0</u> 3	0	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
SA 3		Retained earnings, endowment, accumulated income, or other funds		32	
Je 3		Total net assets or fund balances	5,960,004.	33	5,857,65
	4	Total liabilities and net assets/fund balances.	25,677,169.	34	24,664,51

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59-0624464

Form 99	0 (2014)		Pi	age 12	
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,000,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,135,		
3	Revenue less expenses. Subtract line 2 from line 1	3	-135,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,960,		
5	Net unrealized gains (losses) on investments	5	33,	303.	
6	Donated services and use of facilities	6	·	0	
7	Investment expenses	7		0	
8	Prior period adjustments	8		· 0	
<u>o</u> _	Other changes in net assets or fund balances (explain in Schedule O)	9	· ·	0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
10	33, column (B)),	10	5,857,	655.	•
Part	XII Financial Statements and Reporting			1	
	Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No *	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.			in dia Ch Communication di Charles	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
24	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		1776-R 18 1 7 7 4 7 10	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		LATE BALL		
	Were the organization's financial statements audited by an independent accountant?		2b X		
Q	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c	versight			
С	of the audit, review, or compilation of its financial statements and selection of an independent acc	ountant?	2c X		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in			
		•		LATEN R	
	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
3a	the Single Audit Act and OMB Circular A-133?		3a X		
1.	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	dits.	3b X	ŀ	
	required addit of additio, explain why in contrality of the second state of the second		Form 990	(2014)	

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CAM # 17-0875 Exhibit 2 Page 14 of 176

SCHEDULE A Form 990 or 990-EZ)	Complete if the or	arity Status an ganization is a section 5 4947(a)(1) nonexempt ch	01(c)(3) organizatio		OMB No. 1545-004
epartment of the Treasury) N. I. Gummeller, alternet Debastular	Attach to Form 990 or	Form 990-EZ.	is at www.irs.nov/form9!	Open to Public Jo. Inspection
Itemal Revenue Service	►Information about Schedule A	4 (Porm 990 or 990-EZ) a	ind its instructions		ification number
	TIAN ASSOC OF GREATE	R MIAMI		59-	-0624464
Part Reason for	Public Charity Status (All	organizations must o	omplete this pa	art.) See instructions.	•
1 A church, convi 2 A school descr 3 A hospital or a 4 A medical rese	a private foundation because ention of churches, or associa ibed in section 170(b)(1)(A)(i cooperative hospital service arch organization operated ir e, city, and state:	ation of churches desci i). (Attach Schedule E.) organization described i	ribed in section 1 in section 170(b)	70(b)(1)(A)(i). .(1)(A)(iii).	(iii). Enter the
5 An organization section 170(b)	n operated for the benefit of (1)(A)(iv). (Complete Part II.)	·			ntal unit described
6 A federal, state 7 X An organization described in se 8 A community tr	e, or local government or goven n that normally receives a suction 170(b)(1)(A)(vi). (Comp rust described in section 170(ubstantial part of its su plete Part II.) (b)(1)(A)(vi). (Complete	ipport from a go e Part II.)	vernmental unit or fro	
receipts from a support from acquired by the	n that normally receives: (1) activities related to its exem gross investment income an e organization after June 30, 1	pt functions - subject nd unrelated business 1975. See section 509 (to certain excep taxable income (a)(2), (Complete	itions, and (2) no mor e (less section 511 f e Part III.)	re than 331/3% of
1 An organization one or more put the box in lines	n organized and operated exc organized and operated exc iblicly supported organization 11a through 11d that describ	clusively for the benefit on s described in section to bes the type of support	of, to perform the 509(a)(1) or sect ing organization	functions of, or to car ion 509(a)(2). See sec and complete lines 11e	tion 509(a)(3). Che 9, 11f, and 11g.
the supported organization. b Type II. A su	oporting organization operate d organization(s) the power to You must complete Part IV, oporting organization supervi	o regularly appoint or e Sections A and B. sed or controlled in co	elect a majority o	f the directors or trust supported organization	n(s), by having
organization(s	anagement of the supporting s). You must complete Part N tionally integrated. A suppor	V, Sections A and C.			
Its supported d Type III non- that is not fur	organization(s) (see instructio functionally integrated. A su nctionally integrated. The orga	ons). You must comple poorting organization c anization generally mus	te Part IV, Section operated in connections at satisfy a distrib	ons A, D, and E ection with its support oution requirement and	ed organization(s)
requirement ((see instructions). You must on the organization received to the organizat	complete Part IV, Sect	ions A and D, an In from the IRS fi	o Parciv. hatitis a Type I. Type I	. Type III
e Check this bo	tegrated, or Type III non-fund	ctionally integrated sup	porting organizat	lion.	· · · · · · · · · · · · · · · · · · ·
f Enter the number					
	ng information about the supp		T		6.33.4
 (I) Name of supported or 	genization (11) EIN	 (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) 	(Iv) is the organization listed in your governing document?		(VI) Amount of other support (see instructions)
		(**************************************	Yes No		
A)					
B)					
с)					
D)					
E)					
fotal	Act Notice, see the Instructions				(Form 990 or 990-EZ) 2

CAM # 17-0875 Exhibit 2 Page 15 of 176

-	dule A (Form 990 or 990-EZ) 2014						Page 2
Pa	rt II Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	ed the box on I	ine 5, 7, or 8 d	of Part I or if th	ne organization	n failed to quai	ify under
Sec	tion A. Public Support				· · · ·		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and				•		·
	membership fees received. (Do not include any "unusual grants.")	4,244,159.	4,147,617.	4, 191, 200.	4,061,632.	4,504,463.	21,452,071.
		•					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•			
_							
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	·					
4	Total. Add lines 1 through 3	4,244,159.	4,147,617.	4,494,200.	4,061,632.	4,504,463.	21,452,071
5	The portion of total contributions by			organiya.			
	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).					A Des Nell (2, 44, 47, 47, 47, 47, 47, 47, 47, 47, 47	21,452,071
6	Public support. Subtract line 5 from line 4. tion B. Total Support		A CONTRACTOR OF A CONTRACT	1112111211212121222211		Analysis of succession of the	21,432,071
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	4,244,159.	4,147,617.	4,494,200.	4,061,632.	4,504,463.	21,452,071
7 8	Gross income from interest, dividends,	1/211/1051					
u	payments received on securities loans,						
	rents, royalties and income from similar	174,163.	161,399.	184,276.	174,263.	187,423.	881,524
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				•	- 100 July 101 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
1	Total support. Add lines 7 through 10		40.23475				22, 333, 595
2	Gross receipts from related activities, etc. (12	49,142,607
3	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yes	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						0.0.05.
4	Public support percentage for 2014 (li	ne 6, column (f)) divided by line	11, column (f))		14	96.05 % 95.79 %
5	Public support percentage from 2013	Schedule A, Pa	rt II, line 14			15	
6a	331/3% support test - 2014. If the c	organization did	not check the	box on line 13,	and line 14 is	331/3% or mor	e, cneck ·
	this box and stop here. The organizati	on qualifies as a	publicly suppor	ted organizatio	n	45 10 224 (5.9/	
b	331/3% support test - 2013. If the c	organization did	not check a be		or Toa, and me	15 18 331/3 70	
_	check this box and stop here. The org	anization qualitie	es as a publicly	supported orga		or 16b and li	no 1/Lie
7a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	2014. If the org	anization did in	broneck a box	on me 13, 100	a, or rob, and n od stop here F	volain in
	Part VI how the organization meets	he "feets and a	ircumstancon" to	ances lest, un	zation qualifies	as a publiciv si	upported
	organization	ine lacis-anu-c	alcumstances te	est. The organi	zation quaimes		
1.	10%-facts-and-circumstances test - 1	2013 if the or	anization did n	ot check a box	on line 13 16	a 16b or 17a.	and line
D	15 is 10% or more, and if the org	anization meets	the "facts-and	l-circumstances	" test. check t	his box and st	op here.
	Explain in Part VI how the organization	on meets the "	facts-and-circun	nstances" test	The organizatio	n qualifies as a	publicly
	Explain in Fair vi now ine organizati						
	supported organization						
18	supported organization	did not check a	a box on line 13	. 16a, 16b. 17a	, or 17b. check	this box and see	···
18	supported organization Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	

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Page 17 of 176

	tion A. Public Support	(.) 00/0	110 0044	(a) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning ln) 🕨	(a) 2010	(b) 2011	(c) 2012	(4) 2013		
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise					{	
4	sold or services performed, or facilities						
•	furnished in any activity that is related to the			-			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			·			
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		}				
	to or expended on its behalf	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge					· · ·	
6	Total. Add lines 1 through 5			}	+		
7a	Amounts included on lines 1, 2, and 3		1				
ь	received from disqualified persons Amounts included on lines 2 and 3						
M	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b			i i i i i i i i i i i i i i i i i i i		i la casa da c En casa da casa	
v	line 6.)				i thai ta ya ya shifta		
iec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources				-		
D	section 511 taxes) from businesses					ļ	
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on			}			
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain In Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, c	or fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here				*******		
Sec	tion C. Computation of Public Sup	oport Percent	age			11	
5	Public support percentage for 2014 (line 8	, column (f) divid	ed by line 13, colu	mn (f))		15	<u>%</u> %
	Public support percentage from 2013 Sch					16	70
	tion D. Computation of Investme	nt income Per	centage	d2 achuma (fi)		17	%
Sec	Investment income percentage for 2014 (li						<u> </u>
Sec 7	I I I I I I I I I I I I I I I I I I I	Soliegnie A, Hald	of check the bo	x on line 14 or	nd line 15 is mo	Lunco de la construcción de la c	
Sec 7	Investment income percentage from 2013	a bib noitesinen	or others the bo	, un nnu ing di	es as a publiciv	supported organ	nization 🕨
Sec 7	331/3% support tests - 2014. If the or	ganization did n	n here The or	anization dualing			
Sec 17 18 19 a	331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th	is box and sto	p here. The org	line 14 or line 1	19a. and line 16	is more than 331.	/3 %, and
Sec 7 8 9 a	331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th 331/3% support tests - 2013. If the org	is box and sto anization did not	p here. The org check a box on	line 14 or line 1	19a, and line 16	is more than 3,31.	/3 %, and hization ►
Sec 17 18 19 a b	331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th 331/3% support tests - 2013. If the org line 18 is not more than 331/3%, check	is box and sto anization did not this box and s	p hère. The org check a box on top here. The o	line 14 or line f rganization quali	19a, and line 16 fies as a publicly	is more than 3,31. r supported organ	nization 🕨 🔄
17 18 19 a	331/3% support tests - 2014. If the or 17 is not more than 331/3%, check th 331/3% support tests - 2013. If the org line 18 is not more than 331/3%, check Private foundation. If the organization	is box and sto anization did not this box and s	p hère. The org check a box on top here. The o	line 14 or line f rganization quali	19a, and line 16 fies as a publicly 9b, check this b	is more than 3,31. r supported organ lox and see inst	nization 🕨 🔄

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Schedu	le A (Form 990 or 990-EZ) 2014		P	age 4
Part	Supporting Organizations	Section	- ^	
	(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete S	nleta	s A	
	and B. if you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, con Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Par	tV.)		
Footi	on A. All Supporting Organizations	•••/		
Secu	on A. An Supporting organizations	Ŷ	'es	No
4	Are all of the organization's supported organizations listed by name in the organization's governing	ATRCN IT		
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	144-1 X X		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		1. 10 A 10 A
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 "Yos," explain in Part VI how the organization determined that the supported	řestat (c	<u>, 6</u> , 62, 3	*****
	organization was described in section 509(a)(1) or (2).	2	11:32	
3a	Did the organization have a supported organization described in section $501(c)(4)$, (5), or (6)? If "Yes," answer (b) and (c) below.	3a	21.7947 21 ³ 127 2	
þ	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		<u></u>
	organization made the determination.		5.0	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
	Was any supported organization not organized in the United States ("foreign supported organization")? If	SPER .		101 Auro
4a	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	<u></u>	<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	31979	941-19
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			107.246 cha 2.7 2
	purposes.	40		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4.4.54	-9797 - 1	20172B
5a	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		Ϊ.Μ.	
	was accomplished (such as by amendment to the organizing document).	<u>5a</u>	5	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	1.01	111411
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also		22. A 4 T B	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
	Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	contributor (defined in IRC 4958(c)(3)(C)), a failing member of a substantial contributor, of a co-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8 8		Ner Sta
0~	Was the organization controlled directly or indirectly at any time during the tax year by one or more		9774 9717 2	
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	190792111	ni e V XRUNU	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		ter raise
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10a	the second			
108	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			13,42
	organizations)? If "Yes," answer (b) below.	10a	3213-1	
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			- H- H-1]
	determine whether the organization had excess business holdings.)	10b		
ISA	Schedule A (Form	990 or 9	90-EZ) 2014

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chedu	YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI 59-0624	1464		-
art	Ile A (Form 990 or 990-EZ) 2014 V Supporting Organizations (continued)			^p age 5
art			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?	X.51.7	ni i He ,	<u> </u>
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	A-1014 16(37-1	i i Antia Jirfa B	
а	below, the governing body of a supported organization?	11a	·····	*****
		11b		
b	A family member of a person described in (a) above?	110		·
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
cti	on B. Type I Supporting Organizations		Yes	Nó
		5555473	162	
[Did the directors, trustees, or membership of one or more supported organizations have the power to		5.151CX 1.574394	9. je je
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or	- <u></u>	1.1	
	controlled the organization's activities. If the organization had more than one supported organization,		CLAR.	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	2622		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	2.20		
	W how providing such benefit carried out the purposes of the supported organization(s) that operated,		1.51Pa 1747-711	275, 1215, 2 1.77, 6, 4 (1) 1.77, 6, 4 (1)
	supervised, or controlled the supporting organization.	2	1.5.4.4	·
41				L
CU	on C. Type II Supporting Organizations	·	Yes	No
			163	1.0
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	E.S.	ि जान्य	<u></u>
	the supported organization(s).	1		L
cti	on D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			var-ji-
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior	99997 X-0377	est la la FICACEF	7.497 2.497
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
		1		visativites tex
	provided?	a Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Caracteria Contra contra contr	i	152745
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			(1973) S. 1973
•	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		10:40:07	in in the second se
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a		5.7.45217	
	significant voice in the organization's investment policies and in directing the use of the organization's	640X		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ti	on F. Type III Functionally-Integrated Supporting Organizations			
:ti	on E. Type III Functionally-Integrated Supporting Organizations	structi	ons):	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons):	
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	structi	ons):	
a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.			No
a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-			No
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below.			No
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			No
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			No
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			No
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			No
a b c a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			No
a b c a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			No
a b c a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			No
a b c a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	clions).		No
a b c a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	clions).		No
abc a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations, Answer (a) and (b) below.	clions).		No
abc a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ctions).		No
a b c a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru- Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	clions).		No
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970, See inst	ructions. All
other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		· · · · · · · · · · · · · · · · · · ·
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	•	
5 Depreciation and depletion	5		•
6 Portion of operating expenses paid or incurred for production or			•
collection of gross income or for management, conservation, or			*
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see Instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	<u>111 1</u>		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	50.7		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	•	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	 Series and series (1997). In The series of th	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

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art V Type III Non-Functionally Integrated 509(a)(3) ection D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish e	xempt purposes		•
 Amounts paid to perform activity that directly furthers exe 	mpt purposes of support	ed	
organizations, in excess of income from activity	••••		
3 Administrative expenses paid to accomplish exempt purp	oses of supported organi	zations	
4 Amounts paid to acquire exempt-use assets			
 Gualified set-aside amounts (prior IRS approval required) 			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
 8 Distributions to attentive supported organizations to which 	the organization is resp	onsive	
(provide details in Part VI). See instructions.			
the contract of the Contract o			
0 Line 8 amount divided by Line 9 amount	T	(11)	· (111)
Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
Distributable amount for 2014 from Section C, line 6			•
2 Underdistributions, if any, for years prior to 2014	Bury Start Bury		
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
A A A A A A A A A A A A A A A A A A A			12701-15130-000
		Alt of which a street to be the second second	
d Francisco Contractor			
e From 2013			
f Total of lines 3a through e	Linketto (2724) Linka arte 171	Contraction of the second s	
g Applied to underdistributions of prior years			· WAY THE REAL PROPERTY OF THE PROPERTY OF
h Applied to 2014 distributable amount			XVIII YVIII HANNEL
i Carryover from 2009 not applied (see instructions)	A MARTAL MULTIPACY MULTIPACING STREET		A. A. M. M. T. M.
j Remainder, Subtract lines 3g, 3h, and 3i from 3f.		CONTRACTOR DE LA CARACTERISTA DE LA	
4 Distributions for 2014 from Section			
D, line 7: \$		NIGH SANGARAN AND SANGARAN SANGAR	
a Applied to underdistributions of prior years	A M AND A A A A A A A A A A A A A A A A A A		
b Applied to 2014 distributable amount	CERTAIN LWAD AN ADDATTA MET	A CONTRACT OF A	
c Remainder. Subtract lines 4a and 4b from 4.	Handred Statistic Days of State	AND AND THE OWNER AND	MARKEN STOLEN STOLEN
5 Remaining underdistributions for years prior to 2014, if			
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).			i a pari de constructions
6 Remaining underdistributions for 2014. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions).	<u></u>	CARLES CONTRACTOR	
7 Excess distributions carryover to 2015. Add lines 3			
and 4c.	willing martings of a second second second		
8 Breakdown of line 7:			
a the second	i ling sa lang sing sa sa sa sa sa sa sa Si ling sa		
b			
C 244			
d Excess from 2013			
e Excess from 2014			A (Form 890 or 990-FZ)

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Schedule A (Form 890 or 990-EZ) 2014

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YOUNG MENS CHRISTIAN	ASSOC	OF	GREATER	MIAMI	
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Page 8

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

JSA 4E1225 3.000 4591BN 702D 9/1/2015 10:51:06 AM V 14-6F Schedule A (Form 990 or 990-EZ) 2014

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or 990-PF) Department of the Treasury	► 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.	2014
ntemal Revenue Service	nformation about Schedule B (Form 550, 550%LE, 0, 550%L) and is installed to the second state of the secon	Employe	r identification number
	LAN ASSOC OF GREATER MIAMI	59-0	624464
Drganization type (check	one):		
Filers of:	Section:		•
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		1
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation	
	501(c)(3) taxable private foundation		
Note. Only a section 501(instructions. General Rule	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and tion filing Form 990, 990-EZ, or 990-PF that received, during the year, cont new or property) from any one contributor. Complete Parts I and II. See instr	rlbutions tota	aling \$5,000
Note. Only a section 501(nstructions. General Rule X For an organiza or more (in mor contributor's to	c)(7), (8), or (10) organization can check boxes for both the General Rule and	rlbutions tota	aling \$5,000
Note. Only a section 501(Instructions. General Rule X For an organiza or more (in mor contributor's to Special Rules	c)(7), (8), or (10) organization can check boxes for both the General Rule and tion filing Form 990, 990-EZ, or 990-PF that received, during the year, cont ney or property) from any one contributor. Complete Parts I and II. See instr tal contributions.	ributions tota uctions for de	aling \$5,000 termining a
Note. Only a section 501(instructions. General Rule X For an organiza or more (in mol contributor's to Special Rules For an organiza regulations und 13, 16a, or 16b \$5,000 or (2) 2	c)(7), (8), or (10) organization can check boxes for both the General Rule and tion filing Form 990, 990-EZ, or 990-PF that received, during the year, com ney or property) from any one contributor. Complete Parts I and II. See instr tal contributions. tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 , and that received from any one contributor, during the year, total contribut % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	ributions tota uctions for de 33 1/3 % sup 990 or 990-E2 ions of the g 1. Complete F	aling \$5,000 termining a port test of the Z), Part II, line reater of (1) Parts I and II.
Note. Only a section 501(nstructions. General Rule X For an organiza or more (in mol contributor's to Special Rules For an organiza regulations und 13, 16a, or 16b \$5,000 or (2) 2 For an organiza contributor du	c)(7), (8), or (10) organization can check boxes for both the General Rule and tion filing Form 990, 990-EZ, or 990-PF that received, during the year, con- ney or property) from any one contributor. Complete Parts I and II. See instr tal contributions. tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contribut	ributions tota uctions for de 33 1/3 % sup 990 or 990-E2 ions of the g 1. Complete F nat received fi s, charitable,	aling \$5,000 termining a 2), Part II, line reater of (1) Parts I and II. rom any one scientific,
Note. Only a section 501(nstructions. General Rule X For an organiza or more (in mol contributor's to Special Rules For an organiza regulations und 13, 16a, or 16k \$5,000 or (2) 2 For an organiza contributor, du literary, or educ For an organiza contributor, du	c)(7), (8), or (10) organization can check boxes for both the General Rule and tion filing Form 990, 990-EZ, or 990-PF that received, during the year, com- ney or property) from any one contributor. Complete Parts I and II. See instr tal contributions. tal contributions. the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 5 , and that received from any one contributor, during the year, total contribut % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ing the year, total contributions of more than \$1,000 <i>exclusively</i> for religious cational purposes, or the prevention of crueity to children or animals. Complete ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the tring the year contributions of more than \$1,000 <i>exclusively</i> for religious cational purposes, or the prevention of crueity to children or animals. Complete the year contributions exclusively for religious, charitable, etc., purpose	aributions tota uctions for de 33 1/3 % sup 390 or 990-E2 ions of the g 1. Complete F nat received fi s, charitable, ote Parts I, II, nat received fi s, but no such	aling \$5,000 termining a 2), Part II, line reater of (1) Parts I and II. rom any one scientific, and III. rom any one
Note. Only a section 501(nstructions. General Rule X For an organiza or more (in mol contributor's to Special Rules For an organiza regulations und 13, 16a, or 16b \$5,000 or (2) 2 For an organiza contributor, du literary, or educ For an organiza contributor, du icontributor, du contributor, du contributor, du contributor, du contributions to during the year General Rule a totaling \$5,000	c)(7), (8), or (10) organization can check boxes for both the General Rule and tion filing Form 990, 990-EZ, or 990-PF that received, during the year, com- ney or property) from any one contributor. Complete Parts I and II. See instr tal contributions. Attion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 4 , and that received from any one contributor, during the year, total contribut % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line attion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that fing the year, total contributions of more than \$1,000 <i>exclusively</i> for religious cational purposes, or the prevention of crueity to children or animals. Complete	aributions tota uctions for de 33 1/3 % sup 390 or 990-E2 tions of the g 1. Complete F nat received fi s, charitable, ate Parts I, II, nat received fi s, but no such tions that we of the parts un nable, etc., co	aling \$5,000 Itermining a port test of the Z), Part II, line reater of (1) Parts I and II. rom any one scientific, and III. rom any one here received aless the pontributions

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	IEDULE D 'm 990)	Supplem	ental Financial S	tatement	is	OMB No, 1545-0047
(1 01	11 5507	Complete if t	he organization answered "Y 8, 9, 10, 11a, 11b, 11c, 11d, 1	es" to Form 990, 11e. 11f. 12a. or	· 12b.	2014
D	deserved of the Treasure		Attach to Form 990.			Open to Public
	rtment of the Treasury al Revenue Service	Information about Schedule	D (Form 990) and its instruct	ions is at www.ii	rs.gov/form990.	Inspection
	of the organization				Employer identific	
	NG MENS CHRIS	TIAN ASSOC OF GREATER	MIAMI	Hay Funda a	59-06244	164
Pa	rt Organiza	tions Maintaining Donor Adv	Ised Funds or Other Sin	Nar Funds o	r Accounts.	
~	Complete	e if the organization answered	(a) Donor advised f		(b) Funds an	d other accounts
	** ()					
1	Aggrogato volue	nd of year of contributions to (during year) -				
3		of grants from (during year)				
4	Aggregate value a	at end of year,				·
5	Did the organizat	ion inform all donors and donor	advisors in writing that t	he assets held	l in donor advised	
	funds are the orac	inization's property, subject to the	e organization's exclusive le	egal control? .		Yes No
6	Did the organizat	on inform all grantees, donors, a	and donor advisors in writi	ng that grant i	funds can be used	1
	only for charitable	e purposes and not for the bene	fit of the donor or donor a	dvisor, or for	any other purpose	Yes 🗌 No
an balanda i		issible private benefit?			<u></u>	
Pa		tion Easements. If the organization answered	"Yes" to Form 990 Part	IV. line 7		
1	Purpose(s) of cor	servation easements held by the	organization (check all that	apply).		
•	Preservatio	n of land for public use (e.g., rec	reation or education)	Preservation	o of a historically ir	nportant land area
		of natural habitat	,	Preservation	of a certified hist	oric structure
	Preservatio	n of open space				
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation	n contribution i	n the form of a co	nservation
	easement on the	last day of the tax year.				e End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage res	tricted by conservation easement	5 <i></i>	 - /_\	2b 2c	
	Number of consei	vation easements on a certified rvation easements included in (historic structure included in	n (a)		
d	Number of conse	isted in the National Register.	s) acquired after of 1700,	and not on a	2d	
3	Number of conse	rvation easements modified, trai	nsferred, released, extingui	shed. or termi		anization during the
J						-
4	Number of states	where property subject to conse	rvation easement is located	▶		
5	Does the organiz	zation have a written policy re	garding the periodic mor	nitoring, inspe	ction, handling o	f r r.
	violations, and en	orcement of the conservation ea	sements it holds?			└── Yes └── N
6	Staff and voluntee	er hours devoted to monitoring, i	nspecting, and enforcing co	onservation ea	sements during the	e year
_	•	ses incurred in monitoring, inspec	ting and antaxains assoc	vation accom-	ents during the voc	r
7	Amount of expens	ses incurrea in monitoring, inspe	sung, and enforcing conser	VALION CASCING	onto adming the yea	
8	► \$	rvation easement reported on lin	e 2(d) above satisfy the re	quirements of s	section 170(h)(4)(B)(i)
0	and section 170/h)(4)(B)(ii)?				, 🗀 Yes 🗀 N
9	In Part XIII descr	ibe how the organization reports	conservation easements in	n its revenue ar	nd expense statem	ent, and
	balance sheet, ar	d include, if applicable, the text	of the footnote to the orgar	nization's finan	cial statements that	it describes the
Sector Manual	organization's acc	counting for conservation easeme	ents.		on Cimilar Accet	c ·
Pa	Organiza	tions Maintaining Collections e if the organization answered	S OT ART, HISTORICAL LIGAS	IV. line 8	er Similar Asset	3.
	Completi	- alerted as as writing under O	EAS 116 /ASC 059) not 1	n report in He	revenue stateme	nt and balance she
1a	works of art. his	n elected, as permitted under S torical treasures, or other simil ovide, in Part XIII, the text of the f	ar assets held for public	exhibition, ed	ucation, or resea	rch in furtherance
	public service, pro	ovide, in Part XIII, the text of the f	ootnote to its financial state	ements that de	sondes mese item	ið. Int and halanda dhe
b	If the organizatio	n elected, as permitted under torical treasures, or other simil	SFAS 116 (ASC 958), to ar assets held for nublic	exhibition. ed	ucation, or resea	rch in furtherance
	nublic service bro	wide the following amounts relat	ing to these items:			
	(i) Revenue inclu	ided in Form 990. Part VIII, line 1				\$
	(ii) Assets include	d in Form 990 Part X.			🕨	\$
2	If the organization	on received or held works of a	rt, historical treasures, or	other similar	assets for finance	cial gain, provide t
	following amount	s required to be reported under S	SFAS 116 (ASC 958) relatir	ng to these iter	ns:	
a	Revenue included	l in Form 990, Part VIII, line 1 Form 990, Part X		· · · · · · · · · · ·		Ψ \$
b	Assets included I	FUIII 330, FaitA.			<u> </u>	y
Ecr 1		n Act Notice, see the instructions fo	r romi 990.			

CAM # 17-0875
Exhibit 2
Page 24 of 176

	· · · YOU	ING MENS CHRIST	IAN ASSOC OF	GREATER M	IAMI	59-062	4464	- · · · 7
	ule D (Form 990) 2014 Organizations Maintainii	ng Collections of a	Art, Historical T	'easures, oi	r Other Simila	r Asset	s (continu	Page 2 100)
	Using the organization's acquisition	on, accession, and ot	her records, check	any of the f	following that an	e a signi	ficant use	of its
	collection items (check all that app							
а	Public exhibition	27	d Loan d	r exchange p	rograms		•	
b	Scholarly research		e Other					
~	Breservation for future gene	rations						
ur i	Provide a description of the orga	nization's collections	and explain how t	hey further tl	ne organization's	exempt	purpose i	n Part
	XIII							
	During the year, did the organization	on solicit or receive do	onations of art, histo	orical treasure	s, or other simila	r	F"	
	agasts to be cold to raise funds rat	her than to he maintai	ned as part of the c	roanization's	collection?		Yes	<u>No</u>
art	Escrow and Custodial Ar or reported an amount o	r <mark>rangements</mark> . Comp n Form <u>990, Part X,</u>	plete if the organ line 21.	zation answ	ered "Yes" to Fe	orm 990	, Part IV,	line 9,
1	Is the organization an agent, truste	ee, custodian or other	intermediary for c	ontributions o	r other assets not	r		No
	included on Form 990, Part X?					••• L	Yes	
)	If "Yes," explain the arrangement	in Part XIII and compl	ete the following tab	Ne:	Λ	aourt		
					An	nount		
;	Beginning balance			10				
1.	Additions during the year			10				
9	Distributions during the year			<u>1e</u>				
r	Ending balance				todial account list	jiih/2	Yes	No
3	Did the organization include an an	nount on Form 990, P	art A, line 21, for e	boo boon pro	vided in Part YIII	/atty: [بببر است	
	If "Yes," explain the arrangement	in Part XIII. Check her	re if the explanation	nas peen pro	AGO Darf IV I	<u>ne 10</u>		
art	Endowment Funds. Com	ipiete it the organiz	(b) Prior year	(c) Two years	back (d) Three ye	ars back	(e) Four yea	rs back
		(a) Current year 71, 976.	69,447.	563,				5,044.
	Beginning of year balance		07,447.	26,		<u>,</u>		500
	Contributions			207			• •	
	Net investment earnings, gains,	-21,266.	2,529.	1.	6401	,335.		2,075.
	and losses		LJ JLJ.	*1				••••••
	Grants or scholarships							
	Other expenditures for facilities			521,	910. 808	,677.	1,36	4,413.
	and programs			/		·		
	Administrative expenses		71,976.	69.	447. 563	,194.	1,37	3,206.
].	End of year balance					·		
_	Board designated or quasi-endow	ment N	%					
	Permanent endowment	ment ►	-					
	Temporarily restricted endowment	· · · · · · · · · · · · · · · · · · ·						
5	The percentages in lines 2a, 2b, a		0%.					
	The percentages in mes za, zb, a	the possession of the	e organization that	are held and	administered for	the		
-	Are there endowment funds not in					•	Ye	s No
a	Are there endowment funds not in							X
a	Are there endowment funds not in organization by:						3a(i)	X
a	Are there endowment funds not in organization by: (i) unrelated organizations						3a(i) 3a(ii)	X
a	Are there endowment funds not in organization by: (i) unrelated organizations					 . <i></i> .		
a	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations f "Yes" to 3a(ii), are the related of	organizations listed as r	equired on Schedul				3a(1i)	
a b	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended	organizations listed as r uses of the organizat	equired on Schedul ion's endowment fu	e R?			3a(li) 3b	<u>x</u>
a b	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended Land, Buildings, and Equ Complete if the organization	organizations listed as r uses of the organizat uipment. ation answered "Yes	equired on Schedul ion's endowment fu s" to Form 990, P	R?	1a. See Form 9	90, Part	3a(ii) 3b	<u>x</u>
a b	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended	organizations listed as r uses of the organizat upment. ation answered "Yes	equired on Schedul ion's endowment fu s'' to Form 990, P other basis (b) Cost	art IV, line 1		90, Part	3a(li) 3b	<u>x</u>
a b ar	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended tvi Land, Buildings, and Equ Complete if the organization Description of property	organizations listed as r uses of the organizat upment. ation answered "Yes (a) Cost or o (investi	equired on Schedul ion's endowment fu s ^{ir} to Form 990, P other basis (b) Cost ment) (c	e R? nds, art IV, line 1 or other basis ther)	1a. See Form 9 (c) Accumulated	90, Part	3a(ii) 3b).
a b ar	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended IVI Land, Buildings, and Equ Complete if the organize Description of property Land	organizations listed as r uses of the organizat uipment. ation answered "Yes (a) Cost or o (investi	equired on Schedul ion's endowment fu s th to Form 990, P other basis (b) Cost ment) 2,	art IV, line 1	1a. See Form 9 (c) Accumulated	90, Part	3a(II) 3b X, line 1(book value 2, 698 16, 095	X). ,839. ,791.
a b ar	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended VI Land, Buildings, and Equ Complete if the organization Description of property Land Buildings	organizations listed as r uses of the organizat uipment. ation answered "Yes (a) Cost or o (investi	equired on Schedul ion's endowment fu sther basis (b) Cost ment) (2, 18,	art IV, line 1 or other basis other) 598, 839 . 108, 987 .	1a. See Form 9 (c) Accumulated depreciation	90, Part	3a(ii) 3b t X, line 1(i) Book value 2, 698 16, 095 151	X ,839. ,791. ,074.
a b ar b c	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended I Land, Buildings, and Equ Complete if the organization Description of property Land	organizations listed as r uses of the organizat upment. ation answered "Yes (a) Cost or o (investi	equired on Schedul ion's endowment fu s th to Form 990, P other basis (b) Cost ment) (2, 18,	art IV, line 1 or other basis other) 598, 839,	1a. See Form 9 (c) Accumulated depreciation 2, 313, 196.	90, Part	3a(ii) 3b t X, line 1(i) Book value 2, 698 16, 095 151	X). ,839. ,791.
a b a b c d	Are there endowment funds not in organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related of Describe in Part XIII the intended VI Land, Buildings, and Equ Complete if the organization Description of property Land Buildings	organizations listed as r uses of the organizat uipment. ation answered "Yes (a) Cost or o (Investi	equired on Schedul ion's endowment fu s th to Form 990, P other basis (b) Cost ment) (2, 18,	art IV, line 1 or other basis other) 598,839, 108,987, 571,901.	1a. See Form 9 (c) Accumulated depreciation depreciation 2,313,196. 520,827.	90, Part	3a(ii) 3b X, line 1(book value 2, 698 16, 095 151 552	X ,839. ,791. ,074.

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t VII	Investments - Other Securities. Complete if the organization answered	"Yes" to 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
Inancia	I derivatives		
	held equity interests		
3) C)			
⊻ ୬)			
É)		•	
5			· · · · · · · · · · · · · · · · · · ·
<u>3)</u>			
H)	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
rt VIII	Income Pointed		
	Complete if the organization answered	"Yes" to 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
)			
)			
) }			
<u>}</u> }			·
/ }			
7)			
7) 3) 9)			
7) 3) 9) al. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
7) 3) 9)	0(1) A	d "Yes" to Form 990	
7) 3) 9) al. (Columi	Other Assets. Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
7) 3) 9) al. (Columi art. IX	Other Assets. Complete if the organization answere), Part IV, line 11d. See Form 990, Part X, line 15.
7) 3) 9) art. (Columi art. IX	Other Assets. Complete if the organization answere), Part IV, line 11d. See Form 990, Part X, line 15.
7) 3) 9) Art IX 1) 2)	Other Assets. Complete if the organization answere), Part IV, line 11d. See Form 990, Part X, line 15.
7) 3) 3) Art IX 1) 2) 3)	Other Assets. Complete if the organization answered (a) De), Part IV, line 11d. See Form 990, Part X, line 15.
)) (Column (Column () () () () () () () () () ()	Other Assets. Complete if the organization answered (a) De), Part IV, line 11d. See Form 990, Part X, line 15.
))) (Column (Column (Column (Column)))))))))))))	Other Assets. Complete if the organization answered (a) De), Part IV, line 11d. See Form 990, Part X, line 15.
))) (Column it IX)))))))))))))	Other Assets. Complete if the organization answered (a) De	escription), Part IV, line 11d. See Form 990, Part X, line 15.
))) (column (column (column)))))))))))))))))))	Other Assets. Complete if the organization answered (a) De	escription	b, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
() 3) 3) 1) 1) 1) 2) 3) 4) 5) 5) 5) 3) 7) 8) 9)	Other Assets. Complete if the organization answered (a) De	escription	b, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
7) 3) 3) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B)	escription), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
7) 3) 3) 4. (Column art IX 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Col	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere	escription	b, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
7) 3) 3) 4) 1) 1) 2) 3) 4) 5) 5) 5) 6) 7) 8) 9) tal. (Col	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.	line 15.)	0, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value
() () () () () () () () () ()	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	escription), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value (c) Book value (c
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() () () () () () () () () ()	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes UED EXPENSES	line 15.)	0, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value (c) Book value (c
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7) 3) 3) 3) 3) 3) 4) 5) 5) 5) 6) 7) 8) 9) tal. (Co/ art X 9) 9) tal. (Co/ 3) INTE 4) 5) 6)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes UED EXPENSES	line 15.)	0, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value (c) Book value (c
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7) 3) 3) 4) 11 (Column 11 (Column 3) 4) 5) 6) 7) 7) 81 (Col 7) 9) 10 Fede 11 Fede 2) ACCR 3) INTE 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes UED EXPENSES	line 15.) d "Yes" to Form 99((b) Book val 361, 178,	0, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (b) Book value (c) Book value (c

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46.00		ith Dr	avanu	e per Re	eturn.		
Part)	Reconciliation of Revenue per Audited Financial Statements W		40-	-			
	Complete if the organization answered "Yes" to Form 990, Part IV	, line	12a.			15 00	7 400
1	Total revenue, gains, and other support per audited financial statements				• • 1	15,98	7,499.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			10 5			
	Net unrealized gains (losses) on investments	2a		-12,7	83. Addre		
	Donated services and use of facilities	2b					-
С	Recoveries of prior year grants	2c					
q	Other (Describe in Part XIII.)	2d			<u>35</u> .85		
е	Add lines 2a through 2d				2e		2,783.
3	Subtract line 2e from line 1				3	16,00	0,282.
4—	Amounts Included on Form 990, Part VIII, line 12, but not on line 1:				22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b				4c		
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	16,00	0,282.
Part)	Reconciliation of Expenses per Audited Financial Statements V	/ith E	xpen	ses per l	Return.		
	Complete if the organization answered "Yes" to Form 990, Part IV	∕, line∙	12a.		•	·	•
1	Total expenses and losses per audited financial statements				. 1	16,08	9,848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		• • • •				
	Donated services and use of facilities	2a			700000		
	Prior year adjustments	2b			10000		
		2c		-46,0	86.		
d	Other losses Other (Describe in Part XIII.)	2d					
e	Add lines 2a through 2d				2e		16,086.
	Subtract line 2e from line 1	 	<i></i>		. 3	16,13	15,934.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1.4.2		
-		1 1					
-	Investment expenses not included on Form 990. Part VIII, INC / D	4a			2, 70,040		
a L	Investment expenses not included on Form 990, Part VIII, line 7b	4 <u>a</u> 4b					
b	Other (Describe in Part XIII.)	4b			 Ác		_
b c 5 Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information.	4b	/. lines	1b and 2	b; Part V	line 4; Part	85,934. X, line
b c 5 Part rovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18.,</i>	Part IV	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 2art Part Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. a the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
b c 5 art ovide Part	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i> , Supplemental Information. The descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	Ab Part IV Provide	/, lines e any a	1b and 2 dditional	b; Part V, nformation	line 4; Part n.	X, line
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Schedule D (Form 990) 2014 YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI

Part XIII Supplemental Information (continued) SCHEDULE D, PART X, LINE 2, FIN 48 ASC 740 FOOTNOTE THE ASSOCIATION IS A NON-PROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUND-RAISING ACTIVITIES AND IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, EXCEPT FOR ANY INCOME THAT MAY BE A RESULT OF UNRELATED BUSINESS TRANSACTIONS. THE ASSOCIATION COMPLIES WITH THE PROVISIONS OF FASE ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER FASE ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE ASSOCIATION DOES NOT BELIEVE THAT IT HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ASSOCIATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ASSOCIATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE ASSOCIATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011. HOWEVER, THE ASSOCIATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2011 FORWARD.

Schedule D (Form 990) 2014

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CHEDULE G	Complete I	f the organization answe organization entered	more than \$1	5,000 on For	m 990-EZ, líne 6a.		<u>∠</u> SU I™
Form 990 or 990-EZ)		🕨 Attach	to Form 990	or Form 990-	EZ,		Open to Public
epariment of the Treasury ternal Revenue Service	Information	about Schedule G (Form	990 or 990-E	Z) and its ins	tructions is at www.ir:	,gov/torm990.	Inspection
ame of the organization	•				·	Employer identificatio	
OUNG MENS CHRIS	TIAN ASSOC O	F GREATER MIAM	(I		Ver" to Form 9		
Part I Fundraisi	ng Activities. Co	t required to comp	lete this n	art.		50, i aitiv, into i	
	-CZ mers are no	aised funds through	any of the	following a	activities. Check a	Il that apply.	
a Mail solicitati		- e	Solic	itation of n	on-government g	rants	
	email solicitations	f			overnment grants	i	
c X Phone solicit		g	X Spec	ial fundrai	sing events		
d In-person so	licitations				1 11 000	·····	
 2a Did the organizati or key employees b If "Yes," list the transmission of transmi	s listed in Form 99 en highest paid ir	90, Part VII) or entity idividuals or entities	in connec	fion with D	rotessional fundral	sing services r L	X Yes No fundraiser is to be
(I) Name and addre	ess of individual	(ii) Activity	custody o	draiser have r control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (fun				utions?		col. (i)	organizalion
			Yes	No	•		
	17337	MAJOR GIFT REQUESTS		x	11,000.	32,400.	
SANDRA BAKER FEF	<u>EN</u>	KEQUESTS					
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otal , , , , , , , , , , , , , , , , , , ,	which the organi	zation is registered	or license	to solicit	contributions or	has been notified	it is exempt from
 List all states in registration or lic 	ensing.	Zation to regioner	•				
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VOUNC	MENG	CHRISTIAN	ASSOC	OF	GREATER	MIAM
YOUNG	MENS	CHRISTIAN	ASSUC	OF	GREATER	PLLAP

59-0624464

Ì		00. (a) Event #1 Y VIP RECEPTION	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event lype)	(event type)	(lotal number)	
	1 Gross receipts	60,000.	•	0	60,000
				0	
	2 Less: Contributions	· · · ·			
	3 Gross income (line 1 minus	60,000.		. 0	60,000
	4 Cash prizes			0	
				0	
	5 Noncash prizes				
	6 Rent/facility costs			0	
	7 Food and beverages			0	
				0	
	8 Entertainment				
	9 Other direct expenses	30,709.		0	30,709
		<u></u>			20.700
1	10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the ord	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y)	P.	29,291
1	10 Direct expense summary. Add lines	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y)	art IV, line 19, or repo	29,291
1	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo)	art IV, line 19, or repo	29, 291 orted more (d) Total gaming (add
1	10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the ord	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo)	art IV, line 19, or repo	29,291 orted more (d) Total gaming (add
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo)	art IV, line 19, or repo	29, 291 orted more (d) Total gaming (add
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo)	art IV, line 19, or repo	29, 291 orted more (d) Total gaming (add
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo	/es" to Form 990, P. (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	29, 291 orted more (d) Total gaming (add
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo	/es" to Form 990, P. (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	29,291 rted more (d) Total gaming (add col. (a) through col. (c))
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo)	(c) Other gaming	29,291 orted more (d) Total gaming (add
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo)	(c) Other gaming	29,291 rted more (d) Total gaming (add col. (a) through col. (c))
	 Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yolunteer labor 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	art IV, line 19, or report (c) Other gaming % Yes%	29,291 rted more (d) Total gaming (add col. (a) through col. (c))
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line 1 Gaming. Complete if the org than \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	art IV, line 19, or report (c) Other gaming % Yes%	29,291 rted more (d) Total gaming (add col. (a) through col. (c))
	 Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yolunteer labor 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bi	(b) Pull tabs/instant bingo/progressive bingo	art IV, line 19, or reported to the second s	29,291 rted more (d) Total gaming (add col. (a) through col. (c))
	 Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Direct expense summary. Add lines Net gaming income summary. Subt 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bi	(b) Pull tabs/instant bingo/progressive bingo	art IV, line 19, or reported in the second s	29,291 rted more (d) Total gaming (add col. (a) through col. (c))
	 10 Direct expense summary. Add lines 11 Net income summary. Subtract line 12 Gaming. Complete if the orgethan \$15,000 on Form 990- 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 8 Net gaming income summary. Subt Enter the state(s) in which the organization licensed to conduct 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo (b) Bingo (c) Bi	<pre>)</pre>	art IV, line 19, or reported in the second s	29,291 rted more (d) Total gaming (add col. (a) through col. (c))
	 Direct expense summary. Add lines Net income summary. Subtract line Gaming. Complete if the org than \$15,000 on Form 990- Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Direct expense summary. Add lines Net gaming income summary. Subt 	4 through 9 in column (d) 10 from line 3, column (d) janization answered "Y EZ, line 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bi	<pre>) (b) Pull tabs/instant bingo/progressive bingo (b) Pull tabs/instant bingo/progressive bingo (c) Yes (c) Yes (c) No) lumn (d) tivities: n of these states?</pre>	art IV, line 19, or reported in the second s	29,291 rted more (d) Total gaming (add col. (a) through col. (c))

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	NOTICE WIND CURTERIAN ASSOC OF GREATER MIAMI 59-0624464
	YOUNG MENS CHRISTIAN ASSOC OF GRUITING THEATS
chedu 1	In G (Form 990 or 990-EZ) 2014 Does the organization conduct gaming activities with nonmembers?
2	to the organization a granter, beneficiary or trustee of a trust or a member of a partnership or other entity
4	formed to administer charitable gaming?
3	Indicate the percentage of gaming activity conducted in:
	The organization's facility
b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
b	if "Yes," enter the amount of gaming revenue received by the organization F $\psi_{}$
	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
47	Mandatory distributions:
17	is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	an and the argonization's own exempt activities during the tax year > 3
Par	Supplemental Information. Provide the explanation 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
	Part III, lines 9, 90, 100, 150, 150, 16, and 170, as applicable. Also provide any deditional and the second
	·
	Schedule G (Form 990 or 990-EZ) 2014
JSA 503 2.0	
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Compare 10 Compare 10 <th>organization answered "Yea" on Form 900. Solution answered "Yea" on Form 900. AMI Altach to Fo</th> <th>SCHEDULE K</th> <th></th> <th>al Infori</th> <th>nation o</th> <th>FOR CONSTRUCTIONS OF</th> <th></th> <th>TOR CONSTRUCTIONS OF EXISTING ax-Exempt Bonds</th> <th><u>.</u></th> <th>FACILLTY .</th> <th>OMB No. 1545-0047</th> <th>1545-0047</th>	organization answered "Yea" on Form 900. Solution answered "Yea" on Form 900. AMI Altach to Fo	SCHEDULE K		al Infori	nation o	FOR CONSTRUCTIONS OF		TOR CONSTRUCTIONS OF EXISTING ax-Exempt Bonds	<u>.</u>	FACILLTY .	OMB No. 1545-0047	1545-0047
And And Is point Schedule K (Form 990) and Its Instructions Is at <i>WWWLIS_gOVIDOTINGUL</i> Employe And S9-c6 (9) base replice (1) beschiption of purpose (9) peteres (9) particle Fill 12/15/2010 9.350,000 9.350,000 (9) and the full full full full full full full ful	Answers > Information about Schedule K (Form set) and its instructions is at www.r.g.gov/mmsu. Biold lists: Exact and the instruction about Schedule K (Form set) and its instructions is at www.r.g.gov/mmsu. Biold lists: Exact and the instruction about Schedule K (Form set) and its instructions is at www.r.g.gov/mmsu. Biold lists: Event is an instruction about Schedule K (Form set) and its instructions is at www.r.g.gov/mmsu. Biold lists: Event is at www.r.g.gov/mmsu. Biold set: 91.318.000 bioleans Construction: 91.310.000 bioleans Const	ŭ ▲		ations, and tons, and ► A	"Yes" on For any additiona íttach to Forn	m 990, Part I' Il information n 990.	v, line zaa. in Part VI.	Tovide descri			. Open tr	Public
ANT Solution Instant	ANT Second (b) issuer Etail (e) CUSIP# (e) Description (f) Description of purpose (f) Description (f) Description	-	tion about Sche	dule K (For	n 990) and Its	s instructions	Is at www.	rs.gov/form9	, ,		Inspec Mantification	100 numher
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(b) Issuer EIN (e) CUSITP # (d) Detection (g) Dete	(b) Issuer EIN (c) CUSITP # (d) Outed Issued (e) CUSITP # (d) Description of purpose (d) Description (d) D	Bond Issues									(h) On	(i) Pooled
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$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	A MIAMI-DADE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1662816		12/15/2010	9,350,0(FOR	TRUCTION OF E	CISTING FAC	Yes		
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or a member of an LLC, Yes No Ye	Dr a member of an LLC, A B C south in private business use of Errom 390. X Yes No Yes No		:	× • • • • • • • • • • • • • • • • • • •	4 3 4	X						
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or a member of all they are they are they are of x x x x x x x x x x x x x x x x x x	ar a member of an LLC, X X X X X X X X X X X X X X X X X X X		1	Ĭ	 ,	:	-		Yes	No	Yes	No
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Form 990. AM V 14-6F	Еогт 390. АМ V 14-6F		: .5	ate busines	nse							
Form 990. AM V 14-6F	Form 990. AM V 14-6F	bond-financed property?					X					
AM V 14-6F	AM V 14-6F	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.							UN UN	chedule K (Fr הארידי	rm 990) 2014 3 D
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	CONSTRUCTIONS	ы ОЕ	EXISTING FACILIT.	TLITY			1 DBT L
	A	5				٥	
3a Are there any management or service contracts that may result in private	Yes No X	Yes	No	Yes	°	Yes	NO
bit "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	-						
connsei to review any management of service connector reprint whether any research agreements that may result in private business use of bood financed property?	×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to raview any research arreements relating to the financed property?.							
Enter the percentage of financed property used in a private business use by entities	%		%		%		%
	76		5		%		6
3) organization, or a state or lo	%		%		%		%
6 lotal or lines 4 and 5	X						
1	×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or	%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sertions 1.145-27							
the organization established written procedures lualified bonds of the issue are remediated in a irements under Regulations sections 1.141-12	×						
Part IV Arbitrage	A	m			0		
A Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes No	Yes	No	Yes	No	Yes	Ŷ
Penalty in Lieu of Arbitrage Rebate?	X						
2 If "No" to line 1, did the following apply?	*						
a Rebate not due yet?	: X						
c No rebate due?	X						
e 2c, provide in Parl							
bellouliteu	X						
-	X						
	BB&T						
c Term of hedge	7.000						
d Was the hedge superintegrated?	XX						
					U)	Schedule K (Form 990) 2014	orm 990) 2(
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Page 3	No Ves No	C D No Yes No	Schedule K (Form 390) 2014	
YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI 59-0624464	(Continued) A B Yes No Yes No Yes eds invested in a guaranteed investment contract (GIC)? Yes No Yes No Yes safe harbor for establishing the fair market value of the GIC satisfied? X X X X nization established written procedures to monitor the X X X	Part V Procedures To Undertake Corrective Action A B Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? No Yes Yes No Yes Yes No Yes Yes </td <td>ASA TAGE ASA TA</td> <td></td>	ASA TAGE ASA TA	

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Page 4			• • • •			Schedule K (Form 990) 2014 PAGE 41
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(Form 980) 2014 Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (<i>Continued</i>)	- ·					
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2014
Open to Public
Inspection
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Employer identification number 59~0624464

YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI

FORM 990, PART VI, SECTION B, LINE 11B.

A DRAFT OF THE 990 IS SUBMITTED TO THE AUDIT COMMITTEE (A COMMITTEE OF VOLUNTEERS) FOR REVIEW. ONCE THE RETURN HAS BEEN REVIEWED AND DISCUSSED BY THE AUDIT COMMITTEE, THE DRAFT OF THE 990 IS SENT TO THE MEMBERS OF THE BOARD OF DIRECTORS. AT THE BOARD OF DIRECTORS MEETING, THE MEMBERS ARE ABLE TO MAKE INQUIRIES AND RECOMMENDATIONS FOR ANY CHANGES PRIOR TO FILING. ONCE THE 990 HAS BEEN BEEN APPROVED, THE CEO IS GIVEN AUTHORIZATION TO SIGN THE RETURN AND FILE IT WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

ANNUALLY, DIRECTORS AND OFFICERS ARE REQUIRED TO READ AND SIGN THE YMCA'S CONFLICT OF INTEREST FOLICY. ANY POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED IN WRITING AND ANY POTENTIAL CONFLICTS MUST BE APPROVED BY THE BOARD OF DIRECTORS. EMPLOYEES ARE ALSO REQUIRED TO READ AND SIGN THE STAFF CONFLICT OF INTEREST POLICY AND ANY POTENTIAL CONFLICTS MUST BE APPROVED BY THE VICE PRESIDENT OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION B, LINE 15A AND B ON AN ANNUAL BASIS, THE CHIEF HUMAN RESOURCES OFFICER PERFORMS AN INTERMEDIATE SANCTIONS REVIEW OF ALL OFFICER AND KEY EMPLOYEE COMPENSATION BY COMPILING COMPARABILITY DATA. THIS DATA IS PRESENTED TO THE COMPENSATION COMMITTEE WHO WILL REVIEW ALL ELEMENTS OF OFFICER COMPENSATION AND RECOMMEND DOCUMENTATION AND APPROVAL BY THE FULL BOARD OF DIRECTORS IN A MANNER THAT IS CONSISTENT WITH THE ORGANIZATION'S

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		Page Z
•	Schedule O (Form 990 or 990-EZ) 2014	Employer Identification number
	Name of the organization	59-0624464
	YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI	59-0024404

MISSION AND VALUES, THE EXECUTIVE COMPENSATION STRATEGY, AND IRS GUIDELINES FOR KEY EMPLOYEES.

FORM 990, FART VI, SECTION C, LINE 19 THE COMPANY'S ARTICLES OF ASSOCIATION, INCLUDING ALL AMENDMENTS THERETO, ARE MAINTAINED BY THE COMPANY'S REGISTERED AGENT AT THE COMPANY'S REGISTERED OFFICE IN ACCORDANCE WITH SECTION 617.0501 OF THE FLORIDA NOT-FOR-PROFIT CORPORATION ACT AND, IN ADDITION, ARE AVAILABLE TO THE PUBLIC ON THE FLORIDA'S SECRETARY OF STATE WEBSITE (WWW.SUNBIZ.ORG). THE COMPANY'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES IN 2014 THE Y PROVIDED VARIOUS SWIMMING LESSONS TO INFANTS, BABIES, CHILDREN AND ADULTS. THE YMCA YOUTH SPORTS PROGRAMS ALSO PROVIDES KIDS AND TEENAGERS A HEALTHY, ACTIVE WAY TO BUILD FRIENDSHIPS, DEVELOP TEAMWORK SKILLS, AND LEARN TO RESPECT THEMSELVES, THEIR TEAMMATES AND THEIR COACHES. IN 2014, THE YMCA ACTIVE OLDER ADULT PROGRAM PROVIDED SERVICES TO SENIORS IN OUR COMMUNITY. THE YMCA IS AT THE FOREFRONT OF SERVING THE COMMUNITY. ACCORDINGLY, THE YMCA PROVIDED PROGRAMS TO HELP ASSIST IN ACHIEVING OUR VISION TO GROW AND TO SERVE ONE IN TEN PEOPLE IN MIAMI-DADE, HELPING ALL GROW IN SPIRIT, MIND AND BODY.

Schedule O (Form 990 or 990-EZ) 2014

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OUNG MENS CHRISTIAN ASSOC OF GREATER M	MIAMI	59-062446	54
		ATTACHMENT	1
FORM 990, PART III - PROGRAM SERVICE,	LINE 4A		
THE FAMILY LIFE PROGRAMS SERVED 4,557			
(AFTERSCHOOL PROGRAMS) AND 3 PRESCHOOL			
COUNTY. THE AFTERSCHOOL SERVICE HELPS			
CHILDREN ARE CARED FOR IN A SAFE ENVI		D,	
SUCH AS HOMEWORK ASSISTANCE, HELP ENH	ANCE THE CHILD'S ACADEMIC		
LEARNING, AS WELL AS THEIR PHYSICAL H	EALTH THROUGH EXERCISE,		
OUTDOOR PLAY AND NUTRITION EDUCATION.	THE EARLY CHILDHOOD PROGR	АМ	
(PRESCHOOL) FOCUSES ON FOUR DEVELOPME	NTAL AREAS: SOCIAL/EMOTION	AL,	
PHYSICAL, COGNITIVE, AND LANGUAGE. T	THIS PROGRAM ALSO ALLOWS		
PARENTS TO WORK WHILE THEIR CHILDREN	APE CARED FOR TN A SAFE AN	D	
PARENTS TO WORK WHILE THEIR CHILDREN	ANE ONNED FOR ER IT FILLE		
PARENTS TO WORK WHILE THEIR CHILDREN NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT	/IDED \$356,000 IN SCHOLARSH	IIPS	
NURTURING ENVIRONMENT. THE YMCA PROV	/IDED \$356,000 IN SCHOLARSH	HIPS RE.	
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT	/IDED \$356,000 IN SCHOLARSH PERSCHOOL AND PRESCHOOL CAR	IIPS	
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT	ILDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES	NIPS RE. <u>ATTACHMENT</u>	
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT	/IDED \$356,000 IN SCHOLARSH PERSCHOOL AND PRESCHOOL CAR	HIPS RE.	REVENUE
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT FORM 990, PART III, LINE 4D ~ OTHER PH DESCRIPTION	ILDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES	NIPS RE. <u>ATTACHMENT</u>	REVENUE
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT FORM 990, PART III, LINE 4D ~ OTHER PH DESCRIPTION	JIDED \$356,000 IN SCHOLARSH MERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES <u>GRANTS</u>	LIPS ATTACHMENT EXPENSES	
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT FORM 990, PART III, LINE 4D - OTHER PH DESCRIPTION AQUATICS AND SPORTS PROGRAMS	JIDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES <u>GRANTS</u> 33,325.	ATTACHMENT ATTACHMENT EXPENSES 927,148.	<u>REVENUE</u> 567,638
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT FORM 990, PART III, LINE 4D - OTHER PH DESCRIPTION AQUATICS AND SPORTS PROGRAMS	JIDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES <u>GRANTS</u> 33,325.	ATTACHMENT ATTACHMENT EXPENSES 927,148.	<u>REVENUE</u> 567,638 <u>567,638</u>
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT <u>FORM 990, PART III, LINE 4D - OTHER PH</u> <u>DESCRIPTION</u> AQUATICS AND SPORTS PROGRAMS TOTALS	TIDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES 	ATTACHMENT ATTACHMENT EXPENSES 927,148. 927,148.	<u>REVENUE</u> 567,638 <u>567,638</u>
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT FORM 990, PART III, LINE 4D - OTHER PH DESCRIPTION AQUATICS AND SPORTS PROGRAMS	VIDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES 	ATTACHMENT EXPENSES 927,148. 927,148. ATTACHMENT 3 ACTORS	<u>REVENUE</u> 567,638 <u>567,638</u>
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT <u>FORM 990, PART III, LINE 4D - OTHER PH</u> <u>DESCRIPTION</u> AQUATICS AND SPORTS PROGRAMS TOTALS	TIDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES 	ATTACHMENT EXPENSES 927,148. 927,148. ATTACHMENT 3 ACTORS	<u>REVENUE</u> 567,638 <u>567,638</u>
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT <u>FORM 990, PART III, LINE 4D - OTHER PH</u> <u>DESCRIPTION</u> AQUATICS AND SPORTS PROGRAMS TOTALS <u>990, PART VII- COMPENSATION OF THE FT</u> <u>NAME AND ADDRESS</u> YMCA OF BROWARD COUNTY	VIDED \$356,000 IN SCHOLARSH TERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES 	ATTACHMENT EXPENSES 927,148. 927,148. ATTACHMENT 3 ACTORS	<u>REVENUE</u> 567,638 <u>567,638</u>
NURTURING ENVIRONMENT. THE YMCA PROV TO CHILDREN THAT COULD NOT AFFORD AFT <u>FORM 990, PART III, LINE 4D - OTHER PH</u> <u>DESCRIPTION</u> AQUATICS AND SPORTS PROGRAMS TOTALS <u>990, PART VII- COMPENSATION OF THE FI</u> <u>NAME AND ADDRESS</u>	VIDED \$356,000 IN SCHOLARSH PERSCHOOL AND PRESCHOOL CAR ROGRAM SERVICES GRANTS 33,325. 33,325. VE HIGHEST PAID IND. CONTR DESCRIPTION C	ATTACHMENT EXPENSES 927,148. 927,148. ATTACHMENT 3 ACTORS	<u>REVENUE</u> 567,638 <u>567,638</u>

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DUNG MENS CHRISTIAN ASSOC OF GREATE	N TILATI		NT 3 (CONT'D)
90, PART VII- COMPENSATION OF THE I	TVE HIGHEST PAID IND. CON	TRACTORS	
90, PART VII- COMPENSATION OF THE I			COMPENSION
IAME AND ADDRESS	DESCRIPTION	OF SERVICES	COMPENSATION
KOLDAIRE, INC	REFRIGERAT	ION/HEAT	172,878.
4659 NW 103 AVENUE			•
SUNRISE, FL 33351			
JAN-PRO OF SOUTHEAST FLORIDA	CLEANING		171,584.
1820 NE 163 STREET. SUITE 203 NORTH MIAMI BEACH, FL 33162			
	,	•	
		ATTACHME	NT 4
FORM 990, PART VIII - INVESTMENT IN	COME		
· ·	(A) (B)	(C)	(D)
	TOTAL RELATED C	OR UNRELA	TED EXCLUDE
DESCRIPTION	REVENUE EXEMPT REVE	ENUE BUSINESS	
INTEREST INCOME	79,160.		79,160.
	79,160.		79,160
TOTALS			
		ATTACHM	
FINDDAISING F	WENTS	ATTACHM	· ·
FORM 990, PART VIII - FUNDRAISING E			
	GROSS D	IRECT	NET
DESCRIPTION		PENSES	INCOME
W NTR DECEDRION	60,000.	30,709.	29,291.
Y VIP RECEPTION		30,709.	29,291.
TOTALS	60,000.		
		ATTACHMENT	6
		, ,	

Schedule O (Form 990 or 990-EZ) 2014

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ame of the organization	59-0624464	
YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI	ATTACHMENT 6 (CONT')	<u>)</u>
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES		
FORM 990, PART X - PREPAID EAFENDED AND DEFENDED TO		•
	ENDING	
	BOOK VALUE	
DESCRIPTION	· ·	
	530,752.	
PREPAID INSURANCE		
TOTALS	530,752.	
	ATTACHMENT 7	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	=	
	ENDING	COST
	BOOK VALUE	OR FMV
DESCRIPTION		
	2,823,526.	FMV
SECURITIES	_,,	
	2,823,526.	
TOTALS		
	ATTACHMENT 8	
FORM 990, PART X - DEFERRED REVENUE		
	ENDING	
	BOOK VALUE	
DESCRIPTION	Book viller	
	6,416,552.	
DEFERRED REVENUE	0, ±10, 0021	
	6,416,552.	
TOTALS		
	ATTACHMENT 9	
·	LIT TUNCTURE -	
FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE		
LENDER: SHORT TERM BORROWINGS	100 600	
	4 2 1 10 1 -	
BEGINNING BALANCE DUE	. 423,583. 347.257.	
	. <u>425,365.</u> . <u>347,257.</u>	
BEGINNING BALANCE DUE		00 or 000 E7\ 90

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Schedule O (Form 990 or 990-EZ) 2014	Employer identification number
Name of the organization YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI	59-0624464
YOUNG MENS CHRISTIAN ASSOC OF CHEMIEN HEAL	ATTACHMENT 9 (CONT'D)
BEGINNING BALANCE DUE	1,025,895.
ENDING BALANCE DUE	844,454.
ENDING BALANCE DUE	

LENDER: LONG TERM BORROWINGS

BEGINNING BALANCE DUE	43,383.
	29,383.
ENDING BALANCE DUE	29,383.

Schedule O (Form 990 or 990-EZ) 2014

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	Page 2
Schedule O (Farm 990 or 990-EZ) 2014	Employer identification number
lame of the organization YOUNG MENS CHRISTIAN ASSOC OF GREATER MIAMI	59-0624464
YOUNG MENS CHRISTIAN ASSOC OF GREATHY CHRIST	ATTACHMENT 9 (CONT'D)
LENDER: SECURED LINE OF CREDIT	
BEGINNING BALANCE DUE	1,500,000.
BEGINNING BALANCE DUE	1,450,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	2,992,861.
TOTAL ENDING MORTGACES AND OTHER NOTES PAYABLE	2,671,094.

Schedule O (Form 990 or 990-EZ) 2014

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	(Inc	-	nformation on List		ту)		2014
artment of the Treasury	► Information about F	• • • • • • • • • • • • •	 Attach to your tax re 	tum. Ictions is at M	ww.irs.aov/for	m4562.	Atlachment Sequence No. 179
mal Revenue Service (99)	Information about Press and the second press of the second pres	0(1/1 4002 1	una na asparare mano	- Intra in the fit			Identifying number
	ISTIAN ASSOC	ግ በፑ ር	REATER ΜΤΆΜ	Ι			59-0624464
YOUNG MENS CHR. siness or activily to which this for			<u> </u>		<u></u>		
SENERAL DEPREC	TATION			``			
Election To Ex	nense Certain Prot	perty Uno	ler Section 179				
Note: If you hav	ve any listed proper	ty, comp	lete Part V before	you comple	ete Part I.	····	
Maximum amount (see ins	structions)						
- Total cost of section 179-	property placed in servic	ce (see inst	uctions)	• • • • • • • •	* * * * * * * *	3	
Threshold cost of section	179 property before red	duction in li	mitation (see instruction				
Reduction in limitation. So Dollar limitation for tax year. Sub separately, see instructions	ubtract line 3 from line 2. btract line 4 from line 1, if zero or	. IT ZEFO OF I less, enter-0	lf married filing			5	
separalaly, see instructions	Description of property		(b) Cost (bu	siness use only) (c) Electe	<u> </u>	
(8)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Listed property. Enter the	amount from line 29			7		· · · · · · · · · · · · · · · · · · ·	
Total elected cost of sect	ion 179 property. Add a	mounts in	column (c), lines 6 and 1	7			
Tentative deduction. Enter	r the smaller of line 5 or	r line 8					
Carryover of disallowed d	leduction from line 13 o	f your 2013	Form 4562		5 (cee instrue	tions) 11	
Business income limitatio	on. Enter the smaller of	r business	income (not less than	∠eiu)or ‼ße ⊳11		11 (12	
2 Section 179 expense ded 3 Carryover of disallowed d	luction. Add lines 9 and	IV, DUL CO	10 less line 12	► 13			
3 Carryover of disallowed d ote: Do not use Part II or Part	till below for listed prone	anies = and arfy_Instead	use Part V.	- 1.0			
AND DESCRIPTION OF THE OWNER OF T	eciation Allowance	and Oth	er Depreciation (D	o not includ	le listed prope	rty.) (See	instructions.)
	lowance for qualified	property	(other than listed	property) pla	aced in servic	e	
Special depreciation all				••••		14	
during the tax year (see in	(structions)					•••	
during the tax year (see in Property subject to section	on 168(f)(1) election					15	
Property subject to section	on 168(f)(1) election			<i></i>			95,977
5 Property subject to section 6 Other depreciation (include	on 168(f)(1) election		property.) (See instr	<i></i>		15	95,977
Other depreciation (inclue Rart III MACRS Depre	on 168(f)(1) election , . ding ACRS) eciation (Do not inclu	ude listed	property.) (See instr Section A	ructions.)		15	95,977
Property subject to section Other depreciation (include Part III MACRS Depres	on 168(f)(1) election	ude listed	property.) (See instr Section A beginning before 2014	uctions.)	· · · · · · · · · · · · · · · · · · ·	<u>15</u> <u>16</u>	
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Exhibit 2 Page 43 of 176

unn i	4562 (2014)														Page
ar	Listed Prop	erty (Include	automobiles	, certa	ain ot	ner ve	hicles,	certa	ain aire	craft, ce	ərtain	compu	iters, a	and pro	ореп
	used for en	ertainment, rec	reation, or a	musen	the sta	andard	mileaa	e rate	or dec	lucting l	ease e	xpense,	comp	iete onl j	y 24a
	Section A -	Depreciation and	Other Infor	mation	(Cautio	n: See	the in	នរោមបរល	JUS IOU	imits for	passer	iger auto	<u>elidomc</u>	S.) Yes	No
4a	Do you have evidence	e to support the bus	iness/investme	nt use c	laimed?	Ye	9 1	NO 24	40 11-1	es, is in	e evidei	ICS WINCO			
	(a)	(b)	(c)		(d)		· (e) 5 Tor depre	ciation .	(f)	(g		(h Depred		(i) Elected sec	
т	ype of property (list	Date placed	Business/ investment use	Cost or	olher ba	sis (bus	ness/inves		Recovery period	Meth Conve		dedu		COS	
	vehicles first)	in service	percentage	1			use only)				1				i i i i i
5	Special depreciatio	n allowance for	qualified list	ed proj	perty p	laced (n servi	ice oui	nng		25				(144,-11) (1774)
	the tax year and us	ed more than 50%	6 in a qualitie			: <u>(200 II</u>	1311 UOU			,					
6	Property used mor	e than 50% 111 a c		1000000											
		•	%	6											
			%											L	
7	Property used 50%	or less în a quali	fied business	use:						·					
	<u>, , , , , , , , , , , , , , , , , , , </u>	······	%	6	•					S/L -					
			9							S/L -					
			9			<u> </u>				S/L -	28				
8	Add amounts in co	lumn (h), lines 25	through 27.	Enter h	iere an	d on lin	e 21, p	age 1			20	L	. 29		1.
9	Add amounts in co	lumn (i), line 26.	Enter here ar		1e /, pa		. <u></u>	-51/-1	<u></u>						
	plete this section fo		Section	n B - II dolor n	artnor	ntion o	n use	than !	5% own	er." or re	elated p	erson. [fyou p	rovided	vehic
om	plete this section fo our employees, first an	r vehicles used by swerthe questions	n Section C to	see if yo	ou meet	an exce	ption to	comple	ting this	section f	or those	vehicles	3.		
5 yc		swer ine questions	T	(a		(t	9		(C)	1 (6	1)	1 (₽ }	(f Vehic	
_		-twont milor dri	von during	Vehic		Vehi	cle 2	Veł	nicle 3	Vehi	cie 4	Ven	icle 5	Vento	
0	Total business/inve the year (do not in	clude commuting	miles)												
1	Total commuting n	niles driven during	the year												
	Total other p	ersonal (nonc	ommuting)									1			
-	miles driven														
33	Total miles drive	n during the	year. Add												
	lines 30 through 3			V.	Na	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle			Yes	No	165		100	1.10	+					
	use during off-duty									-					
35	Was the vehicle														
	than 5% owner or Is another vehic	le available for	r nersonal												
30											L				
		the A Arrest	Jana For Em	ploye	rs Who	o Provi	de Ve	hicles	for Us	e by Th	ieir En	nploye	es		
Ans	wer these question	ns to determine i	f you meet a	in exce	ption to	o comp	leting	Sectio	n B for	vehicles	used	by emp	loyees	who are	e no
20	than 5% owners	or related person:	s (see instruc	tions).										Yes	N
37	Do you maintain	a written policy	statement t	hat pro	phibits	all per	sonal l	ise of	vehicle	s, înclu	ding ci	ommutii	ng, by		1
	your employees? Do you maintain			hoł pr		 norsor	al use	of ve	hicles.	except	commi	iting, b	y your		1
38	Do you maintain employees? See t	a written policy	statement u	nat pr ad by c	omoral	e office	rs. dire	ctors.	or 1% o	more o	wners				
	employees? See t	ne instructions lu	mniovees as	person	al use?	0 011100	,							L	
10 29	Do you treat all us Do you provide	more than five v	/ehicles to v	our en	ployee	s, obta	in info	rmatio	n from	your e	mploye	es abo	ut the		
+0	use of the vehicles	and retain the i	nformation re	ceived?	?										<u> </u>
41		and a second	coming qualif	find out	omobil	e demo	nstrati	on use'	? (See ii	nstructio	ns.)			<u>810 karga</u>	L Viggers
• •	Do you meet the r Note: If your answ	ver to 37, 38, 39,	40, or 41 is	"Yes," d	o not c	omplete	e Sectio	on B fo	r the co	ver.ed ve	nicies.			1.10-57487	
Pa	rt VI Amortiza	tion			r				·····			(a)			
			(b)			(C)	•		(*	±)	Amor	e) tization		(f)	
	(a) Description		Date amor begin		A	nortizabl			Code	section		iod or entage	Amorti	zation for t	lhis ye
		the thread have been a	-		vear (s	ee instr	uctions	l							
42	Amortization of co	isis mat begins d		, 1-7 LELX	Jour (9			<u>, .</u>					•		
	•			-	1										
		ete that began b	efore your 20)14 tax	vear							43		. <u> </u>	
43	 Amortization of C 														
43 44	Amortization of co Total. Add amour	ts in column (f).	See the instru	uctions	for wh	ere to re	eport		<u></u>	<u></u>		. 44		orm 456	

1	¥		(,		(
Foi	" 99	0	Return of Orga Under section 50 1(c), 527, or 494	nization Exempt Fi 7(a)(1) of the Internal Revenue O			OMB No. 1545-0047
	ariment of ()		1 • • • • • • • • • • • • • • • • • • •	security numbers on this form a	-	•	Open to Public
-	nal Revenue For the 2		Information about F Information about F Information about F	orm 990 and its instructions is a and er		s.gov/10171990.	Inspection
	Check if applicable:	C Name of YOUN	forganization IG MEN'S CHRISTIAN IH FLORIDA, INC.			D Employer identifica	ition number
[]	Nama	Doing b	usiness as			59-06	24464
	Final Final Final Final Final Final Final Final Final Final Final Final Final Final Final Final Final Final Final	900	and street (or P.O. box if mail is not de SE 3RD AVENUE		oom/suite		57-0273 38,422,601.
	aled Amended Liretum		own, state or province, country, and LAUDERDALE , FL	1 ZIP or foreign postal code 33316		G Gross receipts \$ H(a) is this a group retu	·····
	Applica- tion pending	SAME	nd address of principal officer;SHI AS C ABOVE			for subordinates? H(b) Are all subordinates Inclu	Yes X No
			X 501(c)(3) 501(c) (YMCASOUTHFLORIDA. ((insert no.) 4947(a)(1) or	527	if "No," attach a lis H(c) Group exemption	st. (see instructions)
				ssociation Other >	L Year	of tormation: 1916 M	
	arti S	ummary				·····	
Activities & Governance	1 Br	efly describ	e the organization's mission or mos	t significant activities: SEE SC	CHEDU		
(em	i		x > if the organization disco			1 1	ets. 43
ĝ	•		ting members of the governing body ependent voting members of the go			3	43
as es			of individuals employed in calendar				1604
viti			of volunteers (estimate if necessary)				285
Acti	7 a To	tal unrelated	d business revenue from Part VIII, c	olumn (C), line 12		78	0.
·	b Ne	t unrelated	business taxable income from Form	990-T, line 34	·····		0.
		م منابع الله م	and avants (Dant Mill Une the)			Prior Year 4,504,463.	Current Year 13,689,145.
Revenue	1		and grants (Part VIII, line 1h)			11,263,676.	24,505,464.
eve			come (Part VIII, column (A), lines 3, 4			94,589.	112,228.
Ċ,			(Part VIII, column (A), lines 5, 6d, 8d			137,554.	<106,476.>
	12 Tot	tal revenue	add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		16,000,282.	38,200,361.
	1		nilar amounts paid (Part IX, column			0.	0.
	1	•	o or for members (Part IX, column (9,386,282.	24,860,133.
Expenses	15 Sa	laries, other	compensation, employee benefits i	Part IX, column (A), lines 5-10)		9,300,202.	24,000,133.
ben	Toa Pro	nessional tu bal fundrateli	rompensation, employee benefits i indraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lir	ne (16) ⊳25) ► 790.138	ä. 📷		
ñ			is (Part IX, column (A), lines 11a-11c			6,749,652.	13,753,910.
	1		s. Add lines 13-17 (must equal Part			16,135,934.	38,614,043.
	19 Re	-	expenses. Subtract line 18 from line	• • • • • • • • • • • • • • • • • • • •		<135,652.>	<413,682.>
Assets or Balances						ginning of Current Year	End of Year
Sset	20 Tot					24,664,515.	41,731,477.
Fund	21 Tot		(Part X, line 26)			18,806,860.	24,048,510. 17,682,967.
Ê.	22 NO	Signature	und balances. Subtract line 21 from Block) III 6 20	****	5,037,0551	17,002,0071
			declare that I have examined this return,	including accompanying schedules at	nd stateme	ents, and to the best of my ki	nowledge and belief, it is
			Declaration of preparer (other than office				
			hup le laok	K			
Sigr	1.	Signature				Date 8/2.5 1	, a
Her			YL WODS, CEO				-
Paid		int/Type prep		Preparer's signature	D	ate Check	PTIN P00124528
Prap	arer Fin	m's name	MORRISON, BROWN,		TLC		1-0720052
Use			301 E LAS OLAS B FORT LAUDERDALE,	LVD, 4TH FLOOR		Phone no. (954	1) 760-9000
			return with the preparer shown abo				X Yes No
53200)1 12-16-15	LHA FO	or Paperwork Reduction Act Notic	e, see the separate instructions	s,		Form 990 (2015)

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CAM # 17-0875 Exhibit 2 Page 45 of 176

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		N'S CHRISTIAN	ASSOCIATION		
		ORIDA, INC.		59-06244	164 Pa
Pa	nt III Statement of Program Serv				
	Check if Schedule O contains a resp		his Part III	*****	
1	Briefly describe the organization's mission THE Y IS A POWERFUL A	SSOCTATION OF	MEN. WOMEN A	ND CHILDREN OF AT	T AGE
	AND FROM ALL WALKS OF	LIFE JOINED 7	OGETHER BY A	SHARED PASSION:	TO
	STRENGTHEN THE FOUNDA				
				······································	
2	Did the organization undertake any signific	cant program services during	the year which were no	t listed on	
_					Yes
	If "Yes," describe these new services on S				
3	Did the organization cease conducting, or		how it conducts, any pre	ogram services?	Yes X
	If "Yes," describe these changes on Sche				
4	Describe the organization's program service				
	Section 501(c)(3) and 501(c)(4) organization	ins are required to report the	amount of grants and al	locations to others, the total expe	enses, and
	revenue, if any, for each program service r				
4a		42,520 Including grants	s of \$		574,95
				REN TOGETHER FOR	
	ENRICHING EXPERIENCES		HE YMCA CAN I		
				MEANINGFUL PROGRA	
	ACTIVITIES. TIME TOGE				1002
	QUALITY PHYSICAL AND SPECIFICALLY FOR FAMI		S AND ACTIVE	TTES, DESIGNED	
	SPECIFICALLI FOR FAMIL	TTEO *			
	ALL YMCA PROGRAMS PLA	OF A SUPONIC FM	PHASTS ON FAL	MILY. ACTIVITIES	ARE
	PLANNED THAT FOSTER U				
	BECOME SUPPORT SYSTEM	S FOR ONE ANOT	HER LEARNING		
	FROM THEIR CHILDREN I	N AN ENJOYABLE	WAY, PROGRAM	MS SUCH AS MOMMY	& ME
	AND Y-ADVENTURE GUIDE				
4b		13,063. Including grants	······································		87,76
		HAS BEEN AND			
	PROVIDERS OF CHILD CA	RE IN OUR AREA	FOR OVER 21	YEARS, CURRENTLY	, WE
	PROVIDE HIGH QUALITY	OUT OF SCHOOL	TIME PROGRAM	3 (AFTER SCHOOL,	HOLID
	CARE, ETC.) TO APPRO	XIMATELY 6,614	CHILDREN AND	NUALLY. OF THESE	
	CHILDREN, OVER 80% RE	CEIVE SCHOLARS	HIPS DUE TO]	FINANCIAL HARDSHI	PS.
					mnd
				FROM ALL BACKGRO	
	RECEIVE THE SAME SERV			OF CHILDREN WHO A INCLUDED AT NO C	
	HOMELESS OR IN THE FO			THE BROWARD INCLU	
	TO THE FAMILY. ADDITI CHILD CARE PROGRAM TH				
	CHILDCARE FOR CHILDRE	NT WITTO DESIGNED		APE OVER 480 CHT	TIPEN
4.	10.2	54,764. Including grants			97,477
4¢	(Code:) (Expenses S 10, 3 SPORTS & RECREATION	THESE PROGRAM	S ARE DESIGN	ED TO PROVIDE YOU	
	OPPORTUNITY TO GROW I				
	PLAYS EVERYONE WINS"	IS COMMON GROU	ND FOR ALL SI	PORTS AND RECREAT	ION
	PROGRAMS. APPROXIMATE				
	PROGRAMS AND IN KEEPI				
	AVAILABLE TO CHILDREN	WHO REQUIRE F	INANCIAL ASSI	STANCE.	
	I. HEALTH, WELL-BEIN				
	THE YMCA, THROUGH ITS				
	THAT FULFILL THE Y'S	MISSION OF MIN	D, BODY, AND	SPIRIT. PROGRAMS	ARE
	DESIGNED TO IMPACT WE	LLNESS OF THE	COMMUNITY ANI) INCLUDE FREE SE	MINARS
	AND FITNESS EVALUATIO		UCTS HUNDREDS	OF FREE HEALTH	
4d	Other program services (Describe in Sched	tule O.)			
	(Expenses \$ in	cluding grants of \$) (Aovenue	<u>s</u>)	
4e	Total program service expenses 🕨	33,410,347.			000
4e 32002			O FOR CONTIN		orm 990 (2

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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SOUTH FLORIDA, INC.

59-0624464 Page 3

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	990 (2015) SOUTH FLORIDA, INC. 59-0624	464	F	age 3
Pa	t IV Checklist of Required Schedules			
		r	Yes	No
1	Is the organization described in section 501(o)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		_ ^_
4	Section 501(c)(3) organizations. Dld the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X_
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 98-10? If "Yes," complete Schedule C, Part III	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
0	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X; line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	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	110		X
٠d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>⊢</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			·
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			~
	complete Schedule G, Part III	19	000	X
		rom	330	(2015)

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

59-0624464 Page 4

	990 (2016) BOOTH FLIOREDRY 1401	524464	Pa	age 4
Pa	t IV: Checklist of Required Schedules (continued)			
h		······	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u></u>
23	Did the organization answer "Yes" to Part Vil, 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	23	x	
	Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	x	
	Schedule K. If "No", go to line 25a			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception?			
Ċ		240		x
	any tax-exempt bonds?			X
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
253	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
4	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for raceivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	·		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
~,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
þ	A family member of a current or former officer, director, trustee, or key employee? if "Yes," complete Schedule L, Part IV	28b		X
Ċ	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	r,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			***
	contributions? If "Yes," complete Schedule M	<u>30</u>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		·	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. 34	x	ł
	Part V, line 1			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled energy within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule H, Fait V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
36				x
~-	If "Yes," complete Schedule R, Part V, line 2	·····	 	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	·····	1	
38	Note. All Form 990 filers are required to complete Schedule 0		X	
		Form	990	(2015)

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_	YOUNG MEN'S CHRISTIAN ASSOCIATION OF	24464	Page 5
Pa			Page
<u>88</u> 0	Check If Schedule O contains a response or note to any line In this Part V		🗖
		· Y	es No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	67	
	Enter the number of Forms W-2G included in line 1a. Enter 0 If not applicable	0.000	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
	(gambling) winnings to prize winners?	<u>1c</u>	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		
	filed for the calendar year ending with or within the year covered by this return 2a 16	2.0000000000000000000000000000000000000	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	10110101010101	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b	If "Yes," has it filed a Form 990. T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x
h	If "Yes," enter the name of the foreign country:		
D	See instructions for filling requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
	were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay		<u> </u>
	If "Yes," dld the organization notify the donor of the value of the goods or services provided?	<u>7</u> b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		x
Ŀ	to file Form 82827		
	If "Yes," indicate the number of Forms 8282 filed during the year	76	MER SARSES
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
ģ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h	
8	Sponsoring organizations maintaining donor advised funds. Dld a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	area 10000000
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, Included on Form 990, Part VIII, Ilne 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a		
8 5	Gross income from members or shareholders		
D	amounts due or received from them.)	2004 1 2 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a	NGN SIALIGAL
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		
	organization is licensed to issue qualified health plans		
C	Enter the amount of reserves on hand		
	Did the organization receive any payments for Indoor tanning services during the tax year?		
Ь	If *Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Farm 0	90 (2015)

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Par	SOUTH FLORIDA, INC. SOUTH FLORIDA, INC. Governance, Management, and Disclosure For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	rough T	b below, and for a structions	a "No" i	espor	180
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check it Schedule O contains a response or note to any line in this Part VI			·.		Ľ
Sec	tion A. Governing Body and Management					
				-	Yes	L
ta	Enter the number of voting members of the governing body at the end of the tax year	1a	4	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				800	
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	4	3	220	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
-	officer, director, trustee, or key employee?			2		l
з	Did the organization delegate control over management dutles customarily performed by or under th	e direci	supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?			3		L
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was	a filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	ets?		5	[T
6	Did the organization have members or stockholders?			6		L
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point o	one or			Γ
14	more members of the governing body?			7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	iders, or			Γ
5	persons other than the governing body?			7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:	1.000		
	The governing body?			8a	X	ľ
	Each committee with authority to act on behalf of the governing body?			8b	X	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				1	t
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	011012 0		9		I
-	tion B. Policies (This Section B requests Information about policies not required by the Internal Re	venue	Code.)		A	*
	ROLL POLICIES (LUS Section B requests mountation about policies not required by the internation	///////////////////////////////////////	00000		Yes	Ĩ
	Philipping the stand to a state where the state of officiants			10a		t
0a	Did the organization have local chapters, branches, or affiliates?		offiliotor	104		t
þ	If "Yes," did the organization have written policies and procedures governing the activities of such cl			105		ł
	and branches to ensure their operations are consistent with the organization's exempt purposes?		a filing the form?	11a	X	t
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e taing the totals	and the second sec		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	X	1
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	to confi		12a	X	ł
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	10 60110		120	<u> </u>	t
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			100	x	I
	In Schedule O how this was done			12c 13	X	ł
13	Did the organization have a written whistleblower policy?					ł
14	Did the organization have a written document retention and destruction policy?			14		t
15	Did the process for determining compensation of the following persons include a review and approva	al by ini	dependent			for the second sec
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			202	X	1
	The organization's CEO, Executive Director, or top management official			15a	37	╉
þ	Other officers or key employees of the organization		······	15b	A	a a
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1.00
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			276.76	680 B	
	taxable entity during the year?		*******	16a	9.00°000	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					0.000
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			64,649 (*****		
	exempt status with respect to such arrangements?		******	16b		T
Sec	tion C. Disclosure	•••				_
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$			<u>.</u>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section	on 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	Interest policy, a	nd finar	icial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records: ►			
	JOHN PULEIO - 954-357-0273					
	900 SE 3RD AVENUE, FORT LAUDERDALE, FL 33316					
_				Ente	1 990	iť

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CAM # 17-0875 Exhibit 2 Page 50 of 176 ,

YOUNG	MEN'S	CHRISTIAN	ASSOCIATION	OF
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59-0624464 Page 7

Form 990 (2015) SOUTH FLORIDA, INC. 59-00 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 individuels 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 compansated employees (other than an officer, director, trustee, or key employee) who received report-able 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.

			and the second sec	al and a sumant officer.	dirontor ortructed
	Check this box if neither the organization n	AP ANU PAIATAR	orbanization companyate	a anv cument unicer. I	
			Oldanization componidate		the second se

(A)	(B)	L.		((C)			. (D)	(E)	(F)
Name and Title	Average	(14	.	Pos	ition	i than	9770	Reportable	Reportable	Estimated
	hours per	box	1)hfe	36 66	rson	is boi	han i	compensation	compensation	amount of
	week	offi	cer an	dad	ireòlò r	n/trus	105)	from	from related	other
	(list any	i i i						the	organizations	compensation from the
	hours for	불				Par		organization	(W-2/1099-MISC)	organization
	related		truste			bens		(W-2/1099-MISC)		and related
	organizations below	멸	ELO			l chr				organizations
	line)	indivídual izustee or dírector	institutional busiee	Officer	ey en	Highest compensated employee	Former			
(1) DENNIS NOWAK	2.00		<u>.</u>	<u> </u>	×	<u> </u>	μ <u></u>			· · · · · · · · · · · · · · · · · · ·
CHAIRMAN		x					{	0.	0.	0.
(2) CARIDAD ERRAZOUIN	2.00					\square				•
TREASURER		x						0.	0.	0.
(3) JOAQUIN URQUIOLA	2.00	1	f							_
2ND VICE CHAIR		X						0.	0.	0.
(4) STEVE COONEY	2.00				Γ	Γ				
PAST CHAIR		X						0.	0.	0.
(5) JACQUELINE HOWE	2.00									
1ST VICE CHAIR		X					L	0.	0.	0.
(6) JAY ANDERSON	2.00								0	o.
DIRECTOR		X			L	ļ		0.	. 0.	<u> </u>
(7) AL BACCHI	2.00	1					1		· 0.	0.
DIRECTOR		X	ļ	ļ	<u> </u>	<u> </u>	ļ	0.		<u> </u>
(8) ANDRE HALL	2.00	l					ļ	0.	0.	0.
DIRECTOR		X	<u> </u>	 		_	<u> </u>	U.		V
(9) ART BIGELOW	2.00	1						0.	0.	0.
DIRECTOR		X	 	_	-			U .		<u>.</u>
(10) BRETT ARS	2,00							0.	0.	0.
DIRECTOR	2.00	<u> x</u>	⊢	<u> </u>	┢	-		V •	· · · ·	<u>`</u>
(11) CHRISTIAN PETERSEN	2.00	x				1		0.	0.	0.
DIRECTOR	2.00	 ≏		\vdash	-	1	┢─	<u>v</u> ,		
(12) DAVID WAGNER	4.00	x		1				0.	0.	0.
DIRECTOR	2.00	 ^	┢		-	+	┼──			
(13) DENNIS GIORDANO DIRECTOR	2.00	1x						0.	0.	0.
(14) DINAH STEPHENSON	2.00	1	┼──	╉──	-	┼──	\vdash	<u></u>		
DIRECTOR		1x						0.	0.	0.
(15) EVAN REES	2.00	+		\vdash		╈	1-			
DIRECTOR		x					l	0.	0.	0.
(16) HEIDI O'SHEEHAN	2.00	1	1	1	1	T	Γ		_	-
DIRECTOR		X					L	0.	0.	. 0.
(17) JEFF WATTS	2.00									
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0.
532007 12-16-15										Form 990 (2015)

532007 12-16-15

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2015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601

CAM # 17-0875 Exhibit 2 Page 51 of 176 YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

59-0624464 Page 8

Form 990 (2015) SOUTH I	LORIDA,	ENC	2.		• •	•			59-00	5244	64 Page 8
Part VII Section A. Officers, Directors, 1				and	d Hi	ghe	st C	ompensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week			(0	3	than In boti x/trus		(D) Reportable compensation from	(E) Reportable compensatio from related	m	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual bustee or director	Institutional trustee	Officer	sexkoptiona Aasy	Highest compensaled employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations
(18) KURT ZIMMERMAN	2.00										n
DIRECTOR		X						0.		0.	0.
(19) LARRY OLEVITCH	2.00										0
DIRECTOR		X						0.		0.	0.
(20) LINDSEY PAYNE	2.00									٥.	0.
DIRECTOR.		X				<u> </u>		0.		<u>···</u>	0.
(21) MARK KRILL	2.00	I				ł		0.		0.	.0.
DIRECTOR		X	L		<u> </u>	Ļ		U.	•		
(22) NANCY ROBIN	2.00	. ,				1		0.		٥.	0.
SECRETARY		X			<u> </u>			<u>·</u>			
(23) RANDALL WOOD	2.00							0.		٥.	0.
DIRECTOR	2.00	X			ļ	+					
(24) TOM MCMAHON	2.00	x						o.		ο.	0.
DIRECTOR	2.00	 ♠				+		.		<u> </u>	
(25) TRELLANEE MOORE-ADDERLEY DIRECTOR	2.00	x		1				0.		0.	0.
(26) CARLOS SEGRERA	2.00	<u> </u>			<u> </u>						
DIRECTOR		x	1				1	0.		Ο.	0.
			I				-	0.		0.	0.
1b Sub-total	t VII Section A						5	994,306.	216,7	55.	141,595.
d Total (add lines 1b and 1c)								994,306.	216,7	55.	141,595.
2 Total number of individuals (including b compensation from the organization	out not limited to th	1086	liste	ed a	bov	e) wi	ho ri	ecelved more than \$100),000 of reportab	le	6
 J Did the organization list any former off line 1 a? If "Yes," complete Schedule J 	icer, director, or tr	uste	e, ke	ay er	nplo	oyee	, or	highest compensated €	mployee on	-	Yes No 3 X
4 For any individual listed on line 1a, is the and related organizations greater than	e sum of reportab \$150.000? If "Yes	ile co ," co	omp Imple	ensi ete 3	ation Schi	n and edul	d oti e <i>J f</i>	her compensation from for such individual	the organization		4 X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	or accrue compe	nsat	ion f	irom	any	y uni	elat	ed organization or indiv	idual for services	a 5	5 X
Section B. Independent Contractors							,.				
1 Complete this table for your five highes	t compensated in	dep	ende	ent c	ont	racte	ors t	hat received more than	\$100,000 of cor	npensa	tion from
the organization. Report compensation	for the calendar y	/ear	endi	ing v	vith	or w	ithir T		year.		(0)
(A)								(B) Description of a	services	Gn	(C) Impensation
Name and busin	iess address							Description of a	Ju, 7,000		

PALM COAST MAINTENANCE, 7050 WEST PALMETTO 220,347. CLEANING SERVICES PARK ROAD, BOCA RATON, FL 33433 PRINTING AND BULK ALL IN ONE, 11950 SOUTHWEST 128TH STREET, 188,052. MAIL MIAMI, FL 33186 SUNCOAST MARKETING, INC., 6545 NOVA DRIVE, SUITE 211, FORT LAUDERDALE, FL 33317 S&S WORLDWIDE, INC. 181,567. MARKETING 350 WEST 2500 NORTH , NORTH LOGAN, UT 84341 EDUCATIONAL SUPPLIES JAN-PRO OF SOUTHEAST FLORIDA, 1820 NE JANITORIAL SERVICES 172,851. 163RD ST #203, NORTH MIAMI BEACH, FL 33162 AND SUPPLIES 136,472. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 5 \$100,000 of compensation from the organization > 5 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2015) 532008 12-16-15

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

59-0624464

Form 990 SOUTH FLO	ORIDA,	LN (3.						59-062	4464
Part VII Section A. Officers, Directors, Tru	ustees, Key El	nple	oyae	s, a	nd ł	ligh	iest	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per	(C	heck	Pos	C) Itlon that		aly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustae or director	आ अधियां कि विद्यालिक कि	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ERIC SHATANOF	2.00							0.	0.	0.
DIRECTOR		X				<u> </u>		<u> </u>	<u> </u>	<u>v.</u>
(28) ALBERTO MILO DIRECTOR	2.00	x						ο.	· 0.	0.
(29) IDALBERTO DE ARMAS	2.00									
DIRECTOR		x						0.	0.	0.
(30) ALVIN LODISH DIRECTOR	2.00	x		•				0.	0.	0.
(31) BRIAN MORMILE	2.00									
DIRECTOR		X						0.	0.	0.
(32) JAY STEINMAN	2.00									_
Director		X						0.	0.	0,
(33) Doug Bartel	2.00									
DIRECTOR		X						0.	0.	0.
(34) CARLOS PEREZ -	2.00	.,						0.	0.	0.
DIRECTOR	2.00	X						Ų.		0.
(35) JOHN VIDALIN DIRECTOR	4.00	x						0.	0.	0.
(36) SUSIE VEGA	2.00	<u> </u>								
DIRECTOR		x						0.	0.	0.
(37) JOSE CARRILLO	2.00									
DIRECTOR		X						Ô.	0.	0.
(38) MARIO ROMINE	2.00					Γ		_	_	•
DIRECTOR		X						0.	0.	0.
(39) TODD LEDUC DIRECTOR	2.00	x						0.	0.	0.
(40) SKIP KIMPEL	2.00									~
DIRECTOR		X					ļ	0.	0.	<u> </u> 0.
(41) LISA MAYS	2.00							0.	0.	Q.
DIRECTOR	2.00	X						<u>U.</u>	U •	Ų.
(42) MARCOS SEGRERA DIRECTOR	4.00	x						0.	0.	· 0.
(43) STEVE NIVET	2.00	-		-						
DIRECTOR		x						Ο.	0.	0.
(44) SHERYL A, WOODS	40.00									
CEO - PRESIDENT				X				237,059.	53,072.	35,628.
(45) LISA CHRISTIAN	40.00									
7P OF OPERATIONS				X				0.	0.	0.
(46) DAVID W. CASH	40.00							122,478.	31,325.	19,035.
HIEF FINANCIAL OFFICER		i		Х		1	1	איג בכר ו	1 425.1	19.135.

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(list any to the second	(F) Estimated amount of other compensation from the organization and related
(A)(B)(C)(D)(E)Name and titleAverage hours per week (list any hours for related organizations below line)Position (check all that apply)(D)(E) Reportable compensation from the organizations (W-2/1099-MISC)(47)CENTHIA A. SMITH CHIEF ADVANCEMENT OFFICER40.00X116,788.29,543.(46)JOIN PULEZO40.00X84,374.22,285.(48)JOIN PULEZO40.00X105,021.23,966.(49)TIM STALEY40.00X137,116.37,718.(51)CHRISTOPHER RNOX40.00X83,608.18,846.VP OF OPERATIONS40.00X107,9620	Estimated amount of other compensation from the organization
Name and nueAverage hours per week (list any hours for related organization the organization (W-2/1099-MISC)compensation from the organizations (W-2/1099-MISC)compensation from related 	amount of other compensation from the organization
Joh Week (ist any hours for related organizations below line) week use use use use use use use use use use	from the organization
CHIEF ADVANCEMENT OFFICER X 116,788. 29,543. (48) JOHN PULEIO 40.00 X 84,374. 22,285. (49) TIM STALEY 40.00 X 105,021. 23,966. (50) MARK RUSSBLL 40.00 X 137,116. 37,718. (51) CHRISTOPHER RNOX 40.00 X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 107,962 0.	organizations
Chilby ADVANCEMENT OFFICER 40.00 X 84,374. 22,285. (48) JOHN PULEIO 40.00 X 84,374. 22,285. (49) TIM STALEY 40.00 X 1.05,021. 23,966. (50) MARK RUSSELL 40.00 X 1.37,116. 37,718. (51) CHRISTOPHER KNOX 40.00 X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 1.07,262 0.	17,701.
VP OF FINANCE X 84,374. 22,285. (49) TIM STALEY 40.00 X 105,021. 23,966. CHIEF OPERATING OFFICER 40.00 X 137,116. 37,718. (51) CHRISTOPHER RNOX 40.00 X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 107,962 0.	
(49) TIM STALEY 40.00 X 105,021. 23,966. (50) MARK RUSSELL 40.00 X 137,116. 37,718. (51) CHRISTOPHER KNOX 40.00 X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 107,962 0.	13,313.
CHIEF OPERATING OFFICER X 105,021, 23,966. (50) MARK RUSSELL 40.00 X 137,116. 37,718. (51) CHRISTOPHER RNOX 40.00 X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 107,962	
(50) MARK RUSSELL 40.00 X 137,116. 37,718. CHIEF STRATEGY OFFICER 40.00 X 83,608. 18,846. (51) CHRISTOPHER RNOX 40.00 X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 107,262 0.	16,290.
CHIEF STRATEGY OFFICER X 137,116. 37,718. (51) CHRISTOPHER KNOX 40.00 X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 107,262 0.	
VP OF OPERATIONS X 83,608. 18,846. (52) DURLAND EVANS JR 40.00 X 107.262 0.	18,650.
(52) DURLAND EVANS JR 40.00 107 262	8,638.
	12,340.
	All,
	-
	, i
Total to Part VII, Section A, line 10	141.595

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

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59-0624464 Page 9

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Form	990	٥Ľ	2015) SOUTH	: FLORIDA	, INC.			59-0624	464 Page
Pai									
			Check if Schedule O cont	ains a response	or note to any lir	e in this Part VIII	********************************		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business ravenue	(D) Revenue excluded from tax under sections 512 - 514
2.12	1	8	Federated campaigns	1a	438,114.				
and Other Similar Amounts			Membership dues						
Ě			Fundraising events		386,100,				
E		d	Related organizations	1d					
Ē		e	Government grants (contributi	ions) 1e	11,692,265.				
5		f	All other contributions, gifts, grant						
뒹			similar amounts not included abov		1,172,666.				
E		-	Noncash contributions included in lines			13,689,145.			
		n	Total. Add lines 1a-1f		Business Code	2000 CONTRACTOR OF THE PARTY OF			
	2	•	MENBERSHIP SERVICES		713940	12,243,435,	12,243,435.		
			PROGRAM SERVICES		713990	12,015,410.	12,016,410.		1
Bu		c							
Program Service Revenue		d	· · · ·						
		e							
			All other program service reve		discrimination of the local di	245,619.	245,619.	H-H-M-H-	
		g			•••••	24,505,464.			
	3		Investment income (Including			65 755			65,75
	-		other similar amounts)			65,755.			00,70
	4		Income from investment of tax	• • •					,
	5		Royatties ,		(ii) Personal			-1	
	6	~	Gross rents	(i) Real 109,264	(ii) reisona		- 11. - 11.		
			Gross rents	0					
			Rental Income or (loss)	108,264					
			Net rental income or (loss)			108,264.	108,264.		
			Gross amount from sales of	(I) Securities	(ii) Other				
			assets other than inventory	46,473,					
	l	b	Less: cost or other basis		•				
			and sales expenses	0.					3 - 12 - 2
			Gain or (loss)						
			Net gain or (loss)		····· •	46,473.	46,473.		
y	8	a	Gross income from fundraising	• •					
				100, of					
			contributions reported on line	-	7,500.				
Į	,	h	Part IV, line 18 Less; direct expenses						
5		и 12	Net income or (loss) from fund	raising events		<214,740.	*	777799298 (1997) A 1997 (19	<214,74
			Gross income from gaming ac	-	<u> </u>		1		
			Part IV, line 19			1 1			
	1	b	Less: direct expenses						
		C	Net income or (loss) from gam	ing activities					
	10 :	а	Gross sales of inventory, less					F	
			and allowances						
			Less: cost of goods sold		L			7	
┝		¢	Net income or (loss) from sales						
ł	44	-	Miscellaneous Revenue	8	Business Code			******************	1963-1972
	11 : '								
		b C							
	1		All other revenue						
			Total. Add lines 11a-11d				ana ang ang ang ang ang ang ang ang ang		
	12	-	Total revenue, See instructions.			38,200,361.	24,660,201.	٥,	<148,98
		18-							Form 990 (201

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

59-0624464 Page 10

ect	ion 501(c)(3) and 501(c)(4) organizations must com		······································	omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuais. See Part IV, line 22				
3	Grants and other assistance to foreign				<u></u>
	organizations, foreign governments, and foreign			11 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,131,011.	399,264.	608,958.	122,789
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and	· .			
	persons described in section 4958(c)(3)(B)	· · ·	ا ا		
7	Other salaries and wages	19,436,590.	17,792,955.	1,368,238.	275,397
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,496,076.		342,974.	85,799
0	Payroli taxes	1,796,456.	1,575,413.	184,691.	36,352
1	Fees for services (non-employees):				·
a	Management				
ь	Legal	40,800.		40,800.	
¢	Accounting	49,426.		49,426.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,657,693.	838,311.	627,506.	191,876
2	Advertising and promotion	497,836.	436,905.	10,499.	50,432
3	Office expenses	303,145.	204,500.	93,630.	5,015
4	Information technology	372,015.	306,187.	65,339.	489
δ	Royalties				
6	Occupancy	2,829,167.	2,472,327.	356,797.	43
7	Travel				
8	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials	•			
9	Conferences, conventions, and meetings	182,513.	112,919.	51,947.	17,647
٥	Interest	597,683.	597,683.		
1	Payments to affiliates	231,367.	231,367.		
2	Depreciation, depletion, and amortization	1,982,558.	1,849,064.	133,494.	
3	Insurance	1,037,546.	849,899.	187,647.	
4	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 0.)				
а	SUPPLIES	2,063,986.	2,000,565.	59,122.	4,299
b	FIELD TRIPS	598,786.	598,786.		
c	EQUIPMENT RENTAL AND RE	449,306.	339,364.	109,942.	
đ	BANK CHARGES	394,994.	332,930.	62,064.	
e	All other expenses	465,089.	404,605.	60,484,	
5	Total functional expenses. Add lines 1 through 24c	38,614,043.	33,410,347.	4,413,558.	790,138
6	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			
	reported in column (B) joint costs from a combined				
	educational compaign and fundraising solicitation.				

Form 990 (2015)

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

59-0624464 Page 11

Form 990 (2015)

	4.27.26			a in this Dest V			
		Check if Schedule O contains a response or not	e to any lin	e in this Part X	(A)	1	(B)
					Beginning of year		End of year
					475,194.	1	4,046,465.
		Cash - non-interest-bearing				2	
	2	Savings and temporary cash investments			293,400.	3	1,528,112.
		Pledges and grants receivable, net			607,613.	<u>م</u>	300,370.
	4	Accounts receivable, net	·····	va diroctore			
	5	Loans and other receivables from current and for		is, directors,			
		trustees, key employees, and highest compense			SALANCE COMMUNICATION AND A	5	and the second
	_	Part II of Schedule L Loans and other receivables from other disquali	End normon	o for defined under		232	
	Ĝ	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see Instr).			201000-00-00-00-00-00-00-00-00-00-00-00-0	6	CHARLEN CONTRACTOR AND
Assets						7	
Ass	7	Notes and loans receivable, net		8			
	8	Inventories for sale or use Prepaid expenses and deferred charges	530,752.		722,009.		
	9		F I	•••••••••••••••••		17876	
	TUA	Land, buildings, and equipment: cost or other	100	49,692,499			
		basis. Complete Part VI of Schedule D		17,546,451	19,578,179.	10c	32,146,048.
		Less: accumulated depreciation	فقد فرور مسالب به و و و و و و و و و و و و و و و و و و		2,823,526.		2,510,802.
	11	Investments - publicly traded securities			78,822.		368,935.
	12	Investments - other securities. See Part IV, line 1				13	
	13	Investments - program-related. See Part IV, line :				14	
	14	Intangible assets			277,029.		108,736.
	15	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equi	24,664,515.	16	41,731,477.		
	16	Accounts payable and accrued expenses			432,954.	17	1,391,152.
	17 18			18			
	19	Grants payable Deferred revenue			6,416,552.	19	7,445,754.
	20	Tax-exempt bond liabilities			8,747,000.		8,425,000.
	21	Escrow or custodial account liability. Complete I	Part IV of S	chedule D		21	
**	22	Loans and other payables to current and former					
tie	22	key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L			2 <u>2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2</u>	22	
Ľia	23	Secured mortgages and notes payable to unrela	ated third o	arties	2,671,094.	23	6,653,827.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			539,260.		132,777.
	26	Total liabilities. Add lines 17 through 25			18,806,860.	26	24,048,510.
		Organizations that follow SFAS 117 (ASC 958	B), check h	ere 🕨 🗴 and			
ŝ	1	complete lines 27 through 29, and lines 33 an	nd 34.			24	
nces	27	Unrestricted net assets			5,806,945.	27	15,530,349.
ala	28	Temporarily restricted net assets		28	2,084,464.		
a B	29	Permanently restricted net assets	50,710.	29	68,154.		
Ë		Organizations that do not follow SFAS 117 (A					
or ľ		and complete lines 30 through 34.					
sts	30	Gapital stock or trust principal, or current funds				30	
SSE	31	Paid in or capital surplus, or land, building, or ec	quipment fu	nd		31	<u> </u>
Net Assets or Fund Balan	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		********	5,857,655	33	17,682,967.
	34	Total labilities and net assets/fund balances			24,664,515.	34	41,731,477. Form 990 (2015)

Form 990 (2015)

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF

59-0624464 Page 12 SOUTH FLORIDA, INC. Form 990 (2015) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 38,200,361 Total revenue (must equal Part VIII, column (A), line 12) 1 38,614,043. 2 Total expenses (must equal Part IX, column (A), line 25) 2 <u><413,682.</u>> З з Revenue less expanses. Subtract line 2 from line 1 5,857,655. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 < 114.959.5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 Investment expenses 7 8 8 Prior period adjustments 12,353,953. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 17,682,967. 10 column (B)) Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990; Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis X 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: Both consolidated and separate basis Consolidated basis X Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, х review, or compilation of its financial statements and selection of an independent accountant? 20 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b X or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

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	р	ublic Cha	rity Status ar	id Pul	blic Su	Ipport	OMB No. 1645-0047
(Form 990 or 990-EZ)	Corr	plete if the organ	nization is a section 50	1(c)(3) org	anization	or a section	2015
epertment of the Treasury		▶/	47(a)(1) nonexempt ch Attach to Form 990 or	Form 990-	EZ.		Open to Public
temal Revanue Service	► Information	about Schedule A	(Form 990) or 990-EZ) and	its instruct	lions is at W	ww.irs.gov/form990,	Inspection.
lame of the organizatio		FLORIDA,	RISTIAN ASSC	CLATI		Employ	59-0624464
Reason f			All organizations must c	omplete th	nis part.) Se	pe Instructions.	
he organization is not a	private foundat	ion because it is; ((Far lines 1 through 11,	check only	one box.)		
			on of churches describe			I)(A)(i).	
			Attach Schedule E (For anization described in s			ii).	
4 A medical rese	arch organizat	ion operated in co	njunction with a hospite	l describe	d in sectio	n 170(b)(1)(A)(III), Ent	er the hospital's name,
city, and state	n						
			illege or university owne	d or opera	ited by a g	overnmental unit desc	aibed in
	b)(1)(A)(iv), (Cor e. or local dove		nental unit described in	section 1	70(b)(1)(A)	(v).	•
			intial part of its support				ral public described in
Land .)(1)(A)(vi). (Con						
			(1)(A)(vi), (Complete Pai		contributi	ons membership fees	, and gross receipts from
activities relation	ad to its exemp	t functions - subje	ct to certain exceptiona	, and (2) n	o more tha	n 33 1/3% of its supp	ort from gross investment
income and un	nrelated busine	ss taxable income	(less section 511 tax) fi	om busine	esses acqu	ired by the organization	on after June 30, 1975.
	09(a)(2). (Comp		ta a ba da a da a fa Farra manda itar a	atatus Chum		20(~)(4)	
10 An organizatio	n organized an in organized an	o operated exclus d operated exclus	ively to test for public s ively for the benefit of, t	o perform	the function	ins of, or to carry out t	he purposes of one or
more publicly	supported orga	nizations describe	ad in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3)	. Check the box In
lines 11a throu	ugh 11d that de	scribes the type o	of supporting organization	in and con	nplete line:	s 11e, 11f, and 11g.	I
a J Type I. A su	pporting organi ad organization	ization operated, s	upervised, or controllec gularly appoint or elect	by its sup a maiority	of the dire	ianization(s), typically ctors or trustees of th	oy giving e supporting
		mplete Part IV, Se		a majority ·	<,		
b 🔲 Type II. A su	upporting organ	ization supervised	l or controlled in connec	tion with it	ts support	ed organization(s), by	having
			anization vested in the s Sections A and C.	ame perso	ons that co	ontrol or manage the s	upported
			g organization operated	in connec	tion with, a	and functionally integr	ated with,
Its supporte	d organization(a) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d Type III non	-functionally in	ntegrated. A supp	orting organization ope zation generally must sa	rated in co	nnection v	with its supported orga	inization(s)
			nplete Part IV, Section				
e Check this b	ox if the organi	zation received a	written determination fro	om the IRS	6 that it is a		
			nally integrated suppor				
f Enter the number of g Provide the following			ed organization(s).	•••••••			···· I
(i) Name of suppo	nted	(II) EIN	(ill) Type of organization (described on lines 1-9	listed i	in your	(v) Amount of monetary support (see	r (vi) Amount of other support (see
organization			above (see Instructions))	governing of Yes	document? No	Instructions)	instructions)
	<u>}</u>						
	1						

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Sch	adule A (Form 990 or 990-EZ) 2015 S	OUTH FLOR	IDA, INC.			59-062	4464 Page 2
	title Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)((1)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify	under Part III. If th	e organization
_	fails to qualify under the tests	listed below, plea	se complete Part	lll.)			
Sec	tion A. Public Support					r	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		4404000	4061632.	1501167	12696645	30904557.
	include any "unusual grants.")	4147617.	4494200.	4001034.	4504405.	730200431	505040074
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
з	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				1551100	1 2 COCCAE	30904557.
4	Total. Add lines 1 through 3	4147617.	4494200.	4061632.	4504465.	13090045.	50504557+
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						30904557.
	Public support, Subtract line 5 from line 4.			1.0.1	399002012002090.4699 19 560		
	ction B. Total Support	() ond	11-3 00-10	(c) 2013	(d) 2014	(e) 2015	(f) Total
	ndar year (or liscal year beginning in) 🕨	(a) 2011 4147617.	(b) 2012 4494200.	4061632.	4504463.	13696645.	30904557.
	Amounts from line 4	414/01).	- APAROOT				
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royatties						
	and income from similar sources	161,399.	184,276.	174,263.	187,423.	174,019.	881,380.
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on					ļ	
10	Other income. Do not include gain			•			
	or loss from the sale of capital						
	assets (Explain in Part VI.)	12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000 10 10 10 10 10 10 10 10 10 10 10 10				31785937.
44	Total support. Add lines 7 through 10					12 24	,613,728.
12	Gross receipts from related activities First five years. If the Form 990 is fo	, erc. (see instructi	ons)	rd fourth or fifth t	ax vear as a sectiv		
13	First five years, if the Form 990 is to	n here	a mari secondi Rik	cal toors if or more r		·····	
Se	organization, check this box and sto ction C. Computation of Pub	ic Support Pe	rcentage				
	Public support percentage for 2015			column (f)		14	97.23 %
45	Public support percentage from 201	4 Schedule A. Part	11. line 14			15	96.05 %
16	33 1/3% support test - 2015, If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this c	lox and
	aton have. The organization qualifies	as a publicly supr	ported organization	n			
i	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	1 line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qua	liffes as a publicly	supported organiz	ation			
17:	a 10% -facts-and-circumstances tea	at - 2015. If the org	anization did not	check a box on lin	a 13, 16a, or 16p,	and line 14 is 107	s or more,
	and If the organization meets the "fa	cts-and-circumstar	ices" test, check 1	inis box and stop	nere, Explain in Pa	ar vi now the orge	
	meets the "facts and circumstances"	test. The organiza	ation qualmes as a	abook a box of Po	a 13 16¢ 16h Ar	17a and line 15 b	
1	 10% -facts-and-circumstances tes more, and If the organization meets t 	at - 2014, if the org	anization did rict	crieck a DOX OII III beck this box and	ston here Exclai	n in Part VI how th	ie
	more, and if the organization meets to organization meets the "facts-and-cir	ne "lacis-and-circu	The proprietion	Augulifies as a nubl	Icly supported or	anization	
		cumstances lest. on did not check a	hox on line 13 16	3a, 16b, 17a. or 17	b, check this box	and see instructio	ns 🕨 🗌
18	Private toundation, in the organization	on die not offest a	201 011 1110 100 10		Sch	edule A (Form 99	0 or 990-EZ) 2015

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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ule A (Form 990 or 990-EZ) 2015 S(Support Schedule for O (Complete only if you checked qualify under the tests listed be on A. Public Support at year (or fiscal year beginning in)	rganizations the box on line 9	Described in of Part I or if the o	Section 509(a) rganization failed t	o qualify under P	art II. If the organiza	tion falls to
qualify under the tests listed be on A. Public Support ar year (or fiscal year beginning in)			rganization failed t	o qualify under P	art II. If the organiza	ition falls to
on A. Public Support ar year (or fiscal year beginning in)	elow, please comp	olete Part II.)				
ar year (or fiscal year beginning in) 🕨						M
				C.M. CO.L.L		(6) T-4-1
	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
lifts, grants, contributions, and						
embership fees received. (Do not		•				
clude any "unusual grants.")						·····
ross receipts from admissions,						
erchandise sold or services per-						
hy activity that is related to the						
ganization's tax-exempt purpose						
ross receipts from activities that						
e not an unrelated trade or bus-						
ess under section 513					· · · · · ·	
ax revenues levled for the organ-						
ation's benefit and either paid to					· 1	
expended on its behalf						
ne value of services or facilities						
mished by a governmental unit to						
e organization without charge						······
otal. Add lines 1 through 5				ļ		
mounts included on lines 1, 2, and						
received from disqualified persons						
nounts included on lines 2 and 3 received						
ount on line 13 for the year						•
dd lines 7a and 7b					W . Di Th Mat, ad hearant assessment	
ublic support. (Subtract line 7c from line 6.)						
on B. Total Support						
ar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
mounts from line 6						
nd income from similar sources						
rrelated business taxable income						•
ess section 511 taxes) from businesses						
quired after June 30, 1975		•				
dd lines 10a and 10b						
et income from unrelated business						•
gularly carried on				i		
ther income. Do not include gain						
sets (Explain in Part VI.)						
tal support. (Add lines 9, 10c, 11, and 12.)		•				
leck this box and stop here						. ►L
on C. Computation of Publi	c Support Pe	rcentage				
					16	
					1	
						Amaria
vestment income percentage from 2	014 Schedule A, I	Part III, line 17			The second se	
) 1/3% support tests - 2015. If the	organization dld n	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
ore than 33 1/3%, check this box ar	id stop here. The	organization qual	ifles as a publicly s	supported organi	zation	▶∟
1/3% support tests - 2014. If the	organization dld n	ot check a box or	i line 14 or line 19a	, and line 16 is m	lore than 33 1/3%, a	ind . m
e 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies a	as a publicly supp	ported organization	▶
	المتعاصية المسيد أمالي	hav on line 14 10	e or 19h check th	ie hav end eee ir	structions	
ivate foundation. If the organization	n dia not check a	DUX UIT III 10 14, 10	a, of 150, cilcon a	IS DUX and see if	nedule A (Form 990	
	ganization's tax-exempt purpose ross receipts from activities that e not an unrelated trade or bus- ess under section 513 ax revenues levied for the organ- ation's benefit and either paid to expended on its behalf the value of services or facilities mished by a governmental unit to e organization without charge that. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons that the greater of \$5,000 or 1% of the count on fins 13 for the year do lines 7a and 7b ublic support. (Subtratifie 76 form fine 6) ross income from interest, vidends, payments received on courties loans, rents, royalties di income from interest, vidends, payments received on courties loans, rents, royalties di lines 11 traves) from businesses quired after June 30, 1975 di lines 10a and 10b et income from unrelated business fivities not included in line 10b, the income from unrelated business is section 511 taxes) from businesses quired after June 30, 1975 di lines 10a and 10b et income from unrelated business is guilarly carried on her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.) tat support. (Add times 9, 10c, 11, and 12) rest five years. If the Form 990 is for mether or not the business is guilarly carried on her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.) tat support. percentage for 2014 on D. Computation of Invess vestment income percentage for 2015. If the form 2015. If the ore than 33 1/3%, check this box ar 1/3% support texts - 2015. If the	available available available <td>yy activity that is related to the ganization's tax-exempt purpose coss receipts from activities that e not an unrelated trade or bus- ess under section 513 ax revenues levield for the organ- ation's benefit and either paid to expended on its behalf the value of services or facilities mished by a governmental unit to e organization without charge obtal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 1, 2, and received from disqualified persons that had quilings 2 and 3 received mounts included on lines 1, 2, and received from disqualified persons that had quilings 2 and 3 received mounts include on lines 1, 2, and received from disqualified persons that ased the gealer of \$5,000 or 1% of the earth and adjust 2 and 3 received on B. Total Support ar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 mounts from line 6 coss income from interest, vidends, payments received on curities loans, rents, royalties di norome from interest, vidends, payments received on curities loans, rents, royalties di norome from interest, vidends from the sale of capital stifues not included in line 100, her income. Do not include gain loss from the sale of capital stifues person for and 10b the income from unrelated business fulled after June 30, 1975 di lines 10 and 10b the sit (cxplain in Part VI), thiles not in cluded in line 100, her income. Do not include gain loss from the sale of capital stifues person. Computation of Public Support Percentage fulle support percentage for 2015 (line 8, column (f) divided by line 13, c thile support percentage for 2015 (line 10c, column (f) divided by line 13, c thile support tests - 2015. If the organization did not check the box ore than 33 1/3%, check this box and stop here. The organization qual /3% support tests - 2015. If the organization did not check the box ore than 33 1/3%, check this box and stop here. The organization qual</td> <td>y activity that is related to the ganization's tax-exempt purpose oss receipts from activities that e not an unrelated trade or bus- ses under section 613 xr revenues levide for the organ- tail on's benefit and either paid to expended on its behalf e value of services or facilities mished by a governmental unit to e organization without charge tail. Add lines 1 through 5 mounts included on lines 1, 2, and eccived from disgualified persons moins included on lines 2 and 3 received m other thum diaqualified persons moins included on lines 2, 2, and eccived from disgualified persons moins and and the received from disgualified persons mounts from line 6 oss income from interest, vidends, payments received on noturts from line 6 oss income from interest, vidends, payments received on her income from interest, vidends, payments received on her income from interests is guiled after June 30, 1975 di lines 10 and 100 her income. Do not include gain loss from the sale of capital ests (Explain in Part VI) to stimus and atop here on C. Computation of Public Support Percentage tis stapport percentage for 2015 (line 4, part III, line 13, column (f)) westment included by line 13, column (f) westment included by line 13, column (f) westment from Interest, vidends, payments received on her income from similar sources in plarity carried on her income. Do not include gain best from the sale of capital ests (Explain in Part VI). tis time years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tr each this box and stop here on C. Computation of Public Support Percentage externet income percentage for 2015 (line 10, column (f) divided by line 13, column (f)) westment income percentage for 2015 (line 10, column (f) divided by line 13, column (f)) westment income percentage for 2015 (line 10, column (f) divided by line 13, column (f)) westment income percentage for 2014 Schedule A, Part III, line 17 1/3% support tests - 2015. If the organization did not check the box on line 14, and line ore than 33</td> <td>y activity that is related to the gankation's tax-exempt purpose coss receipts from activities that end an unrelated trade or bus- ess under section 613 x revenues levide (for the organ- titor's benefit and either paid to expanded on its behalf evalue of services or facilities mished by a governmental unit to e organization without charge that. Add lines 1 through 5 </td> <td>y activity that is related to the ganization's fax-exempt purpose ons receipts from activities that end a nurrelated trade or buess sunder section 513</td>	yy activity that is related to the ganization's tax-exempt purpose coss receipts from activities that e not an unrelated trade or bus- ess under section 513 ax revenues levield for the organ- ation's benefit and either paid to expended on its behalf the value of services or facilities mished by a governmental unit to e organization without charge obtal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 1, 2, and received from disqualified persons that had quilings 2 and 3 received mounts included on lines 1, 2, and received from disqualified persons that had quilings 2 and 3 received mounts include on lines 1, 2, and received from disqualified persons that ased the gealer of \$5,000 or 1% of the earth and adjust 2 and 3 received on B. Total Support ar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 mounts from line 6 coss income from interest, vidends, payments received on curities loans, rents, royalties di norome from interest, vidends, payments received on curities loans, rents, royalties di norome from interest, vidends from the sale of capital stifues not included in line 100, her income. Do not include gain loss from the sale of capital stifues person for and 10b the income from unrelated business fulled after June 30, 1975 di lines 10 and 10b the sit (cxplain in Part VI), thiles not in cluded in line 100, her income. Do not include gain loss from the sale of capital stifues person. Computation of Public Support Percentage fulle support percentage for 2015 (line 8, column (f) divided by line 13, c thile support percentage for 2015 (line 10c, column (f) divided by line 13, c thile support tests - 2015. If the organization did not check the box ore than 33 1/3%, check this box and stop here. The organization qual /3% support tests - 2015. If the organization did not check the box ore than 33 1/3%, check this box and stop here. The organization qual	y activity that is related to the ganization's tax-exempt purpose oss receipts from activities that e not an unrelated trade or bus- ses under section 613 xr revenues levide for the organ- tail on's benefit and either paid to expended on its behalf e value of services or facilities mished by a governmental unit to e organization without charge tail. Add lines 1 through 5 mounts included on lines 1, 2, and eccived from disgualified persons moins included on lines 2 and 3 received m other thum diaqualified persons moins included on lines 2, 2, and eccived from disgualified persons moins and and the received from disgualified persons mounts from line 6 oss income from interest, vidends, payments received on noturts from line 6 oss income from interest, vidends, payments received on her income from interest, vidends, payments received on her income from interests is guiled after June 30, 1975 di lines 10 and 100 her income. Do not include gain loss from the sale of capital ests (Explain in Part VI) to stimus and atop here on C. Computation of Public Support Percentage tis stapport percentage for 2015 (line 4, part III, line 13, column (f)) westment included by line 13, column (f) westment included by line 13, column (f) westment from Interest, vidends, payments received on her income from similar sources in plarity carried on her income. Do not include gain best from the sale of capital ests (Explain in Part VI). tis time years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tr each this box and stop here on C. Computation of Public Support Percentage externet income percentage for 2015 (line 10, column (f) divided by line 13, column (f)) westment income percentage for 2015 (line 10, column (f) divided by line 13, column (f)) westment income percentage for 2015 (line 10, column (f) divided by line 13, column (f)) westment income percentage for 2014 Schedule A, Part III, line 17 1/3% support tests - 2015. If the organization did not check the box on line 14, and line ore than 33	y activity that is related to the gankation's tax-exempt purpose coss receipts from activities that end an unrelated trade or bus- ess under section 613 x revenues levide (for the organ- titor's benefit and either paid to expanded on its behalf evalue of services or facilities mished by a governmental unit to e organization without charge that. Add lines 1 through 5 	y activity that is related to the ganization's fax-exempt purpose ons receipts from activities that end a nurrelated trade or buess sunder section 513

	YOUNG MEN'S CHRISTIAN ASSOCIATION OF		
Sche	dule A (Form 990 or 990 EZ) 2015 SOUTH FLORIDA, INC.	59-0624464	Page 4
	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.)		
Sec	tion A. All Supporting Organizations		
		Carton and A	es No
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by		
	class or purpose, describe the designation. If historic and continuing relationship, explain,	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		<u> 256 256 256 256 256 256 256 256 256 256</u>
	organization was described in section 509(a)(1) or (2).	2	
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		ert weier
	(b) and (c) below.	3a	
þ	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	0h	Acus access
	organization made the determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	. 50	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a	994 999244
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	40	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	MAC BARRING
	Did the organization support any foreign supported organization that does not have an IRS determination		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		1000
		40	19199 9031989
5-3	Did the organization.add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
Q.	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		
	was accomplished (such as by amendment to the organizing document).	-5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		
	designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		
	Part VI.	6	
7	Did the organization provide a grant, ioan, 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).	7	2012: 12:01.00.00
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).	8	iiiiii is tarta ti
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		
	disqualitied persons as defined in section 4946 (other than foundation managers and organizations described	9a	999 HINEOT
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	71	41 33070
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	95	
	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		(11. szász)
¢	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefic from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	A STATEMENT
40	from, assets in which the supporting organization also had an interest if if rest, provide detail if read vit. Was the organization subject to the excess business holdings rules of section 4943 because of section		
iua	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		·
	supporting organizations)? If "Yes," answer 10b below.	10a	
h	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.)	10b	
532024		A (Form 990 or 990-	EZ) 2015

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Schedule A (Form 990 or 990 ; **Z**...] 18 2015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601

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cho	YOUNG MEN'S CHRISTIAN ASSOCIATION OF Jule A (Form 990 or 990 EZ) 2015 SOUTH FLORIDA, INC. 59-	0624464 Page
Par	Supporting Organizations (continued)	
0.01.227		Yes N
11	Has the organization accepted a gift or contribution from any of the following persons?	
., a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
-	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
G	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110
Sect	ion B. Type I Supporting Organizations	
	•	Yes N
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2
	supervised, or controlled the supporting organization.	
ec.	tion C. Type II Supporting Organizations	Yes N
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	tion D. All Type III Supporting Organizations	
		Yes N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	· · ·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee Instruction	
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).
ç		Yes N
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify	
	the supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	28
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
з	Parent of Supported Organizations. Answer (a) and (b) below.	
ā	and the standard and the second to represent a majority of the officers directors or	
	trustees of each of the supported organizations? Provide details in Part VI.	38
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
ь		36
ь	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	orm 990 or 990-EZ) 2

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YOUNG	MEN'S	CHRISTIAN	ASSOCIATION	OF
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Schedule A (Form 990 or 990 EZ) 2015 SOUTH FLORIDA, INC.

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Sec	other Type III non-functionally integrated supporting organizations must co tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ieci	Non B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	0.4236		
	instructions for short tax year or assets held for part of year):	0628	Hada a she a s	
а	Average monthly value of securities	1a		
-b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		·
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
з	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	A CARL CONTRACTOR	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		1

Schedule A (Form 990 or 990-EZ) 2015

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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	dule A (Form 990 or 990 EZ) 2015 SOUTH FLORIDA	, INC.		9-0624464 Page 7
2230.22			anizadona (continued)	Current Year
	on D - Distributions Amounts paid to supported organizations to accomplish exe	mot purposes		
1	Amounts paid to perform activity that directly furthers exempt			
2	organizations, in excess of income from activity	t hat have a subhouse		
3	Administrative expenses paid to accomplish exempt purpos	e of supported organization	19	· · · · · · · · · · · · · · · · · · ·
4	Amounts paid to acquire exempt-use assets	sa bi supportoù organizador		
	Qualified set-aside amounts (prior IRS approval required)			······································
<u>5</u> 6	Other distributions (describe in Part VI), See instructions.			
	Total annual distributions. Add lines 1 through 6.			
7 8	Distributions to attentive supported organizations to which the	ne omenization is responsiv	9	
0	(provide details in Part VI). See Instructions.	no organization la rasponom		
	Distributable amount for 2015 from Section C, line 6	and the second		
<u>9</u> 10	Line 8 amount divided by Line 9 amount	······································		
_10	Line & diffourt divided by Line & Antouric	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see Instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
-	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2015:		lotariti de la composición de la compos	
a				
— <u> </u>			T 75 of Lot 1 of Contract of Contract	
	From 2013			
	From 2014	- an - 25 25-		
	Total of lines 3a through e			
	Applied to underdistributions of prior years		Conversion of the state of the	
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	And a second		
4	Distributions for 2015 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
Manufacture of the second seco	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a				
<u></u>				
<u> </u>	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Schedule B Form 990, 990-EZ, or 990-PF) Department of the Treasury	Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and Information is between the set warm in conformation	OMB No. 1546-0047
	its instructions is at www.lis.gov/form990 . on YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Employer identification number 59–0624464
Organization type(chec		
ilers of:	Section:	
Form 990 or 990-EZ	3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	• •
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable frust treated as a private foundation	
Note. Only a section 501	501 (c)(3) taxable private foundation on is covered by the General Rule or a Special Rule . 1 (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions,
Note, Only a section 501 General Rule	on is covered by the General Rule or a Special Rule.	g \$5,000 or more (in money or
Note, Only a section 501 General Rule	n is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru ition filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totailn	g \$5,000 or more (in money or
Note, Only a section 501 General Rule For an organiza property) from a Special Rules X For an organiza sections 509(a) any one contrib	n is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru ition filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totailn	g \$5,000 or more (in money or 's total contributions. t test of the regulations under , or 16b, and that received from
Note, Only a section 501 General Rule For an organiza property) from a Special Rules X For an organiza sections 509(a) any one contrib or (II) Form 990- For an organiza year, total contr	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule attion filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor attion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% suppor (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a putor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou	g \$5,000 or more (in money or 's total contributions. t test of the regulations under , or 16b, and that received from nt on (i) Form 990, Part Vili, line 1h, any one contributor, during the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 980, 980-EZ, or 990-PF) (2016)

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ame of organize	m 990, 990 EZ, or 990 PF) (2015)		Employer identification number				
	N'S CHRISTIAN ASSOCIA	TION OF					
OTTOTT TTT							
artill	Exclusively feligious, charitable, etc., contri the year from any one contributor. Complete co	lumns (a) through (e) and the following in	stion 601(0)(7), (8), or (10) that total more than \$1,000 \square entry. For organizations				
(completing Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or less for	r the year. (Enter this info, once.)				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(D) I G FDSC OF GIT	(-) 5					
-							
	· · · · · · · · · · · · · · · · · · ·						
		(e) Transfer of gift					
	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of transferor to transferee				
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(c) Transfer of gift						
	,	(1)					
	Transferee's name, addres <u>s, an</u>		Relationship of transferor to transferee				
	Transferee ¹ s name, address, an		Relationship of transferor to transferee				
	Transferee's name, address, an		Relationship of transferor to transferee				
	Transferee ¹ s name, address, an		Relationship of transferor to transferee				
a) No. from	Transferee's name, address, an		Relationship of transferor to transferee (d) Description of how gift is held				
a) No. from Part I		d ZIP + 4					
from		d ZIP + 4					
from		d ZIP + 4					
from		d ZIP + 4					
from	(b) Purpose of gift	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
from		d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift					
from	(b) Purpose of gift	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
from	(b) Purpose of gift	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
from Part I	(b) Purpose of gift 	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
from Part I	(b) Purpose of gift	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift d ZIP + 4	(d) Description of how gift is held				
from	(b) Purpose of gift 	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift d ZIP + 4	(d) Description of how gift is held				
from Part I	(b) Purpose of gift 	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift d ZIP + 4	(d) Description of how gift is held				
from Part I	(b) Purpose of gift 	d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift d ZIP + 4	(d) Description of how gift is held				
from Part I	(b) Purpose of gift Transferee's name, address, an (b) Purpose of gift	d ZIP + 4 (c) Use of gift (e) Transfer of gift d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
from Part I	(b) Purpose of gift 	d ZIP + 4 (c) Use of gift (e) Transfer of gift d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
from Part I	(b) Purpose of gift Transferee's name, address, an (b) Purpose of gift	d ZIP + 4 (c) Use of gift (e) Transfer of gift d ZIP + 4 (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				

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SCHEDULE D Form 890)	Complete if the orgination of the orgination of the complete o	al Financial Statement anization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990.	0, 2b.	OMB No. 1545-0047 2015
	Information about Schedule D (For Information about Schedule D)	m 990) and its instructions 15 at www,	ila'dovununaan'	r identification number
lame of the organization	SOUTH FLORIDA, INC			59-0624464
Part Organizati	ons Maintaining Donor Advise	d Funds or Other Similar Fund		
and the second se	nswered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Funds a	nd other accounts
	of year	· · · · · · · · · · · · · · · · · · ·		
	ontributions to (during year)	· · · · ·		
4 Aggregate value at e	ad of vear			
5 Did the organization i	nform all donors and donor advisors in	writing that the assets held in donor adv	vised funds	
are the organization's	s property, subject to the organization's	exclusive legal control?	* 1.	. L Yes No
6 Did the organization i	inform all grantees, donors, and donor a	dvisors in writing that grant funds can b or donor advisor, or for any other purpos	e used only	
for charitable purpos	es and not for the benefit of the donbr (e comornig	Yes No
Part II Conservat	ion Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV, line 7.	
1 Purpose(s) of conser	vation easements held by the organizat	on (check all that apply).		
Preservation of	fand for public use (e.g., recreation or e	education)	• •	
Protection of n	•	Preservation of a ce	rtified historic struc	sture
2 Complete lines 2a th	open space which 2d if the progenization held a qualit	fied conservation contribution in the forr	n of a conservation	easement on the last
day of the tax year.			Hel	i at the End of the Tax Yea
a Total number of cons	servation easements		<u>2</u> a	······
b Total acreage restrict	ed by conservation easements	*********		
c Number of conserval	ion easements on a certified historic str	ucture included in (a)		
d Number of conserval	tion easements included in (c) acquired. Register	after 8/17/06, and not on a historic struc	2d	
3 Number of conservat	ion easements modified, transferred, re	leased, extinguished, or terminated by t		ing the tax.
 5 Does the organization violations, and enform 6 Staff and vokunteer h 	cement of the conservation easements i ours devoted to monitoring, inspecting,	riodic monitoring, inspection, handling o it holde? 	nservation easeme	
▶\$		dling of violations, and enforcing conserved violations, and enforcing conserved view of the requirements of section 17		uring the year
and section 170(h)(4) 9 in Part XIII, describe	(B)(ii)? how the organization reports conservat	ion easements in its revenue and expen	se statement, and I	
include, if applicable	, the text of the footnote to the organiza	tion's financial statements that describe	es the organization's	accounting for
concentration occorri	anto	f Art, Historical Treasures, or		
	e organization answered "Yes" on Form	1990, Part IV, line 8.	- IIV WITHUR P	
1a If the organization el	acted, as permitted under SFAS 116 (As	SC 958), not to report in its revenue stat	ement and balance	sheet works of art,
historical treasures, o	or other similar assets held for public ex	hibition, education, or research in furthe	rance of public serv	/ice, provide, in Part XIII,
the text of the footno	te to its financial statements that descr	bes these items.	ut and belance abo	
b If the organization el	ected, as permitted under SFAS 116 (Al	SC 958), to report in its revenue stateme ducation, or research in furtherance of p	nt and datance she sublic service, provi	de the following amount
relating to these item	5			
(i) Bevenue Include	d on Form 990, Part VIII, line 1		▶ \$	
(iii) Assets Included	in Form 990. Part X		🕨 🖇 🔜	
2 If the organization re	ceived or held works of art, historical tre	asures, or other similar assets for finance	aal gain, provide	
the following amount	s required to be reported under SFAS 1 Form 990. Part VIII, line 1	16 (ASC 968) relating to these items:	▶ \$	
b Assets included in Fi	prm 990, Part X			
HA For Paperwork Red	uction Act Notice, see the Instruction	s for Form 990. 27	Sch	edule D (Form 990) 201
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Exhibit 2 Page 69 of 176 .

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	MOUNT M	EN'S CHRIS	TAN ASSOC	TATION OF						
		LORIDA, INC			59-06	24464	Page 2			
Scheo	tule D (Form 990) 2015 SOUTH F	Collections of Ar	t. Historical Tre	easures, or Oth	er Similar Asse	ts(continue	d)			
Schedule D (Form 990) 2015 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
3				0	*					
	(check all that apply);	d	Loan or excl	nange programs						
a bo	Scholarly research	e								
u c	Preservation for future generations				••••					
4	Provide a description of the organization's C	ollections and explain	n how they further th	ne organization's exe	ampt purpose in Pa	rt XIII.				
5	the second s									
	to be cold to raise funds rather than to be m	aintained as part of t	he organization's co	llection?	L_	_ Yes	No			
to be sold to raise funds rather than to be maintained as part of the organization's collection?										
	is the organization an agent, trustee, custod	lian or other intermed	liary for contribution	s or other assets no	t included					
14	on Form 990, Part X?		-			Yes L	No			
L	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
b			~ ·			Amount				
G	Beginning balance				10					
А	Additions during the year	*****************			18					
.u. e	Distributions during the year				1e					
4	Ending balance									
0a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or cl	istodial account liab	llity?L	_ Yes	No			
h	If "Yes " evolain the arrangement in Part XIII	, Check here if the ex	planation has been	provided on Part XI						
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10,					
10000		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back					
10	Beginning of year balance	50,710,	71,976.	69,447.	563,194		73,206.			
	Contributions	17,444.			26,523					
	Net investment earnings, gains, and losses		<21,266.	- 2,529.	1,640	<u> </u>	<1,335.>			
	Grants or scholarships					_	······································			
	Other expenditures for facilities									
Ť	and programs				521,910		08,677.			
f	Administrative expenses	1					<u> </u>			
g	End of year balance	68,154.		Lange and the second descent des	69,447	• 50	63,194.			
2	Provide the estimated percentage of the cu	rrent year end baland	ce (line 1g, column (a	a)) held as:						
้ล	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
За	Are there endowment funds not in the pose	ession of the organiz	ation that are held a	nd administered for	the organization	5				
	by:						es No			
	(i) unrelated organizations	*****								
	Gi) valated organizations					<u>3a(ii)</u>				
b	if "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Schedule R?	************		<u>3b</u>				
4	Describe in Part XIII the intended uses of th	e organization's end	owment funds.							
Pa	Land, Buildings, and Equip	m ent. ed "Yes" on Form 99	0, Part IV, line 11a. S	See Form 990, Part)	K, line 10.					
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 (b) Cost or other (c) Accumu					Accumulated	(d) Book v	alue			
		basis (invest		(other) d	epreciation		0.05			
12	Land	3,126,				3,126	,085.			
	Buildings	37,077,		10,		26,283				
	Leasehold improvements	1,091,			649,593.		,336.			
	Equipment	6,431,		5,	539,553.		,717.			
۵	Other	1,965,			563,279.	1,402				
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line	10c.)		32,146				
					Schedu	le D (Farm S	390) 2015			

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	SOCIATION (5	9-0624464 Page 3
L11 C •			
990, Part IV, line 1	1b. See Form 990, I	Part X, line 12.	
Book value	(c) Method of va	duation: Cost or e	nd-of-year market value
	····		
	Ida Bas Farm 000	Dart Y line 13	
Book value	(c) Method of V	aluation: Gost or e	and of year market value
	1		······································
			······································
	······		
		- 	
			<u>, , , , , , , , , , , , , , , , , , , </u>
990, Part IV, line	11d. See Form 990,	Part X, line 15.	
990, Part IV, line ion	1 1d. See Form 990,	Part X, line 15.	(b) Book value
1 990, Part IV, line jon	1 1d. See Form 990,	Part X, line 15.	(b) Book value
1 990, Part IV, lina jon	11d. See Form 990,	Part X, line 15.	(b) Book value
1990, Part IV, line jon	11d. See Form 990,	Part X, line 15.	(b) Book vatue
1990, Part IV, line jon	11d. See Form 990,	Part X, line 15.	(b) Book value
1 990, Part IV, line jon	11d. See Form 990,	Part X, line 15.	(b) Book value
1 990, Part IV, line ion	11d. See Form 990,	Part X, line 15.	(b) Book value
1 990, Part IV, line Ion	11d. See Form 990,	Part X, line 15.	(b) Book value
		Part X, line 15.	(6) Book value
n 990, Part IV, line	11e or 11f. See For		
n 990, Part IV, line			
n 990, Part IV, line	11e or 11f. See For (b) Book value	n 990, Part X, line	
n 990, Part IV, line	11e or 11f. See For	n 990, Part X, line	
n 990, Part IV, line	11e or 11f. See For (b) Book value	n 990, Part X, line	
n 990, Part IV, line	11e or 11f. See For (b) Book value	n 990, Part X, line	
n 990, Part IV, line	11e or 11f. See For (b) Book value	n 990, Part X, line	
n 990, Part IV, line	11e or 11f. See For (b) Book value	n 990, Part X, line	
n 990, Part IV, line	11e or 11f. See For (b) Book value 132,777	n 990, Part X, line	
ion	11e or 11f. See Ford (b) Book value 132 , 777 . 132 , 777 .	m 990, Part X, line	25.
n 990, Part IV, line	11e or 11f. See Ford (b) Book value 132,777. 132,777. o the organization's	n 990, Part X, line	25.
	INC . 990, Part IV, line 1 Book value 990, Part IV, line 1 Book value	SPC - 990, Part IV, line 11b. See Form 990, J Book value (c) Method of va	990, Part IV, line 11b. See Form 990, Part X, line 12. Book value (c) Method of valuation: Cost or e

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		$\left(\begin{array}{c} 1 \\ 1 \\ 2 \end{array} \right)$							
		0.0							
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC. 59-0624464 Page 4									
Schedule D (Form 990) 2015 SOUTH FLORIDA, INC.					Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u> </u>	- 20 252	100				
1 Total revenue, gains, and other support per audited financial statements			1	38,353	,108.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
a Net unrealized gains (losses) on investments	2a	<114,959.							
b Donated services and use of facilities									
 Recoveries of prior year grants 									
d Other (Describe in Part XIII.)	1	267,706.							
e Add lines 2a through 2d			20		,747.				
3 Subtract line 2e from line 1			3	38,200	,361.				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			(1755) (1755)						
	4a		40,000,000						
a Investment expenses not included on Form 990, Part VIII, line 7b									
b Other (Describe in Part XIII.)			4c		0.				
c Add lines 4z and 4b	•••••	•••••••••••••••••••••••••••••••••••••••	5	38,200	361				
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nnte Mith	Evnances ner			<u>, , , , , , , , , , , , , , , , , , , </u>				
Part XII Reconciliation of Expenses per Audited Financial Stateme	SING WALLIN	cyberises her	11000	18 2 P.K					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			r . 1	39,042	711				
1 Total expanses and losses per audited financial statements		•••••••	1	37, 044	f 1,1,1,4				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:									
a Donated services and use of facilities	28								
b Prior year adjustments	2b								
c Other losses	20								
d Other (Describe in Part XIII.)		428,668.							
e Add lines 2a through 2d			2e		,668.				
3 Subtract line 2e from line 1			3	38,614	,043.				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		••••••							
	4a								
a Investment expenses not included on Form 990, Part VIII, line 70									
			4c		0.				
c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)	•••••	****	5	38,614	,043.				
5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part 1, line 18.)	<u></u>	*****************	<u> </u>						
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,									
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 10 ar	iq 20; Part V, illie	4, ran	A, III O &, FAIL	~,				
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional states and the second states are second states and the second states are second states and the second states are second states and the second states are second states and states are second states are seco	tional informa	tion.							
· · · · · · · · · · · · · · · · · · ·									
PART X, LINE 2:	-								
			(A) 17	10000					
THE ASSOCIATION IS EXEMPT FROM FEDERAL AND ST	PATE IN	COME TAXE	<u>is u</u> .	NUER					
	· .	· .							
SECTION 501(C)(3) OF THE INTERNAL REVENUE COL	DE AND	CHAPTER 2	20.	13 OF TI	HE				
FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN									
RECORDED.									
•									
THE ASSOCIATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR									
TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE									

SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND

INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON

TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER

NON-INTEREST EXPENSE, RESPECTIVELY.

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532054 09-21-15 Schedule D (Form 990) 2015

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF 59-0624464 Page 5 SOUTH FLORIDA, INC. Schedule D (Form 990) 2015 Part XIII Supplemental Information (continued)

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ASSOCIATION FILES INCOME TAX RETURNS. THE ASSOCIATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP

GALA FUNDRAISING EVENT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ABANDONED LEASEHOLD IMPROVEMENTS

GALA FUNDRAISING EVENT EXPENSE

PART XI, LINE 2D

THIS REVENUE COVERS CALCULATIONS FOR CLIENT'S PORTFOLIO OF INTEREST RATE SWAPS RELATED TO DEBT FINANCINGS. COMPUTATION OF THE SWAP IS DONE BY

INDEPENDENT THIRD PARTY.

Schedule D (Form 990) 2015

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SCHEDULE G SI	Joplement	al Information Regardin	a Fun	drais	ing or Gaming .	Activities	OMB No. 1545-0047
18Arm 990 or 990-1971	plete if the or	ganization answered "Yes" or	n Form	990, P	art IV, lines 17, 18,		2015
Department of the Treasury Internal Revenue Service	•	anization entered more than \$ Attach to Form 99 It Schedule G (Form 990 or 990-E)	30 or Fo	rm 99	0-EZ.		Open to Public hspection
Name of the organization YC	UNG MEN	V'S CHRISTIAN AS	SOCI	ATI	ON OF	Employer ide 59-0624	ntification numbe
Partil Fundraising A	ctivities. Co	DRIDA, INC.	vered "Y	'es" o	n Form 990, Part IV,	the second se	and the second se
required to comple		funds through any of the follow	ling acti	lition	Check all that apply		
a Ail Mail solicitations b Internet and emails c Phone solicitations		e 🔀 Solicit	ation of ation of	non-g gover	overnment grants	1	
key employees listed in Fo b if "Yes," list the ten higher	a written or o orm 990, Part st paid individ	ral agreement with any individu VII) or entity in connection with uals or entities (fundraisers) pur	profess	ional f	undraising services?	Yes	
compensated at least \$5,	JOU by the or	janization.					r
(i) Name and address of Ind or entity (fundraiser)	ivldua)	(iii) Activity	(ili) fund have o or con contribu	Did alser 2stody trol of 11ions7	(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
997 -			Yes	No			
			-			······	
				:			
							1
		.	_				
					•		
otal							
3 List all states in which the c		registered or licensed to solicit		utions	or has been notified	It is exempt from re	gistration
or licensing.							
······································							
	<u>,</u>			-			
·····					······	<u></u>	
HA For Paperwork Reduction	Act Notice,	see the Instructions for Form	990 or	99 0- E	z. s	chedule G (Form 9	90 or 990-EZ) 2018

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CAM # 17-0875 Exhibit 2 Page 74 of 176

	of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) throug
		GALA EVENT (event type)	(event type)	(total number)	- col. (c))
anc			(010111-3)1-3		
Revenue	1 Gross receipts	393,600.			393,60
	2 Less: Contributions	386,100.			386,10
	3 Gross Income (line 1 minus line 2)	7,500.		•	7,50
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility costs	155,154.			155,15
Direct Expenses	7 Food and beverages	1,515.			1,51
ž	8 Entertainment				
	9 Other direct expenses	65,571.			65,57
	10 Direct expense summary. Add lines 4 throu	igh 9 in column (d)		🚩	<214,74
	11 Net income summary. Subtract line 10 from art.III Gaming. Complete if the organization	n line 3, column (d)	990. Part IV. line 19. or	reported more than	
	Standard Gaming. Complete if the organization \$15,000 on Form 990 EZ, line 6a.		· · · · · · · · · · · · · · · · · · ·	•	
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (a
Revenue		fed pullin	bingo/progressive bingo	a	col. (a) through col.
Reve					
	1 Gross revenue	·			
SS:	2 Cash prizes				<u> </u>
Thens	3 Noncash prizes				1
Direct Expenses	4 Rent/facility costs				
Ч	5 Other direct expenses	<u></u>			
		Yes%	Yes%	Yes %	
	6 Volunteer labor				
	7 Direct expense summary. Add lines 2 throu				
	8 Net gaming income summary. Subtract lin	e 7 from line 1, column (d)			
9	Enter the state(s) in which the organization cor	nducts gaming activities:	-1-1-0		Yes
	a is the organization licensed to conduct gaming) alales (
I	b If *No,* explain:				
					······ · · · · · · · · · · · · · · · ·
	a Were any of the organization's gaming license	s revoked, suspended or te	erminated during the tax	year?	L Yes L
	h 16 IV.an Kovoloint				
	b If "Yes," explain:				

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YOUNG MEN'S CHRISTIAN A:	SSOCIATION OF
chedule G (Form 990 or 990 EZ) 2015 SOUTH FLORIDA, INC.	59-0624464 Page 3
1 Does the organization conduct gaming activities with nonmembers?	
2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a part	Inership or other entity formed
to administer charitable gaming?	
a The organization's facility	13a 9
h An outside facility	
Enter the name and address of the person who prepares the organization's gamin	g/special events books and records:
Name 🕨	
Address 🕨	· · · · · · · · · · · · · · · · · · ·
5a Does the organization have a contract with a third party from whom the organizati	on 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 $ ightarrow \$$	
c If "Yes," enter name and address of the third party:	
Name 🕨	
Address 🕨	
6 Gaming manager information:	
Nama 🕨	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent of	oontractor
Director/officer Employee Independent of	UNRECO.
7 Mandatory distributions:	,
a is the organization required under state law to make charitable distributions from	the gaming proceeds to
retain the state gaming license?	
 b Enter the amount of distributions required under state law to be distributed to oth organization's own exempt activities during the tax year > \$ 	tel exempt of fancarous of open at the
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).
	•
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34 34 2015 04020 VOID	G MEN'S CHRISTIAN ASSOC 1455560
70824 795691 145556.001 2015.04020 YOUN	I PARA I CAARDOLLEM, ADDOC 2200000
	CAM # 17-08

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(C YOUNG MEN'S CHRISTIAN ASSOCIATION OF 59-0624464 Page 4 SOUTH FLORIDA, INC. Schedule G (Form 990 or 990 EZ) SOUTH FLOR. Part V Supplemental Information (continued) . • Schedule G (Form 990 or 990-EZ) 532084 04-01-15 35 2015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601 10270824 795691 145556.001 CAM # 17-0875 Exhibit 2

Page 77 of 176

		······		1		
SCHEDULE J	Comp	ensation Information	•	OMB No, 1	545-00	47
(Form 990)	For certain Officers, I	Directors, Trustees, Key Employees, and High	əst	20	15	İ.
	Complete if the organization	Compensated Employees ation answered "Yes" on Form 990, Part IV, lin	e 23.			r Xelexiel
Department of the Treasury		Attach to Form 990.		Open to		i d
nternal Revenue Service	Information about Schedule .	I (Form 990) and its instructions is at www.irs.	jov/form990.	identificatio		302000 100 km
Name of the organization		RISTIAN ASSOCIATION OF		062446		1(136)
Part Question	SOUTH FLORIDA, s Regarding Compensation			002440	#	
ration Question	s Regarding Compensation				Yes	No
to Chaolatha ann an d	iske koving) if the exemption provide	ed any of the following to or for a person listed or	Eorm 000		Tes Real	140
		any of the following to of for a person listed of any relevant information regarding these items.	(rum 880;	<u> 1995</u>	i de	
			novemel 1000			
First-class or c		Housing allowance or residence for				
Travel for com	•	Payments for business use of perso				
r	ation and gross-up payments	Health or social club dues or initiation				
	spending account	Personal services (e.g., maid, chauf	teur, cnei)			
		· · · · · · · · · · · · · · · · · · ·				
•	•	Ization follow a written policy regarding payment		1b	0323	22,23,
,	•	bed above? If "No," complete Part III to explain		1D	81.1488	Le los
-		ursing or allowing expenses incurred by all direct			1998) 	жж
trustees, and office	rs, including the CEO/Executive Direc	tor, regarding the Items checked in line 1a?	**··**			
		ion used to establish the compensation of the or				
		ck any boxes for methods used by a related org	anization to		aşt.	ê.
· · ·	ation of the CEO/Executive Director, b	. [
Compensation		Written employment contract				
,	compensation consultant	Compensation survey or study			41.475 41.475	
I Form 990 of of	ther organizations	X Approval by the board or compense	ation committee		200	
						203
4 During the year, did	l any person listed on Form 990, Part	VII, Section A, line 1a, with respect to the filing				
organization or a re	lated organization:			807. j	2002	ar
	e payment or change of control paym					X
		ionqualified retirement plan?				X
		compensation arrangement?		40	78474424	X
If "Yes" to any of lin	ies 4a·c, list the persons and provide	the applicable amounts for each item in Part III.				40 Q
						Щ.
)(3), 501(c)(4), and 501(c)(29) organi					
		a, did the organization pay or accrue any compe	ensation			
contingent on the re				4,500,900 (20) 4,500,600 (20)	<u> 1925</u>	<u> 1338</u>
				<u>5a</u>		X
b Any related organization	ation?		****	<u>5b</u>	award	X
If "Yes" to line 5a or	r 5b, describe in Part III.					97
6 For persons listed o	n Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compe	ensation			<u> 1</u>
contingent on the n	-					
		······································				X
b Any related organization	ation?		*** * * * * * * * * * * * * * * * * * *	6b		X
	r 6b, describe in Part III.					
		a, dld the organization provide any non-fixed pay		in the second	5×2	
not described on lin	es 5 and 6? If "Yes," describe in Part	111		7		X
8 Were any amounts i	reported on Form 990, Part Vil, paid o	or accrued pursuant to a contract that was subje	ct to the			
		n 53.4958-4(a)(3)? If "Yes," describe in Part III				X
If "Yes" to line 8. did	i the organization also follow the rebu	ittable presumption procedure described in				

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The start of contracts (B) (A) for each of the contract of Cardinal for the contrelation of Cardinal fo	tes Officers, Directors, Irustees, Ney ch individual whose compensation mu int and ficted of	st be re	sported on Schedule	J, report compensati	ion from the organize	ation on row (i) and fro	m related organization	ns, described in the ins	tructions, on row (ii).	
Image: constraint of the state of	The sum of columns (B)(I)-(ii) for each !	listed in	dividual must equal t	the total amount of F	orm 990, Part Vil, Se	oction A, line 1a, applic	able column (D) and ((E) amounts for that Ind	įvīdual.	
Image: Constraint of the comparation of the comparating the comparation of the comparation of the compar			(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(1) 230,805 (2) (5) (2)	(A) Name and Title		(i) Base compensation	(ii) Borrus & incentive compensation	(iji) Other reportable compensation	compensation			reported as deferred on prior Form 990	
11 11 124 0. 0. 0. 136/5 0. 136/5 0. 136/5 0. 136/5 0. 136/5 0. 136/5 0. 136/5 0. 136/5 0. 136/5 0. 136/5 0. 0. 136/5 0. 0. 136/5	SUDDA BUDDA	a la			6,254.	27,697.	0	264,	0.	
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Page 3	icu.			Schedule J (Form 990) 2015
59-0624464	II. Also complete this part for any additional informat			Schedule J (
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	r descriptions required			38
Schedule J (Form 990) 2015	授敬凯信 Supplemental Information, o Provide the information, explanation, o			52213 10-14-15

CAM # 17-0875 Exhibit 2 Page 80 of 176 1

		((1) (1. FIA
ows No. 1545-0047 2015 pen to Public pention number ification number	If (i) Pooled financing Yes No	×					2	D Yes No Schedule K (Form 990) 2015
ome No. 1545-0047 2015 Open to Poblic Inspection 59–0624464	(g) Defeased (h) On behalf of issuer Yes No Yes No	×	 Δ				Kes	P Yes Chedule K (F
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The time time time time time time time tim	(d) Date issued	12/15/10		9,3	6 8 8		M M	39 Yes
upplemental Information on Tax-Exempt Bonds ganization answered "Yes" on Form 990, Part IV, line 24a. Pr explanations, and any additional information in Part VI. formation about Schedule K (Form 990) and its instructions M ASSOCIATION OF TFOR COLUMNS (A) AND (F) CONTINU	(c) CUSiP #	NONE					cation of proceeds?	f an LLC, siness use of critions for Form 990.
eifthe or 190. ▶ h LINC. LNC.	(b) Issuer EIN	<u> </u>				ceeds	of a current refunding issue? of an advance refunding issue? eds been made?	p, or a member of ar t bonds?
SCHEDULE K (Form 990) Department of the Treseury Mame of the organization Name of the organization SOUTH FLORIDA, SEE PI	(a) Issuer name MT – TADR. COTINHY	DEVELOPMENT	#2003.1% Proceeds 1 Amount of bonds refired	Amount of bonds legally defeased		A Ureau enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Capital expent proceeds Cather unspert proceeds Year of substantial comoletion	Were the bonds issued as part. Were the bonds issued as part. Has the final allocation of proce best the organization maintain acteute t	 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property? ⁵³²²⁴ LHA For Paperwork Reduction Act Notice, see the Instructions for Fr

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	٥	Yes		•										-									Yes													1	Schedule K (Form 990) 2010
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ATION		Yes		ç	4	 												-				-											BB&T		_		
YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule K Form 9501 2015 SOUTH FLORIDA, INC.	Use (Continued)	3a Are there any management or service contracts that may result in private	blisiness use of bond-financed property?	b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	counsel to review any management of service contracts relating to the interview property?	counsel to review any research agreements relating to the financed property?	4 Enter the percentage of financed property used in a private business use by		5 Enter the percentage of infanced property used in a private business we as a count of method to the sheets activity contribution by voting proparization, another	urrelated trade of dusiness activity during an by your disaminent activity with a state of force interment		meet the Drivate security or payment te	1		b if "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed	0[c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections	1.141-12 and 1.145-2?	9 Has the organization established written procedures to ensure that all nonqualitied	S.	Hegulations sectors 1.14114 and 1.1423	She hand shirts	ر مان منه المستقامة المستقامة المستقامة المستقامة المنافع المنافع المنافع المنافع المنافع المنافع المنافع الم	1 Has the issuer lifet routin occort, A blagge (repare, then recover, and	renary in Lead of Aradaha analogi madasi anananananana anala		a receiven to rehate?	No rehate di III?	VI the date the rebate cor	1	3 is the bond issue a variable rate issue?	had nas are organization of governments and succession of the bond issue?			superintegrated?		527122 10-22-15

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC. 59-0624464	Factor A B C D 5a Were gross proceeds invested in a guaranteed investment conitract (GiC)? Yes No Yes No Yes No b Name of provider Term of GiC X X Yes No Yes No c Term of GiC Mass the regulatory safe harbor for establishing the fair market value of the GiC satisfied? A A A A A 6 Were any gross proceeds invested beyond an available termporary period? X X A A A 7 Has the organization established written procedures to monitor the requirements of section 148? X A A A A	rres To Undertake Corrective Ac nization established written procec quirements are timely identified an ment program if self-remediation is	Absolution No. 1990 Structure in the median
Schedule K (Form 990) 2015 Partity Arbitrage (Continued)	 5a Were gross proceeds invested if b Name of provider c Term of GIC c Term of GIC d Was the regulatory safe harbor f 6 Were any gross proceeds invest 7 Has the organization established section 1487 	Procedures To Undertak Has the organization establishe federal tax requirements are tim closing agreement program if se	regulations? SCREDULE K, PART I, (A) ISSUER NAME: MI (F) DESCRIPTION OF SS2122 10-22-15 SS2122 10-22-15

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OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ 2015 SCHEDULE O Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. (Form 990 or 990-EZ) Open to Public Attach to Form 990 or 990-EZ. Information about Schedule O (form 980 or 980 EZ) and its instructions is at www.irs.gov/form990. YOUNG MEN'S CHRISTIAN ASSOCIATION OF Emplo Inspection Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 59-0624464 SOUTH FLORIDA, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE YMCA OF SOUTH FLORIDA IS THE LEADING NONPROFIT COMMITTED TO STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. EVERY DAY, WE PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH A COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING, AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY, THE Y ENSURES THAT EVERY INDIVIDUAL, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS ACCESS TO OPPORTUNITIES TO LEARN, GROW AND THRIVE.

THE Y IS, AND ALWAYS WILL BE, DEDICATED TO BUILDING HEALTHY, CONFIDENT, CONNECTED AND SECURE CHILDREN, ADULTS, FAMILIES AND COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

QUALITY TIME WITH THEIR CHILDREN. ADDITIONALLY, PARENT EDUCATION

CLASSES ARE OFFERED PERIODICALLY TO PROVIDE INSTRUCTION IN PARENTING,

GUIDANCE, DISCIPLINE, AND MONEY MANAGEMENT. APPROXIMATELY 2,400

FAMILIES PARTICIPATE IN THESE PROGRAMS ANNUALLY.

IN ORDER TO PROVIDE THE MOST NEEDY FAMILIES WITH ADDITIONAL SUPPORT,

THE YMCA CONDUCTED FOOD AND TOY DRIVES. APPROXIMATELY 6,000 FAMILIES

ARE RECIPIENTS OF FOOD, TOYS, AND BACK-TO-SCHOOL SUPPLIES FOR THEIR

CHILDREN DURING THE HOLIDAYS AND SCHOOL YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 05-02-15 2015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601

10270824 795691 145556.001

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Schedule O (Form 990 or 9					Page 2
Name of the organization	YOUNG MEN'S	CHRISTIAN	ASSOCIATION	OF	Employer identification number
	SOUTH FLORI	DA, INC.			59-0624464

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BEING SERVED IN THIS PROGRAM ON A DAILY BASIS. A FULL DAY CHILDCARE PROGRAM IS ALSO AVAILABLE FOR YOUNG CHILDREN WITH SCHOLARSHIPS AVAILABLE TO THOSE REQUIRING FINANCIAL ASSISTANCE. OUR PROGRAMS ARE BASED UPON YEARS OF RESEARCH IN THE FIELD OF CHILD DEVELOPMENT AND ARE DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND THE FAMILY AS A WHOLE. PROVIDING HIGH QUALITY CHILD CARE IS CENTRAL TO THE Y'S MISSION. WOVEN INTO THE FABRIC OF OUR MISSION AND HIGH QUALITY CHILDCARE IS A COMMITMENT TO STRENGTHENING FAMILIES. WE RECOGNIZE AN ALL TOO GROWING NUMBER OF FAMILIES FROM EVERY SOCIOECONOMIC LEVEL ARE NEGLECTED, ADRIFT AND IN TROUBLE. THE STRESS AND STRAIN OF BALANCING WORK AND FAMILY IS BECOMING MORE DIFFICULT TO BEAR. THE YMCA ASSISTS IN REDUCING THIS BURDEN THROUGH THE PROVISION OF TUITION ASSISTANCE FOR CHILDCARE SERVICES. APPROXIMATELY \$900,000 THIS PAST PERIOD WAS AWARDED TO FAMILIES TO DEFRAY THEIR FEES. ADDITIONALLY, WE AID FAMILIES WHO MIGHT NEED OTHER FORMS OF HELP DUE TO FAMILY VIOLENCE, LOSS OF A JOB, SUBSTANCE ABUSE, ETC. BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES. OUR THIRD AREA OF EMPHASIS IS ON PARENT EDUCATION. THROUGH A VARIETY OF ACTIVITIES, WHICH BRING TEACHERS AND PARENTS TOGETHER, WE FOCUS ON HELPING PARENTS LEAN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO CAN GROW INTO RESPONSIBLE CARING ADULTS. THE DAY CAMP THE YMCA OFFERS IS BOTH A RECREATIONAL AND LASTING CAMP EXPERIENCE OF PERSONAL ENRICHMENT. THE PROGRAM IS DESIGNED TO HELP CAMPERS BE AWARE OF THEIR BODIES AND FITNESS. THEY ARE ALSO STRUCTURED TO HELP YOUTH LEARN THE VALUE OF COOPERATION AND GAIN CONFIDENCE TO CHALLENGE THEMSELVES TO ACHIEVE PERSONAL GROWTH. THE YMCA PROVIDES A SAFE, CLEAN ENVIRONMENT AND A QUALITY PROGRAM IN WHICH THEIR CHILDREN Schedule O (Form 990 or 990-EZ) (2015) 592212 09-02-15 43

10270824 795691 145556.001 2015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601

	Page 2
Schedule O (Form 990 or 990 EZ) (2015) Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Employer identification number 59-0624464
CAN SPEND THEIR SUMMER AND SCHOOL DAYS OFF. WE OFFER A VA	LUABLE
ALTERNATIVE TO CHILDREN STAYING HOME ALONE. OUR HOURS ARI	I FLEXIBLE
(7:30 AM 6:00 PM). SUMMER CAMPS ARE OPEN FOR TEN WEEKS	AND HOLIDAY
CAMPS ARE AVAILABLE 22 DAYS DURING THE SCHOOL YEAR. SCHOOL	LARSHIPS ARE
PROVIDED FOR APPROXIMATELY 85% OF THE CHILDREN AND A CON	FINUUM OF CARE
	TRONG
COLLABORATION WITH OUTSIDE SERVICE-ORIENTED ORGANIZATION	S PROVIDES FOR
ADDITIONAL SERVICES TO HELP MEET THE NEEDS OF THE CHILDR	EN AND FAMILIES
	,486 CLIENTS IN
	SABILITIES).

ť

EDUCATION & LEADERSHIP THE YMCA IS COMMITTED TO PROVIDING A CONTINUUM OF CARE FOR INDIVIDUALS WITH DISABILITIES. IN ADDITION TO CHILDREN WHO ARE SERVED IN THE AFTER-SCHOOL PROGRAMS, A RESPITE PROGRAM FOR ADULTS WITH DEVELOPMENTAL DISABILITIES IS OFFERED EACH AFTERNOON THROUGH THE TYPICAL SCHOOL YEAR. THE ADULTS WHO ARE UNABLE TO BE LEFT UNSUPERVISED, THEN ATTEND A FULL DAY TRAINING PROGRAM DURING THE SUMMER MONTHS WHEN THEIR EDUCATIONAL PROGRAMS ARE CLOSED. THIS ALLOWS FOR THEIR PARENTS/GUARDIANS TO CONTINUE EMPLOYMENT AS THEY STRIVE TO MAINTAIN SELF-SUFFICIENCY. APPROXIMATELY 380 ADULTS PARTICIPATE ANNUALLY IN THESE PROGRAMS AND ALL RECEIVE FINANCIAL ASSISTANCE IN ORDER TO ATTEND.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:SCREENINGS YEARLY. EMPHASIS IS ON FAMILY WITH A FULL COMPLEMENT OFPROGRAMS FOR INDIVIDUALS SIX MONTHS TO SENIOR CITIZEN. MANYPARTICIPANTS ARE GIVEN THE OPPORTUNITY TO PARTICIPATE FREE OF CHARGETHROUGH FINANCIAL ASSISTANCE. THEY LOOK TO OTHER COMMUNITY AGENCIES FORREFERRALS TO PROVIDE MUCH NEEDED HEALTH AND PHYSICAL EDUCATIONSSchedule O (Form 990 or 990-EZ) (2015)4410270824 795691 145556.0012015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Employer identification number 59-0624464
	USA ANNUAL
EVENT, HEALTHY KIDS DAY, TO BRING COMMUNITY HEALTH PARTNE	RS TOGETHER TO
PROMOTE HEALTH, WELLNESS, AND FITNESS TO CHILDREN.	

FORM 990, PART VI, SECTION A, LINE 4:

THE YMCA OF BROWARD, INC. AND THE YMCA OF GREATER MIAMI, INC. ENTERED INTO A MERGER AGREEMENT TO ASSIST BOTH ASSOCIATIONS TO MAXIMIZE THE YMCA SERVICE THEY PROVIDE TO THEIR COMMUNITIES. THE BOARD OF DIRECTORS OF BOTH THE YMCA OF BROWARD, INC., AND THE YMCA OF GREATER MIAMI INC. HAVE EACH ADOPTED AND EXERCISED THE EXECUTION OF THIS AGREEMENT. THE NEW NAME OF THE MERGED ASSOCIATIONS SHALL BE THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC. AND SHALL OPERATE UNDER THE TAX IDENTIFICATION NUMBER OF YMCA OF GREATER MIAMI, INC. AS OF APRIL 1, 2015.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS FIRST REVIEWED BY THE ORGANIZATION'S CFO AND AUDIT COMMITTEE.

FORM 990 IS THEN SUBMITTED TO THE ORGANIZATION'S BOARD FOR REVIEW AND

APPROVAL BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST FORMS ARE COMLPETED IN ACCORDANCE WITH THE

YMCA-USA NATIONAL POLICY.

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

THE BOARD'S EXECUTIVE COMMITTEE SETS AND REVIEWS THE PERFORMANCE OF THE CEO AND DOES A SALARY SURVEY OF NATIONAL ENTITIES CEO SALARIES ON AN ANNUAL

BASIS.

Schedule O (Form 990 or 990-EZ) (2015)

532212 09-02-15 10270824 795691 145556.001 2015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601

hedule O (Form 990 or 990 EZ) (2015)	Page 2 mployer identification number
nedule O (Form 990 or 990 EZ) (2015) me of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF E SOUTH FLORIDA, INC.	59-0624464
DRM 990, PART VI, SECTION C, LINE 18:	
HE ASSOCIATION PROVIDES COPIES OF FORM 990 AND FORM 1023 U	JPON REQUEST.
DRM 990, PART VI, SECTION C, LINE 19:	
OVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF	INTEREST POLICY
RE AVAILABLE UPON REQUEST	
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ORM 990, PART XI, LINE 5, CHANGED IN THE STORE OF ASSETS FROM YMCA OF BROWARD COUNTY, INC. DUE T	0
	12,514,915
ERGER HANGE IN FAIR VALUE OF INTEREST RATE SWAP	45,466
OSS ON DISPOSAL OF ABANDONED LEASEHOLD IMPROVEMENTS	-206,428
TOTAL TO FORM 990, PART XI, LINE 9	12,353,953
PART XII LINE 2C	
NO CHANGES IN THE CURRENT YEAR	
	······
	•
	dule 0 (Form 990 or 990-EZ) (21

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545-0047	し 1 1 1 1 1 1 1 1 1 1 1 1 1	number		gnill					121	Section 512(b)(13) controlled entity?	Yes No	×		 . <u> </u>		Schedule R (Form 990) 2015	
OMB No. 1545-0047	2015 Operato Publico Inspection	Employer identification number 59-0624464	9	Direct controlling entity				related tax-exempt	9	U) Direct controlling entity		<u> </u>				Schedule R (F	
		E.		(e) End-of-year assets				e it had one or more		e) Public charity Dire	501(c)(3))	e/n	i	 			
strins	3, 34, 356, 36, or 37 <i>a</i> , is <i>multion</i> 890.			(d) Total income				M Fine 34 frecaris		(d) Exempt Code Pu	section						
l I andatod Darthe	DUNCEIALEU FALUIE on Form 990, Part IV, line 3 (Form 990,	nd fts instructions is at www. OF	orm 990, Part IV, line 33.	(c) Legal domicile (state or foreign country)				- 1874 - 18 - 1900 D		(c) Legal domicile (state or	foreign country}		STORITION STORI		 -		47
	Related Organizations and Unrelated Failules with S50, 36, or 37. Complete if the organization answered "Yes" on Form 990.	Information about Schedule R (Form 990) and its instructions is at www.ssynnome.cs S CHRISTIAN ASSOCIATION OF TDA INC.	ie organization answered "Yes⁴ on F	(b) Primary activity					ins Complete if the organization answer	(b) Primary activity			NATIONAL RESOURCE OFFICE LI			s for Form 990.	
	Rel ► Complete i	YOUNG MEN'	Entities Complete i	(a) Name, address, and EIN (if applicable) of disregarded entity					Identification of Related Tax-Exempt Organizations Complete if the organization answered tes on complete the organizations of the organizations during the tax year.	(a)	Name, aucress, and any of related organization	258696				For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
• •	SCHEDULE R (Form 990)	Department of the Teasury Internal Revenue Sarvice Name of the organization	Partie Identification						Part I dentification		Nami of re	YMCA OF THE USA - 36-31	CHICAGO, IL 60605			For Paperwork Redu	532151 09-08-15 LHA

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				((_	
Page 2	(k) Percentage	dirisiarino							e related	Section		Yes No	 _	 	 	-			 	Schedule R (Form 990) 2015
24464 re related	(j) Seneral or manading	partner?		 	 				one or mon	£	vercentage								 	dule R (For
59-0624464 R had one or more related	() Code V-UBI	amount in box 20 of Schedula K-1 (Form 1065)		 					4 because it had	(B)	Share of the end-of-year assets									Sche
e 34 because	(h) Disproportionate	alfocations? Yes No			 			 	Part IV, line 3	¢)	Share of total income			 					 	
90, Part IV, lin	(g) Share of	end-of-year assets							' on Form 990,			- Inc	 _	 	<u></u>					
Yes' on Form 9	(f) Share of total	income	 	 د				 	answered "Yes"	(a)	Iling Type of entity (C corp, S corp,			 	 				 	
STIAN ASSOCIATION OF NC. a Partnership Complete if the organization answered "Yes" on Form 890, Part IV, line 34 because it had one or more related		(related, unrelated, excluded from tax under sections 512-514)	 	 				 	if the organization	(q)	Direct controlling		 	 	 			•	 	48
ATTON a if the organ	Predot	excluded section	 	 			 	 	st Complete	(0)	Legal domicile (state or forgion	countr	 		<u></u>				 	~
ASSOCIATION strip Complete if the org	(d) Direct controlli	Direct controlling entity							Lonation or Trus year.	(q)	Primary activity									
CHRISTIAN A, INC.	tx year.	domicile (state or foreign country)		 				 	e as a Conp ring the tax		Patr		 			-			r	
MEN'S CHRI FLORIDA, II mizations Taxable as	(b)	Pamary activity							ganizations Taxable rooration or trust du		Ä									
YCUNG MEN'S CHRISTI Schedule R (Form 990) 2015 SOUTH FLORIDA, INC.	Contractions treated as a part (a)	Name, address, and EIN of related organization				-			Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related		Name, address, and ElN of related organization									

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- <u>222</u>
<u>tr X</u>
1s
Other transfer of dash of property noncreased as the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
נם) Method of determining amount titvolved
UPON AFFILIATION AGREEMENT
Schedule R (Form 990) 2015

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		((
Page 4 anue)	(1) (k) emarating Percentage manating ownership partner? ownership Yes No			Schedule R (Form 990) 2015	
164 ross reve	(j) Coentral or Pe managing o partner? o			e 20	
59-0624464	(1) Code V-UBI amout in box 20 m anout in box 20 m of Schedule K-1 2 (Form 1065)			Schedu	
sured by t	(h) (f) florate alonaties alonaties ves No				
7. of its activities (mea	(g) Share of end-of-year assets				
990, Part IV, line 3 ⁷ e than five percent	(f) Share of total income				
on Form sted mor	(e) Parthers all Soft(c)[3] orbs: Y Kes No				
AN ASSOCIATION OF piete if the organization answered "Yes" on Form 990, Part IV, line 37.	restment partnerships. (d) Predominant income excluded from tax under sections 512-514)				50
TAN ASSOCI piete if the organiz	ip though minutes in the sion for certain three sion for certain three (c) Legal domicile (state or foreign country)				
YOUNG MEN'S CHRISTIAN SOUTH FLORIDA, INC. tions Taxable as a Partnership Complete I	ty taxed as a parutera (ctions regarding exclu (b) Primary activity				
YOUNG MEN ¹ S CHRISTIAN ASSOCIATION OF Schedule R (Form 990) 2015 SOUTH FLORIDA, INC. Marking Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	Provide the following information for each entity taxed as a paruterany uncount more than investment partnerships. that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d				532164 59-08-15

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Ę YOUNG MEN'S CHRISTIAN ASSOCIATION OF 59-0624464 Page 5 SOUTH FLORIDA, INC. Schedule R (Form 990) 2015 SOUT) Provide additional information for responses to questions on Schedule R (see instructions). . . . _____. • . • -, Schedule R (Form 990) 2015 532185 08-08-15 51 2015.04020 YOUNG MEN'S CHRISTIAN ASSOC 14555601 10270824 795691 145556.001 CAM # 17-0875

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			<u>_</u>				x	
			<u>e</u>		(*)	f 1		
					c 201	c		
	_	~~		d to february 1 nization Exempt			Гах	OMB No. 1546-0047
For	" 9	90	Under section 501(c), 527, or 494	7(a)(1) of the Internal Revenu	te Code (exe	cept private fo	undatio	^{ns)} 2015
		of the Treasury	🕨 Do not enter social s	ecurity numbers on this forn	n as it may l	be made publi	с,	Open to Public
Intern	ial Reve	nue Service	Information about F	orm 990 and its instructions	is at www.in	s.gov/form990.	2015	Inspection
			ar year, or tax year beginning 🛛	AN L, ZULD and	ienaing in			cation number
BC	heck if pplicabi		forganization G MEN'S CHRISTIAN	ASSOCIATION OF		D Employer	laonana	
	Addre	BROW	ARD COUNTY, FLORIE					
	⊐Name Johang ⊐Initial	e 📔 Doing bi	usiness as					624463
	Jreturn		and street (or P.O. box if mail is not de SE 3RD AVENUE	livered to street address)	Room/suite			334-9622
<u>_</u>	Final return termin ated		own, state or province, country, and	ZIP or foreign postal code		G Gross receipt		6,883,174.
	Amen	ded FORT	LAUDERDALE, FL 3	3316		H(a) Is this a	group re	
[Appllo Illon pendi	F Name a	nd address of principal officer:SHE	RYL A. WOODS			ordinates	
	-	SAME	AS C ABOVE	(insert no.) 4947(a)(1)	or 527	-		cluded? Yes No list. (see Instructions)
		empt status:	X 501(c)(3) 501(c) (YMCABROWARD, ORG	(Insert no.) 4947(a)(1)		H(c) Group e		
				ssociation Other ►	L Year			State of legal domicile: FL
	irt I	Summary						
8	1	Briefly describ	e the organization's mission or mos	t significant activities: SEE	SCHEDU	JPE O		
Activities & Governance	2	Chack this ha	x > X if the organization disco	ontinued its operations of dispu	nsed of more	e than 25% of	its net as	sets.
OVEL			ting members of the governing body				1 - 1	28
ୁ ଜୁ			lependent voting members of the go				4	28
jes	1		of individuals employed in calendar				1 - 1	<u> </u>
tivit.			of volunteers (estimate if necessary) d business revenue from Part VIII, c					0.
Ac			business taxable income from Form					0.
						Prior Yea	r	Current Year
e			and grants (Part VIII, line 1h)		1	12,060, 16,160,		3,228,236.
Revenue			,	(and 7d)			699.	1,853.
Re			come (Part VIII, column (A), lines 3, 4 9 (Part VIII, column (A), lines 5, 6d, 8			431,		113,991.
			- add lines 8 through 11 (must equa			28,654,		6,883,174.
			nilar amounts paid (Part IX, column				0.	0.
			to or for members (Part IX, column (18,854,		4,321,883.
ses	15 16a	Salaries, othe Professional f	r compensation, employee benefits undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lir	(Part IX, column (A), lines 5-10) line 11e)	·	10/001/	0.	0.
Expens	b	Total fundrais	ing expenses (Part IX, column (D), lir	ne 25) 🕨 217,6	573. 🛞		SENS:	
ற	17	Other expens	es (Part IX, column (A), lines 11a-11c	d, 11f-24e)		9,353,		2,263,926. 6,585,809.
			s. Add lines 13-17 (must equal Part			28,208,	<u>549.</u> 739.	297,365.
L Sa		Hevenue less	expenses. Subtract line 18 from line	±1∠		ginning of Curro		End of Year
sets (alanc	20	Total assets (² art X, line 16)			20,233,	091.	0.
Net Assets or Fund Balances	21		(Part X, line 26)			8,020,		0.
			fund balances. Subtract line 21 from	n line 20		12,212,	//4.	0.
Und	er nens	Signature	I declare that I have examined this return	, including accompanying schedul	es and statem	ients, and to the	best of my	/ knowledge and belief, it is
true,	correc	t, and complete	. Declaration of preparer (other than offic	er) is based on all information of v	vhich preparei	r has any knowle	dge.	
						Date		
Sig		17	of officer			Date		
Her	e		YL A. WOODS, PRESI	DENT/CEO				
·		Print/Type pre		Preparer's signature		Date	Check	PTIN
Pald		RICK CO	VERT			· · · · ·	self-employe	# P00124528
	arer			ARGIZ & FARRA,	LLC	Firm':	s EIN 🕨	01-0720052
USO	Only	Firm's address	► 301 E LAS OLAS E FORT LAUDERDALE,	FL 33301		Phon	e no. (9	54) 760-9000
May	the II	L RS discuss this	s return with the preparer shown ab			1		X Yes No
			or Paperwork Reduction Act Noti		lions.			Form 990 (2015)

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

	(^{real}			(^{w A}		
	YOUNG M	EN'S CHRISTIA	N ASSOCIATION	N OF		
	1 990 (2015) BROWARD rt III Statement of Program Se	COUNTY, FLOR			59-0624463	Page 2
1.4	Check if Schedule O contains a re	-				<u> </u>
1	Briefly describe the organization's mission THE Y IS A POWERFUL AND FROM ALL WALKS C STRENGTHEN THE FOUND	ASSOCIATION O F LIFE JOINED	TOGETHER BY			GES
2	Did the organization undertake any sign	ificant program services du	ring the year which were	not listed on	, 	
	the prior Form 990 or 990-EZ?				Yes	X No
3	If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these changes on Sch	or make significant change	s in how it conducts, any	/ program services?	Yes	X No
4	Describe the organization's program ser Section 501(c)(3) and 501(c)(4) organiza	vice accomplishments for tions are required to report				
4a	revenue, if any, for each program service (Code:) (Expenses \$ 3, FAMILY TIME - THE YM ENRICHING EXPERIENCE RELATIONSHIPS IN FAM ACTIVITIES. TIME TOG QUALITY PHYSICAL AND SPECIFICALLY FOR FAM	427,391. Including g CA BRINGS PAR S. WE BELIEVE ILIES BY PROV ETHER AS A FA SOCIAL PROGR	ENTS AND CHII THE YMCA CAN IDING FUN ANI MILY IS VALU2	N HELP IN D MEANINGF ABLE; THE	THER FOR LIF STRENGTHENIN UL PROGRAMS YMCA PROVIDE	E G AND
4b	AND Y-ADVENTURE GUID (Code:)(Expenses \$ CHILD CARE - THE YMC ONE OF THE LARGEST P YEARS. CURRENTLY, WE (AFTER SCHOOL, HOLID	UNDERSTANDING MS FOR ONE AN IN AN ENJOYAB ES PROVIDE OF 138,770. Including of A OF BROWARD ROVIDERS OF C PROVIDE HIGH AY CARE, ETC.	AND COMPANIC OTHER, LEARNI LE WAY. PROGE PORTUNITIES I ants of \$ COUNTY HAS BE HILD CARE IN QUALITY OUT) TO APPROXI	DNSHIP. GR ING FROM E RAMS SUCH FOR PARENT) (Beven EEN AND CO OUR AREA OF SCHOOL IMATELY 6,	AS MOMMY & M S TO ENJOY Mat 155, NTINUES TO B FOR OVER 21 TIME PROGRA 050 CHILDREN	LIES D E 533.) E MS
4c	ANNUALLY. OF THESE C FINANCIAL HARDSHIPS. THE YMCA IS COMMITTE RECEIVE THE SAME SER HOMELESS OR IN THE F TO THE FAMILY. ADDIT CHILD CARE PROGRAM T (Gode:) (Expenses \$ 2,	D TO ASSURING VICES. AN INC OSTER CARE SY IONALLY, THE	REASED NUMBER STEM ARE BEIN YMCA OPERATES ED TO INCREAS	EN FROM AL 2 OF CHILD 3G INCLUDE 3 THE BROW	L BACKGROUND REN WHO ARE D AT NO CHAR ARD INCLUSIO ILABILITY OF	GE N
	SPORTS & RECREATION OPPORTUNITY TO GROW PLAYS EVERYONE WINS" PROGRAMS. APPROXIMAT PROGRAMS AND IN KEEP AVAILABLE TO CHILDRE	- THESE PROGR IN SPIRIT, MI IS COMMON GR ELY 9,800 CHI ING WITH THE	AMS ARE DESIGN ND AND BODY. DUND FOR ALL LDREN PARTICI MMCA'S MISSIG	INED TO PR THE PHILO SPORTS AN IPATE ANNU DN; SCHOLA	OVIDE YOUTH SOPHY "EVERY D RECREATION ALLY IN THES	THE ONE E
	I. HEALTH, WELL-BEI THE YMCA OF BROWARD NETWORK OF PROGRAMS SPIRIT. PROGRAMS ARE INCLUDE FREE SEMINAR	COUNTY, THROUG THAT FULFILL ' DESIGNED TO :	THE Y'S MISSI	ON OF MIN	D, BODY, AND COMMUNITY A	ND
4d	Other program services (Describe In Sch	•	\ <i>I</i> =	renue \$	113,991.)	
<u>4e</u>	(Expenses \$ Total program service expenses >	including grants of \$ 5,610,766				
32002 2-16-1	2 15	SEE SCHEDUI	LE O FOR CONI	INUATION (90 (2015)
210	210 795691 145556	2015.0205	0 YOUNG MEN'	S CHRISTIA	N ASSOC 1455	556_1
					CAM #	17-0875

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

(

59-0624463 Page 3

	BROWARD COUNTY, FLORIDA, INC. 59-0624	463	P	age 3
Pa	rt IV Checklist of Required Schedules		No.	N.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
U	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete	_		77
	Schedule D, Part III	8		<u> </u>
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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	5
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X	10	49687	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		11.1.1.1	11.100
-	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			**
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
· e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>	-	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	12a	x	
6	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	140		
u	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	477		x
de:	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u></u>
18	to and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		х

Form 990 (2015)

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

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Forn	BROWARD COUNTY, FLORIDA, INC. 59-062	<u>4463</u>	P	age 4
Pa	rt.IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Dld the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
,	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27	renave.	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		议制造	2010-001 X 7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>A</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>A</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	01	x	
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	20		х
	Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 1	33		х
	Was the organization related to any fax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34		34	х	
07-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
a	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		····	
36	If *Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			•
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				the second s

Form **990** (2015)

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Form	BROWARD COUNTY, FLORIDA, INC. 59-062	4463	P	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
Marrie			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С				
	(gambling) winnings to prize winners?	To		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- 10 m Hz		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6 a		X
b	If "Yes," dld the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		調整	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			1992
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premlums, directly or indirectly, on a personal benefit contract?		ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-Ci	7h	and the second	darmad.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			3333
	sponsoring organization have excess business holdings at any time during the year?	8	345.15	78152613
9	Sponsoring organizations maintaining donor advised funds.		1993	36.254
a	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9</u> a	ļ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	3.2-2.55	200000
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 383		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		-995	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	anter	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-33		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	- 4953	- 63(73 <u>)</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	CC3089	2000.24
	Note. See the Instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c		્યત્વ શુક્ષ	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		42
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

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 BROWARD COUNTY, FLORIDA, INC.
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 Page

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

ſ

	tion A. Governing Body and Management						
1a						Yes	Т
	Enter the number of voting members of the governing body at the end of the tax year	la	1	28		100	t
	If there are material differences in voting rights among members of the governing body, or if the governing						1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
		1.		28			
	Enter the number of voting members included in line 1a, above, who are independent		l				1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				969.85	1923	1
	officer, director, trustee, or key employee?				2		┦
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	••••••			3		4
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		1
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?			5		
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or				
	more members of the governing body?				7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,						T
~					7b		l
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hy th	a following:		-		t
					*8008 8a	X	1
	The governing body?				oa 8b	X	ł
	Each committee with authority to act on behalf of the governing body?				80	<u></u>	╋
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		1
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)				т
				г		Yes	╀
	Did the organization have local chapters, branches, or affiliates?			ļ	10a		ł
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		ļ
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filling the for	m?	11a	X	l
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ľ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?		12b	X	T
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *						t
	in Schedule O how this was done				120	Х	I
	Did the organization have a written whistleblower policy?				13	X	t
	Did the organization have a written document retention and destruction policy?			5	14		t
				·····	1.1	58:39	t
	Did the process for determining compensation of the following persons include a review and approv		loependent				
	persons, comparability data, and contemporaneous substantlation of the deliberation and decision?				20391 1	X	l
	The organization's CEO, Executive Director, or top management official				15a		ł
b	Other officers or key employees of the organization	•••••			15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						ŀ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	/ith a		89) 19		ļ
	taxable entity during the year?			[16a		L
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						ſ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						I.
	exempt status with respect to such arrangements?				16b		
	ion C. Disclosure				1		i.
	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$						-
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	100,501(0)(3) = 0	nhd o	/ailah	le.	
	for public inspection. Indicate how you made these available. Check all that apply.	, 10000		y/ d		~	
1		in Cel	adula (1				
_	Own website Another's website X Upon request Other (explain		•	•	#1		
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	t interest policy	/, and	Tinaho	cial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's bo	ooks an	d records:				_
	DAVID CASH - 954-334-9622						
	900 SE 3RD AVENUE, FT. LAUDERDALE, FL 33316						-
	900 SE 3RD AVENUE, FT. LAUDERDALE, FL 33316 12-16-15 6				Form	990	(2

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BROWARD COUNTY, FLORIDA, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Form 990 (2015)

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 report-able 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)	(B)	T		(C)			(D)	(E)	(F)
Name and Title	Average Position (do not check more than one hours per box, unless person is both an						078	Reportable	Reportable	Estimated
	hours per	1 bm	r, unie	iss þe	rson	is bot or/trus	h an	compensation	compensation	amount of
	Week		T T	I	1	T	1	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e pr 6				Highestcompensated employee		(W-2/1099-MISC)	(00-271033-10100)	organization
	organizations		al tru:		yee	adu		(and related
	below	idual	Institutional trustee	닖	Key employee	estco	펄			organizations
	line)	ib di	Instit	Officer	Key	40H Emp	Former			
(1) STEVE COONEY	2.00									
BOARD CHAIR		X		Х				0.	0.	Ο.
(2) JACQUELINE HOWE	2.00	1								· · · · · · · · · · · · · · · · · · ·
SECRETARY		X		X				0.	0.	0.
(3) JAY ANDERSON	2.00									
TREASURER		X		X				0.	0.	0.
(4) DEAN WILLIAMS	2.00					1				
VICE CHAIR		X		X				0.	Ο.	0.
(5) AL BACCHI	2.00	\square								
DIRECTOR		X						0.	с.	Ο.
(6) ANDRE HALL	2.00									
DIRECTOR		x						0.	0.	0.
(7) ART BIGELOW	2.00									
DIRECTOR		X						0.	0.	0.
(8) BRETT AKS	2.00									
DIRECTOR		X						0.	0.	0.
(9) CHRISTIAN PETERSEN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DAVID WAGNER	2.00									
DIRECTOR		X						0.	0.	0.
(11) DENNIS GIORDANO	2.00									
DIRECTOR		х						0.	0.	0.
(12) DINAH STEPHENSON	2.00									
DIRECTOR		х						0.	0.	0.
(13) EVAN REES	2.00							_		_
DIRECTOR		х						0.	0.	0.
(14) GREG MCLAUGHLIN	2.00		ĺ			ĺ		_	_	
DIRECTOR		X						0.	0.	0.
(15) HEIDI O'SHEENAN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) JEFF WATTS	2.00							_		_
DIRECTOR		X						0.	0.	0.
(17) KURT ZIMMERMAN	2.00							_	_	_
DIRECTOR	l	X						0.	0.	0.
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YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY FLORIDA INC.

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(A)		hior				0.10		ompensated Employe		
Name and title	(B) Average hours per week	box	not c , unle: cer an	Posi heck ss pel	rson l	s bot	h an i	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	1	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensat from the organizatic and relate organizatio
(18) LANALEE ARABA SAM, MD	2.00	j		_	_			0	٥	
DIRECTOR (19) LARRY OLEVITCH	2.00	X						0.	0.	
DIRECTOR	2100	x						0.	0.	
(20) LINDSEY PAYNE	2.00	-								
DIRECTOR		X						0.	0.	
(21) LISA MAYS	2.00	I							0	1
DIRECTOR		X						0.	0.	
(22) MARK KRILL DIRECTOR	2.00	x						ο.	0.	
(23) NANCY ROBIN	2.00					<u> </u>		0.	0.	
DIRECTOR		x						0.	0.	
(24) NATASHA HENDRICKS	2.00									,
DIRECTOR		X						0.	0.	
(25) RANDALL WOOD	2.00							^	0	
DIRECTOR	2.00	X						0.	0.	
(26) SHARON MCLENNON DIRECTOR	4.00	x						0.	0.	
1b Sub-total		1	L		لأ	·		0.	0.	
c Total from continuation sheets to Part								235,174.	0.	33,39
 compensation from the organization 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the and related organizations greater than \$1 5 Did any person listed on line 1a receive o 	er, director, or tru r such individual sum of reportab 150,000? <i>If</i> "Yes,	 le co " coi	mpe mple	ensa ete S	ition Sche	anc dule	l oth J fa	er compensation from t	the organization	Yes 3 4 4
rendered to the organization? If "Yes," co Section B. Independent Contractors										5
Section B. Independent Contractors 1 Complete this table for your five highest of	compensated in	depe	ende	nt c	ontr	acto	ors th	nat received more than	\$100,000 of compens	
Section B. Independent Contractors 1 Complete this table for your five highest of the organization. Report compensation for (A)	or the calendar y	ear e	endir	ng W	ontr	acto	ors th	nat received more than the organization's tax y (B)	\$100,000 of compens /ear.	ation from (C)
Section B. Independent Contractors 1 Complete this table for your five highest of the organization. Report compensation for	or the calendar y	ear e	ende endir endir	ng W	ontr	acto	ors th	nat received more than the organization's tax y	\$100,000 of compens /ear.	ation from (C)
Section B. Independent Contractors 1 Complete this table for your five highest of the organization. Report compensation for (A)	or the calendar y	ear e	endir	ng W	ontr	acto	ors th	nat received more than the organization's tax y (B)	\$100,000 of compens /ear.	ation from (C)
Section B. Independent Contractors 1 Complete this table for your five highest of the organization. Report compensation for (A)	or the calendar y	ear e	endir	ng W	ontr	acto	ors th	nat received more than the organization's tax y (B)	\$100,000 of compens /ear.	ation from (C)
Section B. Independent Contractors 1 Complete this table for your five highest of the organization. Report compensation for (A)	or the calendar y	ear e	endir	ng W	ontr	acto	ors th	nat received more than the organization's tax y (B)	\$100,000 of compens /ear.	ation from (C)
Section B. Independent Contractors 1 Complete this table for your five highest of the organization. Report compensation for (A)	or the calendar y	ear e	endir	ng W	ontr	acto	ors th	nat received more than the organization's tax y (B)	\$100,000 of compens /ear.	ation from (C)
Section B. Independent Contractors 1 Complete this table for your five highest of the organization. Report compensation for (A)	or the calendar y ss address	ot lir	nited	ng w	ontr vith o those	acto pr W	ors thin ithin	nat received more than the organization's tax y (B) Description of s	\$100,000 of compens rear. ervices C	ation from

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

59-0624463

Form 990 BROWARD	COUNTY,	F	LOI	LI.	DA	, .	EN (59-062	4463
Part VII Section A. Officers, Directors, T		mpi	oyee			ligh	est			
(A) Name and title	(B) Average hours per	(0	(C) Position (check all that apply)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below ilne)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) TOM MCMAHON DIRECTOR	2.00	x						0.	0.	0.
(28) TRELLANEE MOORE-ADDERLEY DIRECTOR	2.00	x						0.	0.	0.
(29) SHERYL A. WOODS TRO - PRESIDENT	40.00			x				53,072.	0.	7,931.
(30) LISA CHRISTIAN 7P OF OPERATIONS	40.00			x				37,265.	0.	4,781.
(31) DAVID W. CASH CHIEF FINANCIAL OFFICER	40.00			x				31,325.	0.	4,980
(32) CYNTHIA A, SMITH	40.00			x					0.	
HIEF ADVANCEMENT OFFICER 33) JOHN PULEIO	40.00							29,543.		4,149
7P OF FINANCE 34) TIM STALEY	40.00			X				22,285.	0.	3,780
CHIEF OPERATING OFF (35) MARK RUSSELL	40.00			X				23,966.	0.	4,280.
CHIEF STRATEGY OFFICER				X				37,718.	0.	3,497.
										w
										A
							_			
						_				
										. .
otal to Part VII, Section A, line 1c							<i></i> ,	235,174.		33,398.

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BROWARD COUNTY, FLORIDA, INC. 59-0624463 Form 990 (2015) Page 9 **Statement of Revenue** Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (A) (C) Related or Unrelated Total revenue exempt function business revenue revenue Grants 1 a Federated campaigns 13,635 1a b Membership dues 1b c Fundraising events 10 Gifts, Ilar An d Related organizations 1d e Government grants (contributions) 1e 2,645,407 Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above 569,194 1f g Noncash contributions included in lines 1a-11: \$ h Total. Add lines 1a-1f 228,236 Business Code 713940 2,219,769.2,219,769 2 a MEMBERSHIP SERVICES Program Service Revenue PROGRAM SERVICES 713990 1,289,998,1,289,998. ь С 900099 29,327 29,327 f All other program service revenue 539,094 3. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 1,853. 1,853 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . ► 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue of including \$ contributions reported on line 1c). See Part IV, line 18 _____ a Other b Less: direct expenses _____ b c Net income or (loss) from fundralsing events ► 9 a Gross Income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net Income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MANAGEMENT FEE 113,991 561000 113,991 b All other revenue đ 113,991. Total, Add lines 11a-11d ► 1,853. 6,883,174.3,653,085. 0. Total revenue. See instructions, 12 Form 990 (2015) 532009 12-16-15

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

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<u> </u>	rt IX Statement of Functional Expens		· · · · · · · · · · · · · · · · · · ·		
ect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		*****		
4	Benefits paid to or for members				
õ	Compensation of current officers, directors,		4 5 9 4 5	011.1.0	11 00
	trustees, and key employees	268,572.	16,317.	211,169.	41,08
5	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(i)(1)) and				
	persons described in section 4958(c)(3)(B)		000 001	100 001	00.00
1	Other salaries and wages	3,234,412.	3,072,764.	138,261.	23,38
3	Pension plan accruais and contributions (include				
	section 401(k) and 403(b) employer contributions)	150 500			10 11
)	Other employee benefits	476,589.	392,634.	70,544.	13,41
)	Payroll taxes	342,310.	299,161.	36,773.	6,37
I	Fees for services (non-employees):				
а	•				
b	Legal	6,247.		6,247.	
	Accounting	12,501.		12,501.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				······································
g	Other. (If line 11g amount exceeds 10% of line 25,	00.455	~~ ~~~	40 505	
	column (A) amount, list line 11g expenses on Sch O.)	82,165.	62,620.	19,535.	10
:	Advertising and promotion	147,481.	39,536.	59,064.	48,88
1	Office expenses	25,712.	18,810.	6,167.	73!
	Information technology	128,260.	116,089.	12,171.	
1	Royalties		100 000	<u> </u>	
	Occupancy	535,000.	480,060.	54,940.	
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Conferences, conventions, and meetings	37,308.	27,556.	9,752.	
	Interest	85,008.	85,008.		
	Payments to affiliates	85,488.	27,606.	57,882.	
	Depreciation, depletion, and amortization	298,108.	278,627.	19,481.	
	Insurance	149,185.	127,163.	22,022.	1. Jahr bergent och bergen fattend stater
	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 0.)			Survey and a survey of	
а	SUPPLIES	465,076.	378,041.	3,248.	83,787
b	EQUIPMENT RENTAL AND RE	89,895.	84,361.	5,534.	
	MISCELLANEOUS	81,081.	69,137.	11,944.	
ď	BAD DEBT EXPENSE	35,211.	35,076.	135.	
e	All other expenses	200.	200.		
	Total functional expenses. Add lines 1 through 24e	6,585,809.	5,610,766.	757,370.	217,673
	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 I if following SOP 98-2 (ASC 958-720)			· · · · · · · · · · · · · · · · · · ·	

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

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	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	3,622,200.	1	0
2	Savings and temporary cash investments	103,125.	2	0
3	Pledges and grants receivable, net	871,272.	3	0
4	Accounts receivable, net	34,737.	4	0
5	Loans and other receivables from current and former officers, directors,			
-	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	0
6	Loans and other receivables from other disqualified persons (as defined under			
ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	Ó
7	Notes and loans receivable, net		7	C
8	Inventories for sale or use		8	C
	Prepald expenses and deferred charges	474,954.	9	0
9	Land, buildings, and equipment: cost or other		<u>8388</u> 3	
10a				
		14,749,395.	10c	C
	Less: accumulated depreciation 10b		11	C
11	Investments - publicly traded securities	377,408.	12	
12	Investments - other securities. See Part IV, line 11	577,400.	13	č
13	Investments - program-related. See Part IV, line 11		13	C
14	Intangible assets			
15	Other assets. See Part IV, line 11	20,233,091.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	734,280.	16	
17	Accounts payable and accrued expenses	134,200.	17	
18	Grants payable	593,901.	18	
19	Deferred revenue	<u> </u>	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	ana ang ang ang ang ang ang ang ang ang
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		36343) (6243)	
	Complete Part II of Schedule L	6 600 106	22	
23	Secured mortgages and notes payable to unrelated third parties	6,692,136.	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	8,020,317.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	10,221,562.	27	(
28	Temporarily restricted net assets	1,972,999.	28	0
29	Permanently restricted net assets	18,213.	29	C
	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	12,212,774.	33	0
34	Total liabilities and net assets/fund balances	20,233,091.	34	0

Form 990 (2015)

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Form 990 (2015)

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Forn	1990 (2015) BROWARD COUNTY, FLORIDA, INC.	59-	0624463	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,58		
з	Revenue less expenses. Subtract line 2 from line 1	3	29	7,3	65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,21	2,7	74.
5	Net unrealized gains (losses) on investments	5		4,7	76.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<12,51	4,9	15.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10			0.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements complied or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	Ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	🔀 Separate basis 🔲 Consolidated basis 🔲 Both consolidated and separate basis			運業	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		t 🗌		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form 990 (2015)

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		C			Ć				
SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	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. 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.								
Name of the organizati	on YOUN	IG MEN'S CH	IRISTIAN ASSO	CIAT]	ION OF	, ,	Employer	Inspection ridentification number	
Part Reason				ENC.				9-0624463	
The organization is not a		44	(All organizations must o (For lines 1 through 11,				.s.		
	-		on of churches describe						
			(Attach Schedule E (For						
			anization described in s onjunction with a hospita				VIII) Enter	the hospital's name	
city, and stat		zation operated in co	njunction with a nospite	a describe	a n secu	ni ivolog ige	дал, спе	the nospital s hame,	
		for the benefit of a co	ollege or university owne	ed or opera	ated by a g	overnmental	unit descrit	oed in	
		Complete Part II.)							
	-	-	mental unit described in antial part of its support				the deneral	public described in	
		Complete Part II.)	and pure of its oupport	li oli i go			<u>5</u>	F	
			(1)(A)(vi). (Complete Pa						
			e than 33 1/3% of its su						
			e (less section 511 tax) f					t from gross investment after June 30, 1975.	
		mplete Part III.)	,		•	-	0		
	-	•	eively to test for public s	-					
			sively for the benefit of, t ed in section 509(a)(1) (
			of supporting organization					MOOK INC DOX IN	
a 🗌 Type I. A si	upporting org	anization operated, s	supervised, or controlled	l by its sup	ported org	ganization(s),	typically by		
			egularly appoint or elect	a majority	of the dire	ctors or trust	ses of the s	supporting	
		complete Part IV, Se	ections A and B. d or controlled in connec	tion with i	te euronart	ed organizatio	on(s) by ba	wind	
			anization vested in the			-			
organizatio	n(s). You mus	st complete Part IV,	Sections A and C.						
			g organization operated				ily integrate	∋ď with,	
			s). You must complete porting organization ope				rted ordani	zation(s)	
			zation generally must sa						
			nplete Part IV, Section						
			written determination fro mally integrated support			a Type I, Type	II, Type III		
•			many integrated support						
g Provide the followi	ng information	n about the supporte	ed organization(s).						
(I) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-9	listed	in your	(v) Amount o support	•	(vI) Amount of other support (see	
			above (see instructions))	governing Yes	document?	instruct	ions)	instructions)	
				-				······································	
,				ļ					
<u> </u>									
F									
Total LHA For Paperwork Rec	fuction Act N	lotice, see the Instr	uctions for	An Handard Con	1999 - 2019 S.	Schee	lule A (For	m 990 or 990-EZ) 2015	

Form 990 or 990-EZ. 532021 09-23-15

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2015 BROWARD COUNTY, FLORIDA, INC.

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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.)

Se	ction A. Public Support								
Cale	andar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	9990310.	11028962.	12024364.	12060569.	3228236.	48332441.		
2	Tax revenues levied for the organ-								
	Ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
-	fumished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	9990310.	11028962.	12024364.	12060569.	3228236.	48332441.		
	The portion of total contributions	NACES NEWSCOLD		WEST AND					
Ū	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,								
	1								
-	•••••••••••••••••••••••••••••••••••••••				Artana arrang br>Arrang arrang	- PARTER AND A MARCHANES - ANNE AN ANNA AN A	48332441.		
the second se	Public support. Subtract line 5 from line 4.	Some sector and the sector of	an a	ordeler Sent Grandered	- the office of the second	Sector Contraction and Contraction	40332441.		
	tion B. Total Support			4 1 0010	()) 001 ((-) 00+r			
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013 12024364.	(d) 2014	(e) 2015 3228236.	(f) Total 48332441.		
	Amounts from line 4	33303T0'	TT0702074	12024304.	12000303.	5220230.	40332441.		
8	Gross income from interest,	-		-					
	dividends, payments received on	-							
	securities loans, rents, royalties	0 471	10 540	10.005	1 600	1 053	26,666.		
	and income from similar sources	2,471.	10,548.	10,095.	1,699.	1,853.	40,000.		
9	Net income from unrelated business					1			
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						10050405		
	Total support. Add lines 7 through 10						48359107.		
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 66	,406,032.		
13	First five years. If the Form 990 is for						FJ		
1- <u>1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</u>	organization, check this box and stop	<u>, here</u>	<u></u>		****		▶∟		
Sec	tion C. Computation of Publ								
14	Public support percentage for 2015 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	99.94 %		
15	Public support percentage from 2014	Schedule A, Part	(), lìne 14			15	99.89 %		
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this b	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organization	1					
b	33 1/3% support test - 2014. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	his box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"								
	10% -facts-and-circumstances tes								
	more, and if the organization meets th								
	organization meets the "facts-and-circ		•		-				
18									
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

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Schedule A (Form 990 or 990 EZ) 2015 Part III Support Schedule for (Ourselentieurs	Described	Castian E00/a	1/01		Pa
(Complete only if you checked	-				lort II. If the organize	tion fails to
complete only it you checked qualify under the tests listed b			organization falled i	to quatiny under P	an in in the organiza	
Section A. Public Support	Biow, picase com	pieter grung				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Tota
1 Gifts, grants, contributions, and			- ·			
membership fees received. (Do not						
include any "unusual grants.")						41
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-	·····					
ization's benefit and either paid to						
and the first back of the first of the state						
5 The value of services or facilities			+		-	
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		<u> </u>				
3 received from disgualified persons						
b Amounts Included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount op lins 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7.6 from line 6.)			CONCERNMENTS OF THE SECOND			
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Tota
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2015 (I			column (f)		15	
16 Public support percentage from 2014	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves						
17 Investment income percentage for 20	15 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	
18 Investment income percentage from 2	2014 Schedule A, I	Part III, line 17 🛄			18	
19a 33 1/3% support tests - 2015. If the						
more than 33 1/3% , check this box ar						
b 33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	<u>n did not check a f</u>	box on line 14, 19	a, or 19b, check th	is box and see in	structions	
32023 09-23-15				Sch	edule A (Form 990	or 990-EZ)
310210 795691 145556			16	Sch	edule A (Form 990	or 99(

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2015 BROWARD COUNTY, FLORIDA, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2015

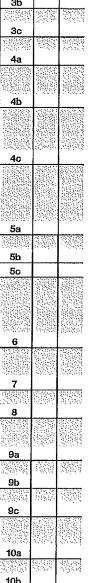
3a Зb 3c 4a 4b 4c 5a 5b 5c 6 7 я 9a 9b 9c 10a 105

59-0624463 Page 4

1

2

Yes No



59-0624463 Page 5 Schedule A (Form 990 or 990-EZ) 2015 BROWARD COUNTY, FLORIDA, INC. Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 110 Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain In Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions): The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations, Complete line 3 below. c 🔄 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test, Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2ab Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
 532025 09-28-15 Schedule

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 BROWARD COUNTY, FLORIDA, INC. 59-0624463 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 Recoverles of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1¢ d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions

8

1

2

3

4

5

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

Current Year

532026 09-23-15

1

2

3

4

5 6

7

1

4

7

8

1

7

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

instructions).

5 Income tax imposed in prior year

2 Enter 85% of line 1

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59-0624463 Page 7 Schedule A (Form 990 or 990 EZ) 2015 BROWARD COUNTY, FLORIDA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations з Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (iii) (ii) (i) Distributable Underdistributions Excess Distributions Amount for 2015 Pre-2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a series and b 🗄 C Paralasi d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount I Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j 7 and 4c. Breakdown of line 7: 8 а b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015	BROWAR	D COUN	VTY,	FLORII	DA,	INC.	

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 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional Information. (See instructions.)

SCHEDULE A PART VI

THIS IS THE FINAL RETURN OF THE ORGANIZATION DUE TO IT MERGING WITH

ANOTHER YMCA. AS SUCH, THE CURRENT YEAR PUBLIC SUPPORT INFORMATION

RELFECTS A SHORT YEAR OF FINANCIAL ACTIVITY.

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Schedule A (Form 990 or 990-EZ) 2015

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Form 990, 990-EZ, or 990-PF) epairment of the Treasury Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and									
Name of the organiza	Employer identification number 59-0624463									
Organization type (che	ick one):									
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	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.

Special Rules

For an organization described in section 501(o)(3) filing Form 990 or 990-EZ that met the 33 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 crueity to children or animals. Complete Parts I, II, and III.

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 filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	HEDULE D	Supplemen	tal Financial Statemen	ts	OMB Na, 1545-0047		
•	m 990) Iment of the Treasury	Complete if the o Part IV, line 6, 7, 8, 9,	rganization answered "Yes" on Form 99 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990. Form 990) and its instructions is at www	90, 12b.	LUIJ		
Interna	Il Revenue Service		form 990) and its instructions is at www	/.lrs.gov/form990.	Inspection		
Nam	e of the organizati	on YOUNG MEN'S CHRIS BROWARD COUNTY, F	TIAN ASSOCIATION OF		er identification numb 59-0624463		
Pa	rt [] Organiza		sed Funds or Other Similar Fun				
		n answered "Yes" on Form 990, Part IV,			····		
			(a) Donor advised funds	(b) Funds a	and other accounts		
t	Total number at er	nd of year	-				
2		f contributions to (during year)		_			
з		f grants from (during year)					
4		t end of year					
5			in writing that the assets held in donor ad				
			's exclusive legal control?				
6	-		r advisors in writing that grant funds can l	-			
			r or donor advisor, or for any other purpo				
Par	t II Conserv	ate penelli?	organization answered "Yes" on Form 990) Dart IV line 7			
1 1	and days of the second s	servation easements held by the organiz		J, Fait IV, into 7,			
•		of land for public use (e.g., recreation o		istorically important	land area		
		f natural habitat	Preservation of a c				
	[]	of open space					
2			alified conservation contribution in the for	m of a conservatior	n easement on the last		
	day of the tax year	· · ·			d at the End of the Tax Ye		
а	Total number of co	onservation easements		2a			
c	Number of conserv	vation easements on a certified historic s	structure included in (a)	20			
d	Number of conserv	vation easements included in (c) acquire	d after 8/17/06, and not on a historic stru	oture			
	listed in the Nation	al Register		2d			
3	Number of conserv	vation easements modified, transferred,	released, extinguished, or terminated by t	the organization du	ring the tax		
	year 🕨						
4		where property subject to conservation e	•				
5			periodic monitoring, inspection, handling of				
~			s it holds?				
6	Stall and voluntee	r nours devoted to monitoring, inspectin	g, handling of violations, and enforcing co	onservation easeme	ans during the year		
7	Amount of expense	es incurred in monitoring inspecting ha	ndling of violations, and enforcing conser	vation easements d	luring the year		
•	► \$	es mouned in monitoring, inspecting, na	numing of violations, and entoroxing deniati		and your		
8	Does each conserv	vation easement reported on line 2(d) ab	ove satisfy the requirements of section 1	70(h)(4)(B)(l)			
		• • • • • • •					
9			ation easements in its revenue and expen		balance sheet, and		
	include, if applicab	le, the text of the footnote to the organiz	ation's financial statements that describe	es the organization's	s accounting for		
	conservation ease						
Par	<u> </u>	-	of Art, Historical Treasures, or	Other Similar A	Assets.		
		the organization answered "Yes" on For					
			ASC 958), not to report in its revenue stat				
			xhibition, education, or research in furthe	rance of public serv	vice, provide, in Part XI		
		note to its financial statements that desc	cribes these items. ASC 958), to report in its revenue stateme	unt and halanga aha	at works of art bistoric		
	•	, , , ,	education, or research in furtherance of p				
	relating to these ite		education, or research in furtherance of	Dublic scivice, provi	de the following amou		
	-			▶ \$			
			reasures, or other similar assets for financ				
	-	nts required to be reported under SFAS					
				> \$			
				> \$			
HA	For Paperwork Re	duction Act Notice, see the Instructio	ns for Form 990.	Sch	edule D (Form 990) 20		
32051 1-02-1							

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	VOIDIC M	EN'S CHRIS	דא אד אפפ	OCT								
<u>.</u>	55 OF 13 D D	COUNTY, FI		INC			59-06	24463	Page 2			
Par	dule D (Form 990) 2015 BROWARD t III Organizations Maintaining O	collections of Ar	t. Historical			er Sim	ilar Asse	ts(continu	ed)			
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the fol	llowing that are a	significa	nt use of its	collection	tems			
ŭ	(check all that apply):		o, c			0						
а	a Public exhibition d Loan or exchange programs											
b												
	c Preservation for future generations											
4	and the second											
5	During the year, did the organization solicit o	r receive donations (of art, historical	treasu	res, or other simil	ar assets	;	-	·			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization	's colle	otlon?		L_	Yes	NoNo			
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiz	ation a	answered "Yes" o	n Forn 9	990, Part IV,	line 9, or				
L	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribu	utions of	or other assets ne	ot include	ed					
	on Form 990, Part X?							Yes	No No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			r						
								Amount				
c	Beginning balance					10	;					
d	Additions during the year					10	l					
е	Distributions during the year											
f	Ending balance						<u> </u>					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or cust	todial account lia	ollity?	Ц	Yes				
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	planation has b	een pr	rovided on Part X	<u> </u>			<u> </u>			
Par	Part V Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10.											
		(a) Current year	(b) Prior yea		(c) Two years back 17,444	(d) Thre	e years back	(e) Four y	*****			
1a	Beginning of year balance	17,444.	17,4	·	18,212.		18,212.					
b	Contributions					ļ	P C0					
c	Net investment earnings, gains, and losses						<768.	<u> </u>				
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	<17,444.	>									
f	Administrative expenses				411 444		17 444		18,212.			
g	End of year balance		17,4		17,444	·	17,444,		10,212.			
2	Provide the estimated percentage of the cur			nn (a))	held as:							
а	Board designated or quasi-endowment	.00	_%									
	Permanent endowment .00	%										
¢	Temporarily restricted endowment	.00 %										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.		F.F			- Instian					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	eld and	administered to	une orga	inization	5	res No			
	by:								X			
	(i) unrelated organizations			••••••			•••••••	·	X			
	(ii) related organizations			 - ma			••••••••••••••••	· · · · · · · · ·				
	If "Yes" on line 3a(ii), are the related organization			энr			••••••	. [00]				
4	Describe in Part XIII the intended uses of the two second to two second to the two second to the two second to the two s	e organization's endo	owment tunus.									
Pai	Complete if the organization answere		D Dort IV line 1	10 50	e Form 000 Part	X. line 10).					
		(a) Cost or o				Accumu		(d) Book	value			
	Description of property	basis (investr		asis (ot	ther) c	epreciat	on	,				
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other	L	l		<u>l</u>				0.			
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), I	ine 100	c.)		<u> ► </u>	D (C				
							Schedul	∋ D (Form	990) 2015			

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Schedule D (Form 990) 2015 BROWARD COUN	ITY, FLORIDA	, INC.	59-0624463 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(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			· · · · · · · · · · · · · · · · · · ·
<u>(A)</u>			
<u>(B)</u>			
	······		
(D)			
(E)			
(F)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		2434003408883	
Part VIII Investments - Program Related.		Tota te central de la constructiva de arti-	en l'an l'an an anna 1919 anns le anns anns an tha an 1919 anns an tha an 1919 anns an 1919 anns an thair anns Tha anns an tha anns an 1919 anns an tha anns an th
Complete if the organization answered "Yes" o	n Form 990 Part IV lin	e 11c See Form 990) Part X line 13
(a) Description of investment	(b) Book value		valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		e 11d. See Form 990	
(a) De	escription		(b) Book value
(1)			
(2)			
			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990; Part X, col. (B) line	15.)		>
Part X Other Liabilities.	<u></u>		
Complete if the organization answered "Yes" or	Form 990, Part IV, Jin	e 11e or 11f. See For	m 990. Part X. line 25.
1. (a) Description of liability	,,,,,	(b) Book value	
(1) Federal Income taxes			
(2)			
(3)			
(4)			
(5)	,		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide th			
organization's liability for uncertain tax positions under F	N 48 (ASC 740). Chec	k here if the text of th	ne footnote has been provided in Part XIII

Schedule D (Form 990) 2015

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	adule D (Form 990) 2015 BROWARD COUNTY, FLORIDA,			59-0	0624463	Page 4
<u>Ę</u> ą	rt XI Reconciliation of Revenue per Audited Financial Statem		revenue per n	eum	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		· · · · · · · · · · · · · · · · · · ·	1.1	6,887,	050
1			••••••	1	0,007,	950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	4,776.			
a	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
¢	Recoveries of prior year grants	. 20		题题		
d		. 2d		2000 -	-	
e	Add lines 2a through 2d			2e	4,	776.
3	Subtract line 2e from line 1			3	6,883,	174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,883,	174.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Retu	m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	3.				
1	Total expenses and losses per audited financial statements			1	6,585,	809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments					
¢	Other losses					
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	6,585,	809.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b			4c		0.
5	Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)			5	6,585,	809.
Pai	t XIIII Supplemental Information.					

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

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE

FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN

RECORDED.

THE ASSOCIATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR

TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE

SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND

INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON

TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER

NON-INTEREST EXPENSE, RESPECTIVELY. 532054 09-21-15 Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015	YOUNG MEN'S CHRIST BROWARD COUNTY, FI		OF 59-062446	53 Page 5
Part XIII Supplemental Inform	nation (continued)			

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ASSOCIATION FILES INCOME TAX RETURNS. THE ASSOCIATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2012.

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				CAM # 17-0875

CAM # 17-0875 Exhibit 2 Page 120 of 176

					((
OMB No. 1545-0047	Open to Public Inspection	Employer identification number 59–0624463	iplicated if additional	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	501 (C) (3)				Yes No 2a X	2b X 2c X	LI 2d X	Schedule N (Form 990 or 990-EZ) (2015)																															
 Liquidation, Termination, Dissolution, or Significant Disposition of Assets Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans. Attach to Form 990 or 990-EZ. 	orm990.		Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.	(f) Name and address of recipient	YMCA OF SOUTH FLORIDA, INC. 900 SE 3RD AVENUE EVEN TATINEODATE BY 33316	-					issolution? ain in Part III. ► SEE PART III	Schedule N (Form																															
	s is at www.irs.gov/fc		190, Part IV, line 31, o	(e) EIN of recipient							ion, termination, or d																																
ution, or Signi n Form 990, Part IV, line, ation. resolutions, or pla	D-EZ) and its instruction:	ION OF	inswered "Yes" on Form 9	(d) Method of determining FMV for asset(s) distributed or transaction expenses	NET BOOK VALUE OF ASSETS AT THE DATE OF OUT AFF OF THE DATE						d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?																																
Idation, Termination, Dissolution, or Signifi Complete if the organization answered "Yes" on Form 990, Part IV, lines 3 Attach certified copies of any articles of dissolution, resolutions, or plans. Attach to Form 990 or 990-EZ.	90-EZ. sdule N (Form 990 or 990	 Attacts to Form 940 or 540-EZ. Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC. 	dule N (Form 990 or 99 'IAN ASSOCIAT ORIDA, INC.	TIAN ASSOCIAT CORIDA, INC.	STIAN ASSOCIATION FLORIDA, INC. this part if the organization answere	TIAN ASSOCIA <u>LORIDA, INC.</u> is part if the organization	TIAN ASSOCIA LORIDA, INC. is part if the organization	TIAN ASSOCIA' LORIDA, INC. is part if the organization	TLAN ASSOCIAT LORIDA, INC. is part if the organization	TIAN ASSOCIA' LORIDA, INC. is part if the organization	STIAN ASSOCIA "LORIDA, INC. his part if the organization	STIAN ASSOCIA <u> <u> <u> </u> /u></u>	STIAN ASSOCIA <u> <u> <u> </u> /u></u>	STIAN ASSOCIA FLORIDA, INC. his part if the organization	STIAN ASSOCIA FLORIDA, INC. his part if the organization	STIAN ASSOCIA FLORIDA, INC. this part if the organization	STLAN ASSOCIAL FLORIDA, INC. his part if the organization	TLAN ASSOCIAT LORIDA, INC. is part if the organization a	TIAN ASSOCIAT LORIDA, INC. is part if the organization a	TLAN ASSUCIAT LORIDA, INC. is part if the organization a	LICKIDA, INC.	'LORIDA, INC.	LORIDA, INC.	his part if the organization	his part if the organization answ	his part if the organization answ	his part if the organization answe	NLIAN ADDUCIATION NLORIDA, INC. his part if the organization answer	STIAN ASSOCIATION FLORIDA, INC. this part if the organization answered	BROWARD COUNTY, FLORIDA, INC.	(c) Fair market value of asset(s) distributed or amount of transaction exoenses	221 EOO 10	• • • • • • • • • • • • • • • • • • •			e organization: Janization?	Become an employee of, or independent contractor for, a successor or transferee organization? Become a direct or indirect owner of a successor or transferee oroanization?	r payments as a result of n lines 2a through 2d, pro	orm 990 or Form 990-EZ				
tion, Termi plete if the organiz	Attach to Form 990 or 990-EZ. Information about Schedule N	N'S CHRIST COUNTY, FI	ution. Complete this	(b) Date of distribution	14 FC				key employee of th sor or transferee or	contractor for, a su iccessor or transfere	ation or other simila / of the questions or	e Instructions for F																															
Liquidat Com	Attai Infor		Termination, or Dissol ded.	 (a) Description of asset(s) distributed or transaction expenses paid 	CASH, GRANTS, PLEDGE AND OTHER AR, INVESTMENTS; PEE; PREPAID EXPENSES, ANDOTHE AND ONNED AND AND AND AND AND AND AND AND AND AN	A COARDAN ASSALD			Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization?	Become an employee of, or independent contractor for, a successor or transf Become a direct or indirect owner of a successor or transferee organization?	me entitled to, compens n answered "Yes" to any	For Paperwork Reduction Act Notice, see the Instructions for Form																															
SCHEDULE N (Form 990 or 990-EZ)	Department of the Treasury Internal Røvenue Service	Name of the organization	Part I Liquidation, Terr space is needed.	1 (a) Description of the control of distributed of expension expension of the control of the con	CASH; GRANTS, PLEDGE AND OTHER AR; INVESTRENTS; PFE; PREPAID EXPENSES	10010 MAL 110710			 2 Did or will any off a Become a direct 	 b Become an emply c Become a direct 	d Receive, or beco e If the organization	For Paperwork Reduc																															

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D If Yvas, of the organization provide such notation: D of the organization provide such notation: D If Yvas, of the organization provide such notation of the such state laws? D If Yvas: to line 6x, active of the submetching of the such state laws? D If Yvas: to line 6x, active of the submetching of the such state laws? D If Yvas: to line 6x, active of the submetching of the such state laws? D If Yvas: to line 6x, active of the submetching of the submetching of the submetching the supervised of the submetching of the submetching of the submetching of the submetching the submetching of the submetching of the submetching the submetching of the
(e) ElN of recipient (f) Name and address of recipient (f) Name and address of recipient
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CAM # 17-0875 Exhibit 2 Page 122 of 176

59-0624463 Page 3 Schedule N (Form 990 or 990 EZ) (2015) BROWARD COUNTY, FLORIDA, INC. Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I, LINE 2E:

THE OFFICERS, DIRECTORS AND EMPLOYEES LISTED ON PART VII OF THE 990 BECAME OFFICERS DIRECTORS AND EMPLOYEES OF THE YMCA OF SOUTH FLORIDA. REFER TO THE MERGER AGREEMENT ATTACHED.

PART I, LINE 2E:

INVOLVEMENT WITH THE YMCA OF SOUTH FLORIDA FOR ALL OF THE ABOVE MENTIONED PERSONS REMAINS CONSISTENT TO THE INVOLVEMENT AND FUNCTIONS THAT THEY PROVIDED TO THE YMCA OF BROWARD. REFER TO THE MERGER AGREEMENT ATTACHED.

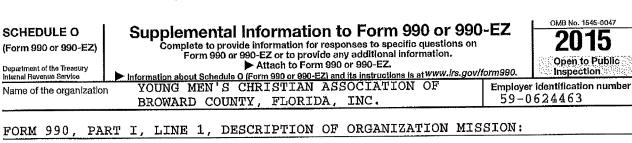
PART I

THE YMCA OF BROWARD, INC. AND THE YMCA OF GREATER MIAMI, INC. ENTERED INTO A MERGER AGREEMENT TO ASSIST BOTH ASSOCIATIONS TO MAXIMIZE THE YMCA SERVICE THEY PROVIDE TO THEIR COMMUNITIES. THE BOARD OF DIRECTORS OF BOTH THE YMCA OF BROWARD, INC., AND THE YMCA OF GREATER MIAMI INC. HAVE EACH ADOPTED AND EXERCISED THE EXECUTION OF THIS AGREEMENT. THE NEW NAME OF THE MERGED ASSOCIATIONS SHALL BE THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC. AND SHALL OPERATE UNDER THE TAX IDENTIFICATION NUMBER OF YMCA OF GREATER MIAMI, INC. REFER TO THE ATTACHED MERGER AGREEMENT.

Schedule N (Form 990 or 990-EZ) (2015)

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THE YMCA OF BROWARD COUNTY IS THE LEADING NONPROFIT COMMITTED TO STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. EVERY DAY, WE PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH A COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING, AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY, THE Y ENSURES THAT EVERY INDIVIDUAL, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS ACCESS TO OPPORTUNITIES TO LEARN, GROW AND THRIVE.

THE Y IS, AND ALWAYS WILL BE, DEDICATED TO BUILDING HEALTHY, CONFIDENT, CONNECTED AND SECURE CHILDREN, ADULTS, FAMILIES AND COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: QUALITY TIME WITH THEIR CHILDREN. ADDITIONALLY, PARENT EDUCATION CLASSES ARE OFFERED PERIODICALLY TO PROVIDE INSTRUCTION IN PARENTING, GUIDANCE, DISCIPLINE, AND MONEY MANAGEMENT. APPROXIMATELY 1,600 FAMILIES PARTICIPATE IN THESE PROGRAMS ANNUALLY.

IN ORDER TO PROVIDE THE MOST NEEDY FAMILIES WITH ADDITIONAL SUPPORT,

THE YMCA CONDUCTED FOOD AND TOY DRIVES. APPROXIMATELY 4,000 FAMILIES

ARE RECIPIENTS OF FOOD, TOYS, AND BACK-TO-SCHOOL SUPPLIES FOR THEIR

CHILDREN DURING THE HOLIDAYS AND SCHOOL YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 08-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 9	90·EZ) (2015)			Page 2
Name of the organization	YOUNG MEN'S BROWARD COUN		OF	Employer identification number 59-0624463
	DICOMPLED COOL	TT' TTORT		<u> </u>

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CHILDCARE FOR CHILDREN WITH DISABILITIES. THERE ARE OVER 480 CHILDREN BEING SERVED IN THIS PROGRAM ON A DAILY BASIS. A FULL DAY CHILDCARE PROGRAM IS ALSO AVAILABLE FOR YOUNG CHILDREN WITH SCHOLARSHIPS AVAILABLE TO THOSE REQUIRING FINANCIAL ASSISTANCE. OUR PROGRAMS ARE BASED UPON YEARS OF RESEARCH IN THE FIELD OF CHILD DEVELOPMENT AND ARE DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND THE FAMILY AS A WHOLE. PROVIDING HIGH QUALITY CHILD CARE IS CENTRAL TO THE Y'S MISSION. WOVEN INTO THE FABRIC OF OUR MISSION AND HIGH QUALITY CHILDCARE IS A COMMITMENT TO STRENGTHENING FAMILIES. WE RECOGNIZE AN ALL TOO GROWING NUMBER OF FAMILIES FROM EVERY SOCIOECONOMIC LEVEL ARE NEGLECTED, ADRIFT AND IN TROUBLE. THE STRESS AND STRAIN OF BALANCING WORK AND FAMILY IS BECOMING MORE DIFFICULT TO BEAR. THE YMCA OF BROWARD COUNTY ASSISTS IN REDUCING THIS BURDEN THROUGH THE PROVISION OF TUITION ASSISTANCE FOR CHILDCARE SERVICES. APPROXIMATELY \$900,000 THIS PAST PERIOD WAS AWARDED TO FAMILIES TO DEFRAY THEIR FEES. ADDITIONALLY, WE AID FAMILIES WHO MIGHT NEED OTHER FORMS OF HELP DUE TO FAMILY VIOLENCE, LOSS OF A JOB, SUBSTANCE ABUSE, ETC. BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES. OUR THIRD AREA OF EMPHASIS IS ON PARENT EDUCATION. THROUGH A VARIETY OF ACTIVITIES, WHICH BRING TEACHERS AND PARENTS TOGETHER, WE FOCUS ON HELPING PARENTS LEAN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO CAN GROW INTO RESPONSIBLE CARING ADULTS.

 CAMP - THE DAY CAMP THE YMCA OF BROWARD COUNTY OFFERS IS BOTH A

 RECREATIONAL AND LASTING EXPERIENCE OF PERSONAL ENRICHMENT. THE PROGRAM

 IS DESIGNED TO HELP CAMPERS BE AWARE OF THEIR BODIES AND FITNESS. THEY

 ARE ALSO STRUCTURED TO HELP YOUTH LEARN THE VALUE OF COOPERATION AND

 532212 08-02-15

 Schedule O (Form 990 or 990-EZ) (2015)

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Page 2 Schedule O (Form 990 or 990-EZ) (2015) Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF Employer identification number BROWARD COUNTY, FLORIDA, INC. 59-0624463 GAIN CONFIDENCE TO CHALLENGE THEMSELVES TO ACHIEVE PERSONAL GROWTH. THE YMCA OF BROWARD COUNTY PROVIDES A SAFE, CLEAN ENVIRONMENT AND A QUALITY PROGRAM IN WHICH THEIR CHILDREN CAN SPEND THEIR SUMMER AND SCHOOL DAYS OFF. WE OFFER A VALUABLE ALTERNATIVE TO CHILDREN STAYING HOME ALONE. OUR HOURS ARE FLEXIBLE (7:30 AM - 6:00 PM). SUMMER CAMPS ARE OPEN FOR TEN WEEKS AND HOLIDAY CAMPS ARE AVAILABLE 22 DAYS DURING THE SCHOOL YEAR. SCHOLARSHIPS ARE PROVIDED FOR APPROXIMATELY 85% OF THE CHILDREN AND A CONTINUUM OF CARE IS AVAILABLE FOR CHILDREN WITH DISABILITIES AS WELL. A STRONG COLLABORATION WITH OUTSIDE SERVICE-ORIENTED ORGANIZATIONS PROVIDES FOR ADDITIONAL SERVICES TO HELP MEET THE NEEDS OF THE CHILDREN AND FAMILIES WE SERVE. IN 2014 THE ASSOCIATION SERVED APPROXIMATELY 2,255 CLIENTS IN THE SUMMER CAMP (GENERAL POPULATION AND CHILDREN WITH DISABILITIES). DURING THE PERIOD OF JANUARY 1, 2015 THROUGH MARCH 31, 2015, CAMP EVENTS HAD NOT BEEN HELD YET AS THEY OCCUR IN THE SUMMER MONTHS.

EDUCATION & LEADERSHIP - THE YMCA IS COMMITTED TO PROVIDING A CONTINUUM OF CARE FOR INDIVIDUALS WITH DISABILITIES. IN ADDITION TO CHILDREN WHO ARE SERVED IN THE AFTER-SCHOOL PROGRAMS, A RESPITE PROGRAM FOR ADULTS WITH DEVELOPMENTAL DISABILITIES IS OFFERED EACH AFTERNOON THROUGH THE TYPICAL SCHOOL YEAR. THE ADULTS WHO ARE UNABLE TO BE LEFT UNSUPERVISED, THEN ATTEND A FULL DAY TRAINING PROGRAM DURING THE SUMMER MONTHS WHEN THEIR EDUCATIONAL PROGRAMS ARE CLOSED. THIS ALLOWS FOR THEIR PARENTS/GUARDIANS TO CONTINUE EMPLOYMENT AS THEY STRIVE TO MAINTAIN SELF-SUFFICIENCY. APPROXIMATELY 380 ADULTS PARTICIPATE ANNUALLY IN THESE PROGRAMS AND ALL RECEIVE FINANCIAL ASSISTANCE IN ORDER TO ATTEND.

 FORM
 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

 Schedule O (Form 990 or 990-EZ) (2015)

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 Schedule O (Form 990 or 990-EZ) (2015)

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 YOUNG MEN'S CHRISTIAN ASSOC 145556_1

 Schedule O (form 990 or 990-E2) (2015)
 Page 2

 Name of the organization
 YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.
 Employer identification number 59-0624463

 OF FREE HEALTH SCREENINGS YEARLY. EMPHASIS IS ON FAMILY WITH A FULL
 COMPLEMENT OF PROGRAMS FOR INDIVIDUALS SIX MONTHS TO SENIOR CITIZEN.

 MANY PARTICIPANTS ARE GIVEN THE OPPORTUNITY TO PARTICIPATE FREE OF
 CHARGE THROUGH FINANCIAL ASSISTANCE. THEY LOOK TO OTHER COMMUNITY

 AGENCIES FOR REFERRALS TO PROVIDE MUCH NEEDED HEALTH AND PHYSICAL
 EDUCATIONS PROGRAMS. THE ASSOCIATION PARTICIPATES IN THE YMCA OF THE

 USA ANNUAL EVENT, HEALTHY KIDS DAY, TO BRING COMMUNITY HEALTH PARTNERS
 TOGETHER TO PROMOTE HEALTH, WELLNESS, AND FITNESS TO CHILDREN.

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

the second

MANAGEMENT SERVICE REVENUE CHARGED TO MIAMI YMCA. THE AGREEMENT ALLOWED

THE ASSOCIATION TO CHARGE THE MIAMI YMCA FOR SHARED COSTS RELATED TO

THE SALARIES OF THE CEO, CFO, AND OTHER EMPLOYEES.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 113,991.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS FIRST REVIEWED BY THE ORGANIZATION'S CFO AND AUDIT COMMITTEE.

FORM 990 IS THEN SUBMITTED TO THE ORGANIZATION'S BOARD FOR REVIEW AND

APPROVAL BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST FORMS ARE COMLPETED IN ACCORDANCE WITH THE

YMCA-USA NATIONAL POLICY.

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

THE BOARD'S EXECUTIVE COMMITTEE SETS AND REVIEWS THE PERFORMANCE OF THE CEO

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AND DOES A SALARY SURVEY OF NATIONAL ENTITIES CEO SALARIES ON AN ANNUAL

BASIS.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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Schedule O (Form 99	0 or 990-EZ) (201	5) MENIC OT	DTOMTAN AC	SOCIATION C	1 ¹		Pa
Name of the organiza			, FLORIDA,		·F	Employer identi 59-062	
FORM 990, 1	PART VI,	SECTION C	, LINE 18:				
THE ASSOCI	ATION PRO	VIDES COP	IES OF FOF	M 990 AND F	ORM 1023	UPON REQ	UEST.
FORM 990, 1	PART VI,	SECTION C	, LINE 19:				
GOVERNING I	DOCUMENTS	, FINANCI	AL STATEME	NTS, AND CO	NFLICT C	OF INTERES	r POLIC
ARE AVAILAI	BLE UPON	REQUEST					
FORM 990, 1	PART XI,	LINE 9, C	HANGES IN	NET ASSETS:			
TRANSFER OF	F ASSETS	FO YMCA O	F SOUTH FL	ORIDA, INC.	DUE TO		
MERGER .						10	E14 01
		JRRENT YE.	AR			-12	, 514, 91
PART XII LI		JRRENT YE.	AR			-12	, 514, 91
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		JRRENT YE	AR				
		JRRENT YE	AR			-12	, 514, 91

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SCHEDULE R (Form 990) Comple Department of the Tesseury Internal Revorue Services	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.	Organizations and Unrelated Partnerships anization answered "Yes" on Form 990, Part IV, line 33, 34, 355, Attach to Form 990. Attach to Form 990, and its instructions is at www.iss.gov/fo.	tnerships ine 33, 34, 35b, 36 :www.ixs.gov/form), or 37. 990.	ð Ö	2015 OMB Na. 1545-0047 2015 Open to Public	24	
ation	YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.	I OF			Employer identification number 59-0624463	ation numl 63	Der	
Part 1 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization answered "Yes" c	n Form 990, Part IV, line 33						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	le End-of-year assets		(f) Direct controlling entity		
) 	Ċ
					-			
Part II Identification of Related Tax-Exempt Organizations Comp organizations during the tax year.	ations Complete if the organization ar	lete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt	Part IV, line 34 be	cause it had one or	more related tax-exer	npt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreion country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entty	(g) Section 512(b)(13) controlled entity7	b)(13) d	
				501 (c)(3))	•	Yes	°N N	(
ҮМСА ОF ТНБ USA - 36-3258696 101 NORTH WACKER DRIVE CHICAGO, IL 60606	NATIONAL RESOURCE OFFICE	SIONITII	501(C)(C)	<u>v</u>	M/A		×	
YMCA OF GREATER MIANT, INC 59-0624464 730 NW 107 AVENUE, SUITE 200 MIAMI, FL 33172	SERVING THE COMMUNITY	FLORIDA	501(C)(3)	<u>8</u>	8/A.		X	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R (Form 990) 2015	(Form 990)	2015	
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3 Page 2	(j) (k) General or Percentage managing ownership Yes No	ore related	Section 512by(13) controlled entty? Yes No			Schedule R (Form 990) 2015
2446. ore relate	(1) Generation managing Partner7 Yes No	one or IT	(h) Percentage ownership			ule R (Fo
59-0624463 se it had one or more related	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	34 because it had	(g) Share of Pr end-of-year o assets			Schedu
4 becaus	(h) Disproprionate altocations? Yes No	 N, lîne,	e to la			
, Part IV, line 3	(g) Share of end-of-year assets	Form 990, Parl	(f) Share of total income			
s" on Farm 990	(f) Share of total income	vered "Yes" on	(e) Type of entity (C corp. S corp. or trust)			
ion answered "Ye		organization answ	(d) Direct controlling entity			
TON OF	(e) P.redominant income (related, unrelated, excluded from tax under sections 512-514)	mplete if the	(C) Legal domicila (state or foreign country)			40
STIAN ASSOCIATION OF FLORIDA, INC. 59-0624463 a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related year.	(d) Direct controlling entity	a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related the tax year.	(b) Primary activity			
.I.STIAN AS; FLORIDA, as a Partnership C xyear.	(C) Legal domicife (state or foreign country)	as a Corpo	Prim			
YOUNG MEN'S CHRI BROWARD COUNTY, ated Organizations Taxable as as a partnership during the tax	(b) Primary activity	anizations Taxable	Ξc			
YOUNG MEN'S CHRISTI Schedule R (Form 990) 2015 BROWARD COUNTY, FLC Part II lentification of Related Organizations Taxable as a Par organizations treated as a partnership during the tax year.	(a) Name, address, and ElN of related organization	part IV Identification of Related Organizations Taxable as	(a) Name, address, and EIN of related organization			532152 09-08-15

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YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule R (Form 990) 2015 BROWARD COUNTY, FLORIDA, INC.	ATION OF		59-0624463	24463 Page 3	
Part V. Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	vered "Yes" on Form	990, Part IV, line 34, 35b,	or 36.		
 Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Beceipt of (1) interest, (11) annuities, (111) royalties, or (fiv) rent from a controlled entity. 	s with one or more re	lated organizations listed I	n Parts II-IV?	Yes No 1a X	
 b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) 				45 25 X X	
d Loans or loan guarantees to or for related organization(s)					
		****************************			(
		***************************************			• .
Exchange of assets with related organization(s)					
J Lease of facilities, equipment, or other assets to related organization(s)		******		1j X	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)				
m Performance of services or membership or fundralsing solicitations by related organization(s)	nization(s)				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)				
 Sharing of paid employees with related organization(s) 	*****************	*******		10 X	
P Reimbursement paid to related organization(s) for expenses				1p X	
restruction of cash of noncourts to related outside income.					
Other transfer of cash or property from related organization(s)				- 5	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	vho must complete th	is line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	: învolved	(
(1) YMCA OF THE USA	Ø	85,488.1	BASED UPON AFFILIATION AGREEMENT	AGREEMENT	
(2) YMCA OF GREATER MIAMI, INC.	0	113,991.	ALLOCATION OF SHARED CC	COMPENSATION	
. (2)					
(4)					
(5)				White provide	
(6)					
532163 09-08-15	41		Schedul	Schedule R (Form 990) 2015	

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				Long Long		(je: N		
Page 4		venue)	(k) Percentage ownership						Schedule R (Form 990) 2015
4463		gross rev	(j) General or managing partner? Yes NO					 	e R (Forr
59-0624463		/ total assets or	(h) (i) (j) (k) Dispropri- binate tionate attractions/ Pres Code V-UBI General or Beneral or						Schedul
		asured b)	(h) Dispropor- tionate allocations? Yes No					 	
	7.	of its activities (me	(g) Share of end-of-year assets						
	990, Part IV, line 3	e than five percent	(f) Share of total income						
	on Form	cted mor	(e) Areal Areal 501(c)(3) 0035.7 Yes No		 				
LATION OF	ation answered "Yes"	rrough which the organization condu for certain investment partnerships.	(d) Predominant income (relared, unrelated, excluded from tax under sections 512-514)						42
CHRISTIAN ASSOCIATION FTY, FLORIDA, INC.	nplete if the organiz	hip through which t sion for certain inve	(c) gal domicile ate or foreign country)						
	e as a Partnership Cor	itity taxed as a partners uctions regarding exclu	(b) Primary activity						
YOUNG MEN'S Schedule B (Form 990) 2015 BROWARD COUN	R	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity						532764 09-08-15

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Schedule R (Form 990) 2015	BROWAR	MEN'S CHRIST D COUNTY, FI			TON OF	59-062	24463 _{Pa}	ige
Part VII Supplemental Inf								
Provide additional info	rmation for respo	onses to questions on S	Schedule R (ee instructio	ons).		····	
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Form 38058 (Rev. 1.4014) Page 2 If you are filting for an Additional (Not Automatio) 3-Month Extension, complete only Part II and check this how	C.		(· ·			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pert I and check the fox	Ĺ,		· .			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pert I and check the fox	·					
Note. Cety. complete Part III you have already been granted an automatic 3-month activelian on a previously filed Form 8868. If you are difficult (i) you have already been granted an automatic 3-month activelian on a previously filed Form 8868. Type or print Name of exempt organization or other filer, see Instructions. You NG MERN'S CHRISTIAN ASSOCTATION OF File transmission of SI 33D AVENUE / FILE AND ALL (INC.) Enter filer's identifying number, see instructions. For filer's deet filer's deet filer's deet filer and the filer and the filer of the filer and the file and the filer of the filer and the file and the filer of the filer and the filer of the filer and the file and the file and the file and the file and the filer of						Page 2
 I you are filling for an Automatic 3-Month Extension, complete only Part 1 (an page 1). Ferd III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions. Type or VOING MEN'S CIRLESTIAN ASSOCIATION OF Engloyer identification number (EN) or SP 0.0624463 BROWARD COUNTY, FLORIDA, INC. BROWARD COUNTY, FLORIDA, INC. Social security runnbor (SN) BROWARD COUNTY, FLORIDA, INC. Social security runnbor (SN) BROWARD COUNTY, FLORIDA, INC. Social security runnbor (SN) SE 33D AVENUE BOO SE 3RD AVENUE FORT LAUDERDALE, FL 33316 Enter the Return code for the return that this application is for (file a separate application for each return) I Table State, and Zue Code, For a foreign address, see instructions. FORT FOR 980-Form 980-EZ Code Form 4720 (abric than hold/wide) Godi to Form 980-EZ Code Form 6800 (Form 980-EZ Code Form 6800 (Form 980-EZ Code Form 6802 (for than hold/wide) GO Form 6802 (for dividual) Form 6802 (for than hold/wide) Godi to Form 680-EZ Form 6802 (for than hold/wide) Form 980-Fire (for than hold/wide) Form 6802 (for than hold/wide) Form 980-Fire (for than hold/wide) Form 980-Fire (for than hold/wide) Form 6802 (for than hold/wide						
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 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO OBTAIN NECESSARY INFORMATION TO COMPLETE THE RETURN 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 		heck reas	on: Linitiai return L	ol final i	eturn	
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, It is true, correct, and complete, and that I am authorized to prepare this form. Signature PRESIDENT/CEO Date P	EFTPS (Electronic Federal Tax Payment System). See Instru	Jotions.	the completed for Part II o		φ	
It is true, correct, and complete, and that I am authorized to prepare this form. Signature Title PRESIDENT/CEO Date Date					f my knowledne a	nd belief
Signature > Title > PRESIDENT/CEO Date >	It is true, correct, and complete, and that I am authorized to prepare this fo	nig accont IM.	anying concource and statements, and it			
			DENT/CEO	Date		
						3 (Rev. 1-2014)
						,

523842 04-01-15

44 14210210 795691 145556 2015.02050 YOUNG MEN'S CHRISTIAN ASSOC 145556_1

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2014, or fiscal year beginning, 2014, and ending	,20	2014
Department of the Treasury	Do not send to the IRS. Keep for your records.		2014
Internal Revenue Service Name of exempt organization	Information about Form 8879-EO and its instructions is at www.irs.gov/form8	1879eo	identification number
	HRISTIAN ASSOCIATION OF	Employer	identification number
	Y, FLORIDA, INC.	59-0	624463
Name and title of officer	r, rhokibi, inc.		024405
SHERYL A. WOO	DS		
PRESIDENT/CEO			
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, f a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicat	, then leave	line 1b, 2b, 3b, 4b, or
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	16	28.654.28
2a Form 990-EZ check he			20,034,20
3a Form 1120-POL check			
4a Form 990-PF check he		4b	
5a Form 8868 check here			
	ion and Signature Authorization of Officer I declare that I am an officer of the above organization and that I have examined a cop		
payment. I have selected a	c payment of taxes to receive confidential information necessary to answer inquiries ar a personal identification number (PIN) as my signature for the organization's electronic r electronic funds withdrawal.		
X I authorize MO	RRISON, BROWN, ARGIZ & FARRA, LLC	to enter m	V PIN 24463
	ERO firm name		Enter five number do not enter all ze
is being filed with	on the organization's tax year 2014 electronically filed return. If I have indicated within t n a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au the return's disclosure consent screen.		
indicated within	he organization, I will enter my PIN as my signature on the organization's tax year 2014 this return that a copy of the return is being filed with a state agency(ies) regulating cha iter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date ►		
Part III Certifica	tion and Authentication		
	ur six-digit electronic filing identification your five-digit self-selected PIN. 65061320052 do not enter all zeros	2	
	neric entry is my PIN, which is my signature on the 2014 electronically filed return for th g this return in accordance with the requirements of Pub. 4163, Modernized e-File (Mef s Returns.	-	
ERO's signature 🕨	Date ►		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	 So So	
_HA For Paperwork Red 123051 19-29-14	uction Act Notice, see instructions.		Form 8879-EO (2
60930 795691	145556 2014.04030 YOUNG MEN'S CHRIST	IAN AS	SOC 145556_ CAM # 17-0875 Exhibit 2

Page 135 of 176

			EXTENDED TO AUGUST 17,	, 2015				
	Ω	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047		
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	cept private foundation	2014		
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as	s it may be n	nade public.	Open to Public		
Interr	al Reve	enue Service	Information about Form 990 and its instructions is	s at _{www.ir:}	s.gov/form990.	Inspection		
<u>A</u> F	or th	e 2014 calend	ar year, or tax year beginning and e	ending	·····	,		
BC	heck if pplicab		f organization		D Employer identific	ation number		
	٦Addro	I YOUN	G MEN'S CHRISTIAN ASSOCIATION OF					
	_chan	ge DROW	ARD COUNTY, FLORIDA, INC.		50.04	524463		
	Name chang		usiness as	D				
	lreturr	n Number	and street (or P.O. box if mail is not delivered to street address) SE 3RD AVENUE	Room/suite	E Telephone number	334-9622		
	Final returr termi	28,654,288.						
	Lemma atedCity or town, state or province, country, and ZIP or foreign postal codeG Gross receipts \$ 28Amended returnFORTLAUDERDALE , FL33316H(a) Is this a group return							
	Appli dtion		nd address of principal officer:SHERYL A. WOODS			Yes X No		
L	pend		AS C ABOVE		H(b) Are all subordinates ind	luded? Yes No		
IT	ax-ex	empt status:		or 527		ist. (see instructions)		
			YMCABROWARD.ORG		H(c) Group exemption	number 🕨		
κF	orm o	f organization:	X Corporation Trust Association Other ►	L Year	of formation: 1955 M	State of legal domicile: FL		
Pa	irt I	Summary						
ġ	1	Briefly describ	be the organization's mission or most significant activities: SEE S	SCHEDU	LE O			
anc								
Activities & Governance	2		x 🕨 🛄 if the organization discontinued its operations or dispos			sets.		
20 V	3					<u>28</u> 28		
<u>م</u>	4		lependent voting members of the governing body (Part VI, line 1b)			1726		
ties	5		of individuals employed in calendar year 2014 (Part V, line 2a)			3186		
tivi	6		of volunteers (estimate if necessary)			0.		
Ac			d business revenue from Part VIII, column (C), line 12			0.		
	α	Net unrelated	business taxable income from Form 990-T, line 34		Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)		12,024,364.	12,060,569.		
Revenue	9		ce revenue (Part VIII, line 2g)		16,339,682.	16,160,893.		
evel		-	come (Part VIII, column (A), lines 3, 4, and 7d)		10,095.	1,699.		
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	431,127.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,374,141.	28,654,288.		
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) .		19,752,394.	18,854,639.		
penses			undraising fees (Part IX, column (A), line 11e)		0.	0.		
Expe			ing expenses (Part IX, column (D), line 25)			<u> </u>		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		8,672,621.	9,353,910.		
		•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,425,015.	28,208,549.		
- 0	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	445,739.		
Net Assets or Fund Balances	20	Total casata //	Part V line 16)		20,602,004.	End of Year 20,233,091.		
Asse Bali	20 21	Total assets (I			8,848,187.	8,020,317.		
Net			(Part X, line 26) fund balances. Subtract line 21 from line 20		11,753,817.	12,212,774.		
Pa		Signature		·····				
			I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is		
			. Declaration of preparer (other than officer) is based on all information of wh					

Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTIN Paid RICK COVERT PC0012452	
Preparer Firm's name MORRISON, BROWN, ARGIZ & FARRA, LLC Firm's EIN D1-07200	2
Use Only Firm's address 301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301 Phone no. (954) 760-90	00
May the IRS discuss this return with the preparer shown above? (see instructions)	No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

	YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC. 59-0624463 Pag
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE Y IS A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE JOINED TOGETHER BY A SHARED PASSION: TO
	AND FROM ALL WALKS OF LIFE JOINED TOGETHER BY A SHARED PASSION. TO STRENGTHEN THE FOUNDATIONS OF COMMUNITY.
	STRENGTHEN THE FOUNDATIONS OF COMMONITY.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	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?
3	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.
4	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. (Code:) (Expenses \$ 14,822,567. including grants of \$) (Revenue \$ 9,904,738
4a	(Code:) (Expenses \$14,822,567. including grants of \$) (Revenue \$] (Revenue \$] (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$]
	ENRICHING EXPERIENCES. WE BELIEVE THE YMCA CAN HELP IN STRENGTHENING
	RELATIONSHIPS IN FAMILIES BY PROVIDING FUN AND MEANINGFUL PROGRAMS AND
	ACTIVITIES. TIME TOGETHER AS A FAMILY IS VALUABLE; THE YMCA PROVIDES
	QUALITY PHYSICAL AND SOCIAL PROGRAMS AND ACTIVITIES, DESIGNED
	SPECIFICALLY FOR FAMILIES.
	ALL VINCE DECODENCE DE ACTE A CODONC ENDINGER ON FAMILY ACCULUTER ADE
	ALL YMCA PROGRAMS PLACE A STRONG EMPHASIS ON FAMILY. ACTIVITIES ARE
	PLANNED THAT FOSTER UNDERSTANDING AND COMPANIONSHIP. GROUPS OF FAMILI
	BECOME SUPPORT SYSTEMS FOR ONE ANOTHER, LEARNING FROM EACH OTHER AND
	FROM THEIR CHILDREN IN AN ENJOYABLE WAY. PROGRAMS SUCH AS MOMMY & ME
	AND Y-ADVENTURE GUIDES PROVIDE OPPORTUNITIES FOR PARENTS TO ENJOY
4b	(Code:) (Expenses \$ 1,340,807. including grants of \$) (Revenue \$ 3,148,73
	CHILD CARE - THE YMCA OF BROWARD COUNTY HAS BEEN AND CONTINUES TO BE
	ONE OF THE LARGEST PROVIDERS OF CHILD CARE IN OUR AREA FOR OVER 21
	YEARS. CURRENTLY, WE PROVIDE HIGH QUALITY OUT OF SCHOOL TIME PROGRAMS
	(AFTER SCHOOL, HOLIDAY CARE, ETC.) TO APPROXIMATELY 6,050 CHILDREN
	ANNUALLY. OF THESE CHILDREN, OVER 80% RECEIVE SCHOLARSHIPS DUE TO
	FINANCIAL HARDSHIPS.
	THE YMCA IS COMMITTED TO ASSURING THAT CHILDREN FROM ALL BACKGROUNDS
	RECEIVE THE SAME SERVICES. AN INCREASED NUMBER OF CHILDREN WHO ARE
	HOMELESS OR IN THE FOSTER CARE SYSTEM ARE BEING INCLUDED AT NO CHARGE
	TO THE FAMILY. ADDITIONALLY, THE YMCA OPERATES THE BROWARD INCLUSION
	CHILD CARE PROGRAM THAT IS DESIGNED TO INCREASE THE AVAILABILITY OF
4c	(Code:) (Expenses \$ 7,930,006. including grants of \$) (Revenue \$ 3,107,42
	SPORTS & RECREATION - THESE PROGRAMS ARE DESIGNED TO PROVIDE YOUTH TH
	OPPORTUNITY TO GROW IN SPIRIT, MIND AND BODY. THE PHILOSOPHY "EVERYON
	PLAYS EVERYONE WINS" IS COMMON GROUND FOR ALL SPORTS AND RECREATION
	PROGRAMS. OVER 9,730 CHILDREN PARTICIPATE ANNUALLY IN THESE PROGRAMS
	AND IN KEEPING WITH THE YMCA'S MISSION; SCHOLARSHIPS ARE MADE AVAILAB
	TO CHILDREN WHO REQUIRE FINANCIAL ASSISTANCE.
	I. HEALTH, WELL-BEING & FITNESS
	THE YMCA OF BROWARD COUNTY, THROUGH ITS VARIOUS FAMILY CENTERS, HAS A
	NETWORK OF PROGRAMS THAT FULFILL THE Y'S MISSION OF MIND, BODY, AND
	SPIRIT. PROGRAMS ARE DESIGNED TO IMPACT WELLNESS OF THE COMMUNITY AND
	INCLUDE FREE SEMINARS AND FITNESS EVALUATIONS. THE Y CONDUCTS HUNDRED
4d	Other program services (Describe in Schedule O.)
чu	(Expenses \$ including grants of \$) (Revenue \$ 431,127.)
4e	Total program service expenses > 24,093,380.
	Form 990 (
3200: 1-07-	2 CRE COMPANIE O FOR CONTINUE ON (C)
	2
60	930 795691 145556 2014.04030 YOUNG MEN'S CHRISTIAN $ASSQC_{AM} = \frac{145556}{77-0875}$
	Exploit 2

Exhibit 2 Page 137 of 176

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

59-0624463 Page 3

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_		<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
••	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	n en forde al forde a La forde al fo	alariya taka sa	outh dia att
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
P	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

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Form 990 (2014)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

59-0624463 Page 4

	990 (2014) BROWARD COUNTY, FLORIDA, INC. 59-0624	1463	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	0		х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u></u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
040	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-25		
248	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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			77
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
00	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	an is server in	X
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
~-	Part V, line 1	34 35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
a	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

432004 11-07-14

YOUNG N	MEN'S	CHRIST	YIAN AS	SOCIATION	\mathbf{OF}
BROWARI	O COUN	TY, FI	ORIDA,	INC.	

59-0624463 Page 5

	990 (2014) BROWARD COUNTY, FLORIDA, INC.	59-	0624463	3 р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				- H
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2 2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С					
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	1726		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
					X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization soli	cit		
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-			
	were not tax deductible?		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices provided to the	payor? 7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	· · · · ·	7c		X
		7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr				
g L	If the organization received a contribution of qualified intellectual property, did the organization file For	•		-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and the organization of cars, boats, airplanes, or other vehicles, did the organization of the other sector of the		98-C? 7h		3,977,733
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		BENERAL
9	Sponsoring organizations maintaining donor advised funds.				
a b	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b	Terresease.	10/94043
		10-			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			
	Section 501(c)(12) organizations. Enter:				
		11a			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against				
2	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	anti-pication)	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a	104 1040 (2003)	unita (ja)
	Note. See the instructions for additional information the organization must report on Schedule O.	••••••			
	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	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		

Form 990 (2014)

432005 11-07-14

15560930 795691 145556

	YOUNG MEN'	'S CHRIS	STIAN ASS	OCIATION	OF	
Form 990 (2014)	BROWARD CC	DUNTY, F	'LORIDA,	INC.	59-0624463	Page 6
Part VI Governance.	Management, ar	nd Disclosu	Ire For each "Ye	s" response to line	es 2 through 7b below, and for a "No" res	oonse

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			X
200	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			122
sec	tion A. Governing body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 28		103	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year fractional differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
	Enter the number of vering members mended an interfering the area interpendent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9		9		х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	3		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na
		40.	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	ļ	~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	Decement
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	X	an this
a		15b	X	
D	Other officers or key employees of the organization		1915363	N
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		신문이었는	X
	taxable entity during the year?	16a	anosinas.	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DAVID CASH - 954-334-9622			
	900 SE 3RD AVENUE, FT. LAUDERDALE, FL 33316			
	TO DE STO INATION, LE DITORITORIE, LE SOSTO			/001
	§ 11-07-14	Forn	1 990	120

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2014.04030 YOUNG MEN'S CHRISTIAN ASSOC 145556 $_{
m CAM}$ #17-0875 $_{
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Exhibit 2 Page 141 of 176

	YOUNG	MEN'	S	CHRISTIAN	ASSOCIATION	\mathbf{OF}
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YOUNG MEI	N'S CHR.	ISTIAN ASSOC.	LATION OF		
Form 990 (2014) BROWARD (COUNTY,	FLORIDA, INC	2.	59-0624	463 Page 7
Part VII Compensation of Officers, I	Directors, 1	rustees, Key Emp	loyees, Highest C	ompensated	
Employees, and Independer	nt Contract	tors			
Check if Schedule O contains a resp	onse or note t	o any line in this Part VII			
Section A. Officers, Directors, Trustees, Key					
1a Complete this table for all persons required to	be listed. Re	port compensation for th	e calendar year ending	with or within the orga	anization's tax year.
 List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key erre List the organization's five current highest or able compensation (Box 5 of Form W-2 and/or Box List all of the organization's former officers reportable compensation from the organization and List all of the organization's former director more than \$10,000 of reportable compensation for 	sation was pai oppoyees, if any ompensated e x 7 of Form 1 , key employe nd any related rs or trustees rom the organi	d. y. See instructions for de employees (other than an 099-MISC) of more than es, and highest compens organizations. that received, in the cap zation and any related o	finition of "key employe officer, director, truste \$100,000 from the orga sated employees who re pacity as a former direc rganizations.	e, or key employee) wi anization and any relat eceived more than \$10 tor or trustee of the or	no received report- ed organizations. 00,000 of ganization,
List persons in the following order: individual trust and former such persons.	tees or directo	ors; institutional trustees;	officers; key employee	s; highest compensate	employees;
Check this box if neither the organization neither	or any related	organization compensat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one	Reportable	Reportable	Estimated

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per		not c		more	ו than is bot		Reportable	Reportable	Estimated amount of
	week					is bot pr/trus		compensation from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	a			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	organizations	rustee	nstitutional trustee		/GB	ubeu		(W-2/1099-MISC)		organization and related
	below	idual 1	utiona	5	Key employee	est co oyee	5			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			Ū
(1) STEVE COONEY	2.00									
BOARD CHAIR		X		X				0.	0.	0.
(2) JACQUELINE HOWE	2.00									
SECRETARY		Х		X				0.	0.	0.
(3) JAY ANDERSON	2.00									
TREASURER		X		Х				0.	0.	0.
(4) DEAN WILLIAMS	2.00								_	_
VICE CHAIR		X		X				0.	0.	0.
(5) AL BACCHI	2.00									•
DIRECTOR	0.00	X				ļ		0.	0.	0.
(6) ANDRE HALL	2.00									•
DIRECTOR	2.00	X						0.	0.	0.
(7) ART BIGELOW	2.00	x						0.	0	0
DIRECTOR (8) BRETT AKS	2.00	Δ						U.	0.	0.
DIRECTOR	2.00	x						0.	Ο.	0
(9) CHRISTIAN PETERSEN	2.00	^						<u> </u>	U .	0.
DIRECTOR	2.00	x						0.	ο.	0.
(10) DAVID WAGNER	2.00	~						U •		0.
DIRECTOR	2.00	х						Ο.	ο.	0.
(11) DENNIS GIORDANO	2.00							•		••
DIRECTOR		x						Ο.	ο.	0.
(12) DINAH STEPHENSON	2.00									
DIRECTOR		х						Ο.	ο.	0.
(13) EVAN REES	2.00									
DIRECTOR		x						0.	Ο.	0.
(14) GREG MCLAUGHLIN	2.00									
DIRECTOR		x						0.	0.	0.
(15) HEIDI O'SHEENAN	2.00									
DIRECTOR		x						Ο.	0.	Ο.
(16) JEFF WATTS	2.00									
DIRECTOR		Х						0.	0.	0.
(17) KURT ZIMMERMAN	2.00									
DIRECTOR		X						0.	0.	0.
432007 11-07-14						7				Form 990 (2014)

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2014.04030 YOUNG MEN'S CHRISTIAN ASSOC 145556_1 CAM # 17-0875

Exhibit 2 Page 142 of 176

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

59-0624463 Page 8

Part VII Section A. Officers, Directors, - (A)	(B)		665,	, and (C		gne	51 ((D)	(E)		(F)	
(A) Name and title	Average			Posi	ition	ו		Reportable	Reportable		Estimated	
Name and title	hours per	(do	not cl	heck i	more	than is bot	one h an	compensation	compensation		amount of	
	week					or/trus		from	from related		other	
	(list any	ctor						the	organizations		compensatio	on
	hours for	r dire				pa		organization	(W-2/1099-MISC)	from the	
	related	stee o	ustee			ien sa		(W-2/1099-MISC)			organizatio	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					and related	
	below line)	lividu	titutic	Officer	/ emp	ghest iploye	Former				organizatior	IS
		Ĕ	Ē	04	Ke	Ξe	æ					
(18) LANALEE ARABA SAM, MD	2.00							0.		0.		ο.
DIRECTOR		X						· · ·	, 	<u>•</u> +		0.
(19) LARRY OLEVITCH	2.00	x						0.		0.		ο.
DIRECTOR		<u> </u>				<u> </u>		<u> </u>		••		<u>.</u>
(20) LINDSEY PAYNE	2.00							0		0.		ο.
DIRECTOR		X					<u> </u>	0.		••		<u>.</u>
(21) LISA MAYS	2.00											^
DIRECTOR		X						0.		0.		0.
(22) MARK KRILL	2.00											~
DIRECTOR		X						0.		0.		0.
(23) NANCY ROBIN	2.00											~
DIRECTOR		Х				ļ		0.	I	0.		0.
(24) NATASHA HENDRICKS	2.00]								_		_
DIRECTOR		X						0.	1	0.		0.
(25) RANDALL WOOD	2.00											
DIRECTOR		X						0.	I	0.		0.
(26) SHARON MCLENNON	2.00											
DIRECTOR		X						0.	I	0.		Ο.
1b Sub-total								0.	I	0.		0.
c Total from continuation sheets to Pa								1,028,523.		0.	129,98	2.
d Total (add lines 1b and 1c)								1,028,523.	I	0.	129,98	2.
2 Total number of individuals (including b								eceived more than \$100	000 of reportable			
compensation from the organization						,						7
											Yes I	No
3 Did the organization list any former off	cer, director, or tru	uste	ə, ke	y en	nplo	oyee,	, or	highest compensated er	nployee on		-	
line 1a? If "Yes," complete Schedule J											3 X	
4 For any individual listed on line 1a, is th												
and related organizations greater than	•		•								4 X	
5 Did any person listed on line 1a receive										19		
rendered to the organization? If "Yes,"											5	Х
Section B. Independent Contractors												
1 Complete this table for your five highes	t compensated in	depe	ende	nt c	onti	racto	ors f	hat received more than	\$100.000 of comp	ensa	ion from	
the organization. Report compensation												
(A)	tor the salendary	oui	orran	.9 .	The T	0, 11		(B)			(C)	
رم) Name and busir	ess address							Description of s	ervices	Co	mpensation	
PALM COAST MAINTENANCE		ናጥ	PA	T.N	/E	<u>тт</u> С	5	•			•	
PARK ROAD, BOCA RATON,						\		CLEANING SER	VICES		253,37	4.
SUNCOAST MARKETING INC		777	<u>л 1</u>		F 177	F					100707	
SUITE 211, FORT LAUDERI					. • 1	ш,		MARKETING			155,19	9.
SERVICE KEEPERS INC.		<u>.</u>	<u>, </u>									
7541 NE 3RD PLACE, MIAN	ит б т. 337	135	2					CLEANING SER	VICES		136,90	2.
A1A TRANSPORATION INC.	<u>41, FH 55.</u>										100,00	
	יכי דים יםי	11	1					TRANSPORTATI	זאר		116,47	2
4749 ORANGE DRIVE, DAV								INAMOFURTATIO	211		<u>++0,4/</u>	4.
ALL STAR EVENTS INC., 2								ייאידאראס דא אוידאים	n		100,94	ົ
AVENUE, NORTH MIAMI BEA								ENTERTAINMEN	257		<u> </u>	4•
O Total number of independent contracts	rs (includina but n	ot li	mited	d to	tho		stec	l above) who received m	ore than			
•	, .								1473			
\$100,000 of compensation from the or	anization 🕨	<u></u>	** * *	-		5	4	E DE C			000	
•	anization 🕨	<u>FI</u>	NUA	TI			SH:	EETS		F	orm 990 (20)14)

Form 990 (2014)

8

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

59-0624463

(A) Name and title (B) Average hours per week organization below line) (C) Position (check all that apply) per week bours per week bours for related organization below line) (D) Position (check all that apply) (E) Reportable compensation from the organizations (W-2/1099-MISC) (F) Reportable compensation from related organizations (W-2/1099-MISC) 27) TOM MCMAHON 2.00 30 30 2.00 30 0.00 0.00 0.00 28) TRELLANCE MOORE-ADDERLEY 2.000 X 0.00 0.00 0.00 0.00 29) SHERYL A, WOODS 40.000 X 246,3855. 0.00 31,724 30) DAVID W. CASH 40.000 X 1156,020. 0.00 19,922 31) CYNTHA A, SMITH 40.000 X 1111,000. 0.155,124 32) JOIN PULEIO 40.000 X 1111,000. 155,124 33) MARK RUSSELL 40.000 X 104,923. 0.13,993 34) DEERA L. METZGER 40.000 X 1112,518. 0.13,502		COUNTY,	FI	LOF	RII	DA ,	, -	INC	2.	59-062	4463
Name and title Average hours per work (list any) related organizations bolow Position per work (list any) bolow Position generation (W2/1099-MISC) Estimated amount of the organization (W2/1099-MISC) 27) TOK MCRANON 2.00 X 0 0. 0 0 0 0 29) ESTERIA - MOODS 2.00 X 1 0. 0. 0 <	Part VII Section A. Officers, Directors,	Trustees, Key Ei	mplo	oyee	es, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)	
Week (burner hours for burner organizations (W2/1099-MISC) Corganizations (W2/1099-MISC) Corganizations (W2/109-MISC) Corganizations (W2/109-MISC) Corganizations (W2/109-MISC) Corganizations (W2/109-MISC) Corganizations (W2/109-MISC) Corganizations (W2/109-MI		Average hours	(c		Pos	ition		oly)	Reportable compensation	Reportable compensation	Estimated amount of
IHECTOR X 0. 0. 0. 0. 20) TRELLANCE MOOR-ADDERLEY 2.00 X 0. 0. 0. 20) TRELLANCE MOOR-ADDERLEY 2.00 X 0. 0. 0. 0. 23) SHENYL A. MOODS 40.00 X 246,385. 0. 31,724 30) DAVID W. CASH 40.00 X 156,020. 0. 19,922 31) OWN FUEN 40.00 X 138,307. 0. 16,59' 31) OWN FUEN 40.00 X 111,000. 0. 15,124 HIFE FUENCER 40.00 X 112,518. 0. 13,99' 31) JOHN FUENC 40.00 X 112,518. 0. 13,99' 31) DERA L. METZGER 40.00 X 112,518. 0. 13,50' 35) WILLIAM GRIFTIN 40.00 X 159,370. 0. 19,12' 30) WILL M GRIFTING OFFICER 1 1 1 1 1 30) WILL M GRIFTIN 40.00 X 159,370. 0. 19,12' 1000 1 1		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensatior
IHECTOR X 0. 0. 0. 0. 29) SHENIL A, WOODS 40.00 X 246,385. 0. 31,720 30) DAVID W, CASH 40.00 X 156,020. 0. 19,921 31) ONNITAL OFFICER X 138,307. 0. 16,597 32) JOIN FULIO 40.00 X 138,307. 0. 15,592 32) JOIN FULIO 40.00 X 111,000. 0. 15,120 33) MARK RUSSIL 40.00 X 104,923. 0. 13,992 34) DEBA L, METZORR 40.00 X 112,518. 0. 13,501 35) WILLIAM GRIFFIN 40.00 X 159,370. 0. 19,124	27) TOM MCMAHON DIRECTOR	2.00	x						0.	0.	0
29) SHERVL A. WOODS 40.00 x 246,385. 0. 31,724 20) DAVID W. CASH 40.00 x 156,020. 0. 19,922 31) CUNPHIA A., SMITH 40.00 x 138,307. 0. 16,59' 32) JOHN PULETO 40.00 x 111,000. 0. 15,120 33) MARE RUSSEL 40.00 x 111,000. 0. 15,120 33) MARE RUSSEL 40.00 x 112,518. 0. 13,99: 34) DEBA I. METZGR 40.00 x 112,518. 0. 13,50: 35) WILLIAM GRIFFIN 40.00 x 159,370. 0. 19,124	(28) TRELLANEE MOORE-ADDERLEY	2.00				-			0	٥	0
30) DAVID W. CASH 40.00 x 156,020. 0. 19,923 31) CYNPHA A. SMITH 40.00 x 138,307. 0. 16,59' 31) CONPULEIO 40.00 x 111,000. 0. 15,120 32) JOIN PULEIO 40.00 x 111,000. 0. 15,120 33) MARK RUSSELL 40.00 x 104,923. 0. 13,991 34) DEBRA L. METZGER 40.00 x 112,518. 0. 13,502 35) WILLIAM GRIFFIN 40.00 x 159,370. 0. 19,124	29) SHERYL A. WOODS	40.00	<u> </u> ^								
HIEF FINANCIAL OFFICER X 156,020. 0. 19,92: 31) CONTRIA A, SHTH 40.00 X 138,307. 0. 16,59' 32) JOHN FULEIO 40.00 X 111,000. 0. 15,120' 30) MAR KUSSELI 40.00 X 104,923. 0. 13,99' 34) DEBRA L, METGURE 40.00 X 104,923. 0. 13,50' 35) WILLIAM GRIFFIN 40.00 X 159,370. 0. 19,12' ORMER CHIEF OPERATING OFFICER X 159,370. 0. 19,12' Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFICER Image: CHIEF OPERATING OFFI	CEO - PRESIDENT	40.00	<u> </u>		X				246,385.	0.	31,726
31) CYNTHIA A. SNITH 40.00 x 138,307. 0. 16,59' 32) JORN FUERO 40.00 x 111,000. 0. 15,120 33) MAR RUSSELL 40.00 x 104,923. 0. 13,99' 34) DERA L. METGOR 40.00 x 104,923. 0. 13,99' 35) WILLIAM GRIFFIN 40.00 x 112,518. 0. 13,50' 35) WILLIAM GRIFFIN 40.00 x 159,370. 0. 19,124'	(30) DAVID W. CASH CHIEF FINANCIAL OFFICER	40.00			x				156,020.	0.	19,922
32) JOHN PULEIO 40.00 x 111,000. 0. 15,120 9 OF PIRANCE 40.00 x 104,923. 0. 13,992 34) DERA L. METZGER 40.00 x 112,518. 0. 13,502 35) WILLIAM GRIFFIN 40.00 x 159,370. 0. 19,124 ORMER VP OF OPERATING OFFICER 40.00 x 159,370. 0. 19,124 ORMER CHIEF OPERATING OFFICER	(31) CYNTHIA A. SMITH	40.00	-		v					0	
33) MARK RUSSELL 40.00 x 104,923. 0. 13,993 34) DEBRA L. METZGER 40.00 x 112,518. 0. 13,503 35) WILLIAM GRIFFIN 40.00 x 159,370. 0. 19,124	(32) JOHN PULEIO	40.00	-		^						
HHEF STRATEGY OFFICER X 104,923. 0. 13,993 34) DERA L. METGOR 40.00 X 112,518. 0. 13,503 35) WILLIAM GRIFFIN 40.00 X 159,370. 0. 19,124 ORMER CHIEF OPERATING OFFICER X 159,370. 0. 19,124 Image: Chief operating officer Image: Chief operating officer Image: Chief operating officer Image: Chief operating operatin	7P OF FINANCE	40.00	<u> </u>		X			ļ	111,000.	0.	15,120
34) DEBRA L. METZGER 40.00 X 112,518. 0. 13,502 35) WILLIAM GRIFFIN 40.00 X 159,370. 0. 19,124 ORMER CHIEF OPERATING OFFICER X 159,370. 0. 19,124 Image: Chief operating officer Image: Chief operating officer Image: Chief operating officer Image: Chief operating operat		40.00	-		x				104,923.	0.	13.991
35) WILLIAM GRIFFIN 40.00 x 159,370. 0. 19,124 Image: Chief operating oppicer Image: Chief operating oper	(34) DEBRA L. METZGER	40.00							201/9100		
ORMER CHIEF OPERATING OFFICER X 159,370. 0. 19,124 Image: Chief operating officer Image: Chief operating officer Image: Chief operating opera	FORMER VP OF OPERATIONS							X	112,518.	0.	13,502
	(35) WILLIAM GRIFFIN	40.00						v	150 270	0	10 12/
	FORMER CHIEF OPERATING OFFICER								159,570.	0.	,
			\vdash								
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			-								
	#** **********************************		L	L	L	I	I	<u> </u>	1 000 500		100 000

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

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Form 990 (2014) BROWARD

	rt VII	Statement of Reve	nue					
		Check if Schedule O con	tains a respons	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
হহা	1 a	Federated campaigns	1a	83,000.		lovendo	10101100	512-514
and Other Similar Amounts		Membership dues						
Ĕ		Fundraising events						
		Related organizations						
	e	· · · · · · · · · · · · · · · · · · ·		10,740,394.				
ŝ		All other contributions, gifts, gran	· · ·					
her	•	similar amounts not included abo		1,237,175.				
ð	a	Noncash contributions included in lines						
a	-	Total. Add lines 1a-1f			12,060,569.			
				Business Code	<u>, , :</u>			
,	2 a	MEMBERSHIP SERVICES		713940	9,262,591.	9,262,591.	teretar estructure e con	i kun mutakan kun kun kun kun kun kun kun kun kun ku
Revenue	b	PROGRAM SERVICES		713990	6,663,763.	6,663,763.		
a l	c			·	, , .	· · · · ·		
eVe	d	k det daget i de de de de						
,œ́	e							
	f	All other program service reve	enue	900099	234,539.	234,539.		
		Total. Add lines 2a-2f			16,160,893.			
	3	Investment income (including						T T
		other similar amounts)			1,699.			1,69
	4	Income from investment of ta						
	5	Royalties		· ·				
		·	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
				►				
		Gross amount from sales of	(i) Securities	5				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
s	8 a	Gross income from fundraisin	g events (not					
anuana		including \$	of					
		contributions reported on line	1c). See					
5		Part IV, line 18	i	a				
	b	Less: direct expenses	I	b				
-	С	Net income or (loss) from fund	draising events	►				
	9 a	Gross income from gaming ac						
		Part IV, line 19		a				
		Less: direct expenses		b				
		Net income or (loss) from gam	•	··· <u>····· </u>				
	10 a	Gross sales of inventory, less						
	-	and allowances						
		Less: cost of goods sold		ەل				
┝	С	Net income or (loss) from sale		20 C				
ŀ		Miscellaneous Revenu	e	Business Code	404 405			
	11 a	MANAGEMENT FEE		561000	431,127.	431,127.		
	b	The second s		 				
	c							
	d	All other revenue		L	101 10-			
		Total. Add lines 11a-11d	••••••	🕨 📘	431,127.	16 500 555		
	12 14	Total revenue. See instructions.		🕨	28,654,288.	16,592,020.	0.	1,699 Form 990 (2014

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Exhibit 2 Page 145 of 176

YOUNG MEN'S CHRISTIAN ASSOCIATION OF Form 990 (2014) BROWARD COUNTY, FLORIDA, INC. Part IX Statement of Functional Expenses

59-0624463 Page 10

_	Check if Schedule O contains a respor		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<u></u>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 110 610	67 061	070 527	171 104
	trustees, and key employees	1,118,612.	67,961.	879,527.	171,124
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	14 552 412	12 627 065	833,200.	92,348
7	Other salaries and wages	14,000,410.	13,627,865.	033,200.	52,540
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 0 (7 001	1 500 460	227 755	20 000
9	Other employee benefits	1,867,221.	1,598,468.	237,755. 233,493.	<u>30,998</u> 40,115
0	Payroll taxes	1,315,393.	1,041,785.	233,493.	40,115
1	Fees for services (non-employees):				
а	Management				
b	Legal	7,978.		7,978.	
С	Accounting	47,388.		47,388.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	470 040	220 645	140 205	
	column (A) amount, list line 11g expenses on Sch 0.)	479,040.	329,645.	149,395.	CO E70
2	Advertising and promotion	329,581.	104,632.	162,370.	62,579
3	Office expenses	97,918.	64,715.	28,299.	4,904
4	Information technology	87,277.	21,651.	62,188.	3,438
5	Royalties		2 204 576		0.0 E
6	Occupancy	3,588,276.	3,394,576.	192,795.	905
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u> </u>		26 844	
9	Conferences, conventions, and meetings	67,504.	30,760.	36,744.	
0	Interest	623,684.	623,684.		
1	Payments to affiliates	290,478.	12,874.	276,893.	711
2	Depreciation, depletion, and amortization	1,187,897.	1,013,053.	148,217.	26,627
3	Insurance	379,766.	300,936.	78,830.	
4	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 0.)	1 700 720	1 602 000	22 1/0	174,701
a	SUPPLIES	1,790,732.	1,593,882.	22,149.	24,113
b	BAD DEBT EXPENSE	267,188.	242,416.		<u> </u>
С	EQUIPMENT RENTAL AND RE	90,213.	20,295.	69,918.	
d	CONTRIBUTIONS	10,860.	820.	10,040. 4,768.	
	All other expenses	8,130.	3,362.		632 562
5	Total functional expenses. Add lines 1 through 24e	28,208,549.	24,093,380.	3,482,606.	632,563
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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11 2014.04030 YOUNG MEN'S CHRISTIAN ASSOC 145556_1 CAM#17-0875-1

Form 990 (2014)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

59-0624463 Page 11

For	۳n §	990 (201	14)	

	<u>1 990 (</u> rt X	BROWARD COUNTY, FLORIDA, INC.		59-	0624463 Page 11
ra	<u>(L A </u>				
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,890,372.	1	3,622,200.
	2	Savings and temporary cash investments	102,131.		103,125.
	3	Pledges and grants receivable, net	824,158.		871,272.
	4	Accounts receivable, net	37,234.		34,737.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	a a fair an a sharar na an	5	te en entre de la company de la company de la company de la company.
	6	Loans and other receivables from other disgualified 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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	681,771.	9	474,954.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 26,290,878.			
	b	Less: accumulated depreciation 10b 11,541,483.	15,702,148.	10c	14,749,395.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	364,190.	12	377,408.
	13	Investments - program-related. See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	00.000.001
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,602,004.	16	20,233,091.
	17	Accounts payable and accrued expenses	868,898.		734,280.
	18	Grants payable		18	
	19	Deferred revenue	526,680.	19	593,901.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ilit		key employees, highest compensated employees, and disqualified persons.			
Lial		Complete Part II of Schedule L	7,452,609.	22	6,692,136.
	23	Secured mortgages and notes payable to unrelated third parties	7,452,009.		0,052,150.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,848,187.		8,020,317.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ş		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	9,614,634.	27	10,221,562.
ala	28	Temporarily restricted net assets	2,120,970.	28	1,972,999. 18,213.
а р	29	Permanently restricted net assets	18,213.	29	18,213.
Ш		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗔			
ç		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	11,753,817.	33	12,212,774.
	34	Total liabilities and net assets/fund balances	20,602,004.	34	20,233,091.
					Form 990 (2014)

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432011 11-07-14

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Forn	BROWARD COUNTY, FLORIDA, INC.	59-06	524463	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
			20 65	1 2	00
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,654		
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,208		
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,753		
5	Net unrealized gains (losses) on investments	5	1.	3,2	18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12,212	2,7	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a	0.000	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	l on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
•	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	0	3a	Х	a control 11
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
D					

Form **990** (2014)

432012 11-07-14

SCHEDULE A (Form 990 or 990-EZ)	c		rity Status ar					OMB No. 1545-0047
Descriptions of the Teners of		49	47(a)(1) nonexempt ch	aritable tr	ust.			Open to Public
Department of the Treasury Internal Revenue Service	Informat		Attach to Form 990 or (Form 990 or 990-EZ) and			ww.irs.aov/form	n990	Inspection
Name of the organizati			RISTIAN ASSO				Employer	identification number
	BROW	VARD COUNTY	, FLORIDA, I	INC.			5	9-0624463
Part I Reason	for Public	Charity Status (All organizations must c	omplete th	nis part.) Se	ee instructions.		
The organization is not a	a private found	dation because it is:	(For lines 1 through 11,	check only	/ one box.)			
			on of churches describe	ed in sectio	on 170(b)(1	1)(A)(i).		
		tion 170(b)(1)(A)(ii). (·					
	•		anization described in s			-		44 l
	-	zation operated in co	njunction with a hospita	al describe	a in sectio	n 170(b)(1)(A)(l	III). Enter	the nospital's name,
city, and stat		ior the henefit of a co	ollege or university owne	d or opor	tod by a d	overnmentalun	lt descrit	ad in
-	•	Complete Part II.)	mege of university owne		iteu by a g	overnmentarun	in descrit	
			mental unit described in	section 1	70(h)(1)(A)	(v)		
		-	antial part of its support				e general	public described in
Ų		Complete Part II.)					- J	
· · · · ·		• •	(1)(A)(vi). (Complete Pa	rt II.)				
			e than 33 1/3% of its su		contributi	ons, membersh	ip fees, a	nd gross receipts from
activities rela	ted to its exer	mpt functions - subje	ct to certain exceptions	, and (2) n	o more tha	in 33 1/3% of it	s suppor	t from gross investment
income and L	Inrelated busi	iness taxable income	e (less section 511 tax) f	rom busine	esses acqu	ired by the org	anization	after June 30, 1975.
		mplete Part III.)						
pression of the second s			sively to test for public s					
			ively for the benefit of, t					
			ed in section 509(a)(1) o					neck the box in
	-	• •	of supporting organization		•		-	alulaa
= =		•	supervised, or controlled					
	-	complete Part IV, Se	gularly appoint or elect	a majonty		clors or trustee	s or the s	upporting
			d or controlled in connec	tion with i	ts sunnorti	ed organization	(s) by ha	vina
			anization vested in the					
		st complete Part IV,						F - · ·
			g organization operated	l in connec	tion with, a	and functionally	integrate	əd with,
			s). You must complete					
d 🔲 Type III noi	n-functionall	y integrated. A supp	porting organization ope	rated in co	nnection v	with its supporte	ed organi	zation(s)
that is not f	unctionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	tribution re	quirement and	an attent	iveness
	•		nplete Part IV, Section					
			written determination fre			a Type I, Type II	, Type III	
•	•	••	nally integrated suppor	ting organi	zation.			
f Enter the number of g Provide the followi		• • • • • • • • • • • • • • • • • • • •						
(i) Name of suppo		(ii) EIN	(iii) Type of organization		organization	(v) Amount of m	nonetary	(vi) Amount of
organization	I		(described on lines 1-9	listed	in your document?	support (s		other support (see
			above or IRC section (see instructions))	Yes	No	Instruction	ns)	Instructions)
			······································					
								-
				+				
Total								
LHA For Paperwork Re	duction Act N	Notice, see the Instr	ructions for			Schedu	le A (For	m 990 or 990-EZ) 2014

Form 990 or 990-EZ. 432021 09-17-14

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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 Schedule A (Form 990 or 990-EZ) 2014
 BROWARD
 COUNTY,
 FLORIDA,
 INC.
 59-06244

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9641640.	9990310.	11028962.	12024364.	12060569.	54745845.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9641640.	9990310.	11028962.	12024364.	12060569.	54745845.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						54745845.
	tion B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	9641640.	9990310.	11028962.	12024364.	12060569.	54745845.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	10,726.	2,471.	10,548.	10,095.	1,699.	35,539.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						54781384.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 75	658,441.
	First five years. If the Form 990 is for			d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) di	ivided by line 11, o	column (f))		14	99.94 %
	Public support percentage from 2013					15	99.89 %
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on	line 13 or 16a, anc	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		•	•	•	-	. —
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	0					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>ns </u>

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	·····					
-	are not an unrelated trade or bus-						
	iness under section 513						
л	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	the first of the first of the first of the first of the state of the s						
c	The value of services or facilities	····					
5							
	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support	() 00010		() 0010	()) 0040	()0011	(0 T . (.)
	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,
*****	ction C. Computation of Publ					1	
15	Public support percentage for 2014 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
_	Public support percentage from 2013					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage			T	
17	Investment income percentage for 20)14 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2014. If the						17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
4320	23 09-17-14			1.0	Sch	nedule A (Form 99	0 or 990-EZ) 2014
				16			145556 1
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YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2014 BROWARD COUNTY, FLORIDA, INC.

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2014

YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2014 BROWARD COUNTY, FLORIDA, INC.

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b	L	
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c	L	L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 $P_{art VI}$ how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		r	·
		and Market generation of the	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		Ĺ
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions	s):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	L The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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 <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2014

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Sche	edule A (Form 990 or 990-EZ) 2014 BROWARD COUNTY, FLORIDA	, IN	C. 5	9-0624463 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust o	n Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			×
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ated Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2014 BROWARD COUNTY, FLORIDA, INC.

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Pa	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	I		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
 b				
 c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributions of phot years			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
4	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
~	greater than zero, see instructions).	· · · · · · · · · · · · · · · · · · ·		
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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YOUNG	MEN '	S	CHRISTIAN	ASSOCIATION	OF

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YC	OUNG MEN'S CHRISTIAN ASSOCIATION	1 OF
Schedule A (Form 990 or 990-EZ) 2014 BI	ROWARD COUNTY, FLORIDA, INC.	59-0624463 _{Pag}
	tion. Provide the explanations required by Part II, line 10; Part	II, line 17a or 17b; and Part III, line 12.
Also complete this part for any	y additional information. (See instructions).	

		(Form 990 or 9	
		· · · · · · · · · · · · · · · · · · ·	
 	 	1	

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Schedule of Contributors 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 	омв №. 1545-0047 2014
Name of the organiza	lion	Employer identification number
	YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.	59-0624463
Organization type (che	ick one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	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.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

(For	HEDULE D m 990) tment of the Treasury al Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9, 10 Information about Schedule D (For	ganization answe), 11a, 11b, 11c, 1 Attach to Form 9 rm 990) and its ir	structions is at www.irs.o	ov/form99	20 Open	1545-0047 14 to Public tion
Nam	e of the organizati				Em	ployer identificati	
Do	rt I Organiza	BROWARD COUNTY, FL				59-0624	
га	<u> </u>	n answered "Yes" to Form 990, Part IV, lin				unta.Complete il	uie
·····	organizatio			advised funds	(b) Fur	nds and other acco	ounts
1	Total number at e	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in	-				
		on's property, subject to the organization's				Yes	L No
6	•	on inform all grantees, donors, and donor a	-	÷	-		
		poses and not for the benefit of the donor of			•	∏ Y ==	
Da	impermissible priv	ate benefit? ation Easements. Complete if the or		rad "Vac" to Form 990. Par			<u>No</u>
1		servation easements held by the organizat				•	
		n of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	Preservation of a histori	cally impo	rtant land area	
		f natural habitat		Preservation of a certifie			
		n of open space	L				
2		through 2d if the organization held a quali	ified conservation	contribution in the form of	a conserv	ation easement or	the last
	day of the tax yea	• • •					
						Held at the End of	the Tax Year
а	Total number of co	onservation easements			2a		
b		ricted by conservation easements					
С	Number of conser	vation easements on a certified historic st	ructure included i	n (a)	2c		
d		vation easements included in (c) acquired					
		nal Register					
3		vation easements modified, transferred, re	eleased, extinguist	ned, or terminated by the o	rganizatio	n during the tax	
	year						
4		where property subject to conservation ea tion have a written policy regarding the pe					
5	-	orcement of the conservation easements	+ -	inspection, narioling of		Yes	
6	'	r hours devoted to monitoring, inspecting,					
7		es incurred in monitoring, inspecting, and					
8	Does each conser	vation easement reported on line 2(d) abo	ve satisfy the real	uirements of section 170(h)	(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?				Yes	No No
9	In Part XIII, descrit	be how the organization reports conservat	ion easements in	its revenue and expense st	atement,	and balance sheet	
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial sta	atements that describes the	e organiza	tion's accounting t	for
	conservation ease	ments.					
Pa		ations Maintaining Collections o			er Simi	lar Assets.	
	•	the organization answered "Yes" to Form					
1a	0	elected, as permitted under SFAS 116 (AS					
		s, or other similar assets held for public ex		n, or research in furtheranc	e or public	c service, provide,	in Part XIII,
h		tnote to its financial statements that descr elected, as permitted under SFAS 116 (AS		in its roughus statement ar	nd halanc	e sheet works of a	rt historical
0	÷	similar assets held for public exhibition, e					
	relating to these it		00000000, 01 16366		5 361 4,000,	provide the follows	ng amounto
	•	ded in Form 990, Part VIII, line 1			►	\$	
		ed in Form 990, Part X			>	\$	
2	.,	received or held works of art, historical tre					
	0	unts required to be reported under SFAS 1		=			
а	Revenue included	in Form 990, Part VIII, line 1			►	\$	
b	Assets included in	Form 990, Part X			►	\$	
		eduction Act Notice, see the Instruction	s for Form 990.			Schedule D (Form	n 990) 2014
43205 10-01-	14						
			26				

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YOUNG	MEN'	S	CHRISTIA	N AS	SOCI	ATION	\mathbf{OF}

Sche		COUNTY,		-				062446		
Pa	t III Organizations Maintaining C	Collections of	Art, His	torical Tr	easures, or C)ther	Similar A	ssets(con	tinued)	
3	Using the organization's acquisition, accessi	on, and other rec	ords, chec	k any of the	following that are	e a sign	ificant use c	f its collecti	on iter	ns
	(check all that apply):									
а	Public exhibition		d []	Loan or exc	hange programs					
b	Scholarly research		e 🗌	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and exp	olain how tl	hey further t	he organization's	exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donation	ns of art, h	istorical trea	sures, or other si	milar as	ssets	,	r	
	to be sold to raise funds rather than to be m							Yes		<u>No</u>
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		plete if the	e organizatio	on answered "Yes	" to Fo	rm 990, Parl	: IV, line 9, c	ər	
1a	Is the organization an agent, trustee, custod	ian or other intern	nediary for	contributior	ns or other assets	not ind	cluded			
	on Form 990, Part X?							. 🗌 Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	nt	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F		•			-	?	. L Yes		No
	If "Yes," explain the arrangement in Part XIII.								L	
Pai	t V Endowment Funds. Complete i	f the organization	-		T					<u> </u>
		(a) Current year		Prior year	(c) Two years ba		Three years b			
	Beginning of year balance	17,44	4.	17,444.	18,22	12.	18,2	12.	18	,212.
b	Contributions									
С	Net investment earnings, gains, and losses				-76	^{.8} .				
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	4.5.44	_	18 111	10.4		10.0	10	1.0	010
g	End of year balance	17,44		17,444.	i	14.	18,2	12.	18	,212.
2	Provide the estimated percentage of the cur	rent year end bala		g, column (a	a)) held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%)							
	The percentages in lines 2a, 2b, and 2c should	•	· · · · · · · · · · · · · · · · · · ·			£				
за	Are there endowment funds not in the posse	ssion of the organ	hization tha	at are neio a	ina aoministerea	for the	organization		Vaa	No
	by:							3a(i)	Yes	
	(i) unrelated organizations						••••••	·····		x
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations								/	<u> </u>
4	Describe in Part XIII the intended uses of the						•••••			J
<u> </u>	t VI Land, Buildings, and Equipm		aowinent							
	Complete if the organization answere		90. Part IV	/ line 11a. S	iee Form 990. Pai	t X. line	e 10.			
	Description of property	(a) Cost o	<u> </u>	<u>ŕ</u>			imulated	(d) Bo	ok valı	
	Description of property	basis (inve			(other)	•	ciation	(4,55	on rai	
 1a	Land	100	,246.					42	27,2	246.
b	Buildings					7,64	1,011.	11,09		
	Leasehold improvements	••••	,952.				7,320.			32.
	Equipment						0,152.	1,25		
	Other	1 000					3,000.	1,39		
	. Add lines 1a through 1e. (Column (d) must e			nn (B), line 1	(Oc.)		· · · · · · · · · · · · · · · · · · ·	14,74		
							Sche	dule D (For		

YOUNG	ME	N'S	CHRI	STIAN	ASS	OCIATION	OF
BROWAF	RD	COUN	ITY,	FLORII	DA,	INC.	

59-0624463 Page 3

Schedule D (For	m 990) 2014	BROWARD COU	NTY,	FLORIDA,	INC.	59-0624463 _{Pag}
Part VII Inv	vestments -	Other Securities.				
Col	mplete if the org	anization answered "Yes"	to Form	990, Part IV, line	11b. See Form 990), Part X, line 12.
		JOTY (including name of security)		Book value		valuation: Cost or end-of-year market value
(1) Financial de	rivatives				-	
(2) Closely-held						
(3) Other	equity intereete					
(A)						
(B)						
(C)						
(D)						
(E)						
				· · · · · · · · · · · · · · · · · · ·		
(F) (G)						
(H)	et equal Form 000) Port V col (P) line 12)				
), Part X, col. (B) line 12.) ► Program Related.	· · ·	··· · · · · · · · · · · · · · · · · ·		
h		-				Dev(M. Pare do
(a	Description of	anization answered "Yes"		Book value	(c) Method of	v Part X, line 13. valuation: Cost or end-of-year market value
· · · · ·) Description of		(0)	DOOK Value		Valuation. Cost of end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
), Part X, col. (B) line 13.) 🕨				
Part IX Ot	her Assets.					
Cor	mplete if the org	anization answered "Yes"			11d. See Form 990	
		(a) l	Descript	ion		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)			-			
(9)						
Total. (Column (l	b) must equal Fo	orm 990, Part X, col. (B) line	9 15.)			
Part X Ot	her Liabilitie	s.				
Cor	nplete if the org	anization answered "Yes"	to Form	990, Part IV, line ⁻	11e or 11f. See For	m 990, Part X, line 25.
1.	(a) De	escription of liability			(b) Book value	
	ncome taxes					7
(2)						\neg
(3)						7
(4)						1
(5)						
(6)						
(7)						1
(8)						
(9)				·		-].
) must equal Er	orm 990, Part X, col. (B) line	251			+
					the executive	financial statements that reports the
						the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

432053 10-01-14

15560930 795691 145556

YOUNG MEN'S CHRISTIAN ASSOCIATION OF	YOUNG MI	EN'S	CHRISTIAN	ASSOCIATION	OF
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59-0624463 Page 4 BROWARD COUNTY, FLORIDA, INC. Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 28,667,506. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 13,218, a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 13,218. 2e e Add lines 2a through 2d 28,654,288. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4h Ο. c Add lines 4a and 4b 4c 288 28 654 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 28,208,549. Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII.) Ο. 2e e Add lines 2a through 2d 28,208,549. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4h Ο. c Add lines 4a and 4b 40

Ģ		1.0	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,208,549.
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE

FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN

RECORDED.

THE ASSOCIATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR

TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE

SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND

INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON

TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER

NON-INTEREST EXPENSE, RESPECTIVELY.

432054 10-01-14

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Schedule D (Form 990) 2014 BROWARD CC Part XIII Supplemental Information (continued)

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ASSOCIATION FILES INCOME TAX RETURNS. THE ASSOCIATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2011.

Schedule D (Form 990) 2014

432055 10-01-14

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(For	HEDULE J Compensation Information rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. A Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990	OMB No. 20 Open t Insp	14	
	e of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF Emp	oloyer identificat	ion nu	mber
	BROWARD COUNTY, FLORIDA, INC.	59-062446	3	
Par	rt I Questions Regarding Compensation			
			Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal u Travel for companions Payments for business use of personal resider Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	se		
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	1b		Sector Sector
	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?	2		
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization' 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation comm	D		
(During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment?	4a		x
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization?	5a		x
	Any related organization?	5b		Х
I	If "Yes" to line 5a or 5b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	The organization?	6a		Х
	Any related organization?			X
ו 7 ו	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III			x
	Were any amounts reported in 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			X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
		Schedule J (For	m 990)	2014

432111 10-13-14 .

YOUNG MEN'S CHRISTIAN ASSOCIATION OF 59-0<u>62</u>4463 BROWARD COUNTY, FLORIDA, INC.

Schedule J (Form 990) 2014 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 in 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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(6)()(0)	reported as deferred in prior Form 990
(1) SHERYL A. WOODS	(i)	234,385.	0.	12,000.	29,566.	2,160.	278,111.	0.
CEO - PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID W. CASH	(i)	150,020.	0.	6,000.	18,722.	1,200.	175,942.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) CYNTHIA A, SMITH	(i)	132,307.	0.	6,000.	16,597.	0.	154,904.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBRA L. METZGER	(i)	109,287.	0.	3,231.	13,502.	0.	126,020.	0.
FORMER VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM GRIFFIN	(i)	153,001.	0.	6,369.	19,124.	0.	178,494.	0.
FORMER CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)	·						
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
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	(1)							
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	(i)							
·····	(ii)							
	(i)							
	(ii)	ļ						l
432112 10-13-14				32			Sched	ule J (Form 990) 2014

Page 2

	YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.	59-0624463	
Schedule J (Form 990) 2014 Part III Supplemental Informat	BROWARD COUNTY, FLORIDA, INC.	55-0024405	Page 3
	ion on, 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	n.
<u></u>			
<u>,</u>			
		· · · · · · · · · · · · · · · · · · ·	
<u> </u>			

Schedule J (Form 990) 2014

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432113 10-13-14

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 14 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form9900 YOUNG MEN'S CHRISTIAN ASSOCIATION OF Emplo Inspection Name of the organization Employer identification number BROWARD COUNTY, FLORIDA, INC. 59-0624463 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE YMCA OF BROWARD COUNTY IS THE LEADING NONPROFIT COMMITTED TO STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. EVERY DAY, WE PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH A COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING, AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY, THE Y ENSURES THAT EVERY INDIVIDUAL, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS ACCESS TO OPPORTUNITIES TO LEARN, GROW AND THRIVE.

THE Y IS, AND ALWAYS WILL BE, DEDICATED TO BUILDING HEALTHY, CONFIDENT,

CONNECTED AND SECURE CHILDREN, ADULTS, FAMILIES AND COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

QUALITY TIME WITH THEIR CHILDREN. ADDITIONALLY, PARENT EDUCATION

CLASSES ARE OFFERED PERIODICALLY TO PROVIDE INSTRUCTION IN PARENTING,

GUIDANCE, DISCIPLINE, AND MONEY MANAGEMENT. OVER 1,630 FAMILIES

PARTICIPATED IN THESE PROGRAMS.

IN ORDER TO PROVIDE THE MOST NEEDY FAMILIES WITH ADDITIONAL SUPPORT,

THE YMCA CONDUCTED FOOD AND TOY DRIVES. OVER 3,950 FAMILIES WERE

RECIPIENTS OF FOOD, TOYS, AND BACK-TO-SCHOOL SUPPLIES FOR THEIR

CHILDREN DURING THE HOLIDAYS AND SCHOOL YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 3.4

2014.04030 YOUNG MEN'S CHRISTIAN ASSOC 145556_1 CAM # 17-0875

Schedule O (Form 990 or 9		Page 2
Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF	Employer identification number
	BROWARD COUNTY, FLORIDA, INC.	59-0624463

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CHILDCARE FOR CHILDREN WITH DISABILITIES. THERE ARE OVER 480 CHILDREN BEING SERVED IN THIS PROGRAM ON A DAILY BASIS. A FULL DAY CHILDCARE PROGRAM IS ALSO AVAILABLE FOR YOUNG CHILDREN WITH SCHOLARSHIPS AVAILABLE TO THOSE REQUIRING FINANCIAL ASSISTANCE. OUR PROGRAMS ARE BASED UPON YEARS OF RESEARCH IN THE FIELD OF CHILD DEVELOPMENT AND ARE DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND THE FAMILY AS A WHOLE. PROVIDING HIGH QUALITY CHILD CARE IS CENTRAL TO THE Y'S MISSION. WOVEN INTO THE FABRIC OF OUR MISSION AND HIGH QUALITY CHILDCARE IS A COMMITMENT TO STRENGTHENING FAMILIES. WE RECOGNIZE AN ALL TOO GROWING NUMBER OF FAMILIES FROM EVERY SOCIOECONOMIC LEVEL ARE NEGLECTED, ADRIFT AND IN TROUBLE. THE STRESS AND STRAIN OF BALANCING WORK AND FAMILY IS BECOMING MORE DIFFICULT TO BEAR. THE YMCA OF BROWARD COUNTY ASSISTS IN REDUCING THIS BURDEN THROUGH THE PROVISION OF TUITION ASSISTANCE FOR CHILDCARE SERVICES. OVER \$3,600,000 THIS PAST YEAR WAS AWARDED TO FAMILIES TO DEFRAY THEIR FEES. ADDITIONALLY, WE AID FAMILIES WHO MIGHT NEED OTHER FORMS OF HELP DUE TO FAMILY VIOLENCE, LOSS OF A JOB, SUBSTANCE ABUSE, ETC. BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES. OUR THIRD AREA OF EMPHASIS IS ON PARENT EDUCATION. THROUGH A VARIETY OF ACTIVITIES, WHICH BRING TEACHERS AND PARENTS TOGETHER, WE FOCUS ON HELPING PARENTS LEAN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO CAN GROW INTO RESPONSIBLE CARING ADULTS.

 CAMP - THE DAY CAMP THE YMCA OF BROWARD COUNTY OFFERS IS BOTH A

 RECREATIONAL AND LASTING EXPERIENCE OF PERSONAL ENRICHMENT. THE PROGRAM

 IS DESIGNED TO HELP CAMPERS BE AWARE OF THEIR BODIES AND FITNESS. THEY

 ARE ALSO STRUCTURED TO HELP YOUTH LEARN THE VALUE OF COOPERATION AND

 432212 08-27-14
 Schedule O (Form 990 or 990-EZ) (2014)

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 15560930 795691 145556
 2014.04030 YOUNG MEN'S CHRISTIAN ASSOC 145556_1 CAM # 17-0875

> Exhibit 2 Page 167 of 176

Schedule O (Form 990 or 990-EZ) (2014) Page 2 YOUNG MEN'S CHRISTIAN ASSOCIATION OF Employer identification number Name of the organization BROWARD COUNTY, FLORIDA, INC. 59-0624463 GAIN CONFIDENCE TO CHALLENGE THEMSELVES TO ACHIEVE PERSONAL GROWTH. THE YMCA OF BROWARD COUNTY PROVIDES A SAFE, CLEAN ENVIRONMENT AND A QUALITY PROGRAM IN WHICH THEIR CHILDREN CAN SPEND THEIR SUMMER AND SCHOOL DAYS OFF. WE OFFER A VALUABLE ALTERNATIVE TO CHILDREN STAYING HOME ALONE. OUR HOURS ARE FLEXIBLE (7:30 AM - 6:00 PM). SUMMER CAMPS ARE OPEN FOR TEN WEEKS AND HOLIDAY CAMPS ARE AVAILABLE 22 DAYS DURING THE SCHOOL YEAR. SCHOLARSHIPS ARE PROVIDED FOR APPROXIMATELY 85% OF THE CHILDREN AND A CONTINUUM OF CARE IS AVAILABLE FOR CHILDREN WITH DISABILITIES AS WELL. A STRONG COLLABORATION WITH OUTSIDE SERVICE-ORIENTED ORGANIZATIONS PROVIDES FOR ADDITIONAL SERVICES TO HELP MEET THE NEEDS OF THE CHILDREN AND FAMILIES WE SERVE. IN 2014 THE ASSOCIATION SERVED APPROXIMATELY 2,255 CLIENTS IN THE SUMMER CAMP (GENERAL POPULATION AND CHILDREN WITH DISABILITIES).

EDUCATION & LEADERSHIP - THE YMCA IS COMMITTED TO PROVIDING A CONTINUUM OF CARE FOR INDIVIDUALS WITH DISABILITIES. IN ADDITION TO CHILDREN WHO ARE SERVED IN THE AFTER-SCHOOL PROGRAMS, A RESPITE PROGRAM FOR ADULTS WITH DEVELOPMENTAL DISABILITIES IS OFFERED EACH AFTERNOON THROUGH THE TYPICAL SCHOOL YEAR. THE ADULTS WHO ARE UNABLE TO BE LEFT UNSUPERVISED, THEN ATTEND A FULL DAY TRAINING PROGRAM DURING THE SUMMER MONTHS WHEN THEIR EDUCATIONAL PROGRAMS ARE CLOSED. THIS ALLOWS FOR THEIR PARENTS/GUARDIANS TO CONTINUE EMPLOYMENT AS THEY STRIVE TO MAINTAIN SELF-SUFFICIENCY. OVER 380 ADULTS PARTICIPATE ANNUALLY IN THESE PROGRAMS AND ALL RECEIVE FINANCIAL ASSISTANCE IN ORDER TO ATTEND.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OF FREE HEALTH SCREENINGS YEARLY. EMPHASIS IS ON FAMILY WITH A FULL

COMPLEMENT OF PROGRAMS FOR INDIVIDUALS SIX MONTHS TO SENIOR CITIZEN. 432212 08-27-14

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2014.04030 YOUNG MEN'S CHRISTIAN ASSOC 145556_1

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.	Employer identification number $59-0624463$
MANY PARTICIPANTS ARE GIVEN THE OPPORTUNITY TO PARTICIPAT	E FREE OF
CHARGE THROUGH FINANCIAL ASSISTANCE. THEY LOOK TO OTHER C	OMMUNITY

AGENCIES FOR REFERRALS TO PROVIDE MUCH NEEDED HEALTH AND PHYSICAL

EDUCATIONS PROGRAMS. THE ASSOCIATION PARTICIPATES IN THE YMCA OF THE

USA ANNUAL EVENT, HEALTHY KIDS DAY, TO BRING COMMUNITY HEALTH PARTNERS

TOGETHER TO PROMOTE HEALTH, WELLNESS, AND FITNESS TO CHILDREN.

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

MANAGEMENT SERVICE REVENUE CHARGED TO MIAMI YMCA. THE AGREEMENT ALLOWED

THE ASSOCIATION TO CHARGE THE MIAMI YMCA FOR SHARED COSTS RELATED TO

THE SALARIES OF THE CEO, CFO, AND OTHER EMPLOYEES.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 431,127.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS FIRST REVIEWED BY THE ORGANIZATION'S CFO AND AUDIT COMMITTEE.

FORM 990 IS THEN SUBMITTED TO THE ORGANIZATION'S BOARD FOR REVIEW AND

APPROVAL BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST FORMS ARE COMLPETED IN ACCORDANCE WITH THE

YMCA-USA NATIONAL POLICY.

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

THE BOARD'S EXECUTIVE COMMITTEE SETS AND REVIEWS THE PERFORMANCE OF THE CEO

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AND DOES A SALARY SURVEY OF NATIONAL ENTITIES CEO SALARIES ON AN ANNUAL

BASIS.

FORM 990, PART VI, SECTION C, LINE 18: 432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

2014.04030 YOUNG MEN'S CHRISTIAN ASSOC 145556_1 CAM # 17-0875 Exhibit 2 Page 169 of 176

Schedule O (Form 990 or 9	90-EZ) (2014)	Page 2
Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF	Employer identification number
	BROWARD COUNTY, FLORIDA, INC.	59-0624463

THE ASSOCIATION PROVIDES COPIES OF FORM 990 AND FORM 1023 UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY

ARE AVAILABLE UPON REQUEST

PART XII LINE 2C

NO CHANGES IN THE CURRENT YEAR

Schedule O (Form 990 or 990-EZ) (2014)

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		Balatad Organization	and Unrolated De	rtnorohino			L	OMB No, 154	5-0047
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations plete if the organization answered Atta ormation about Schedule R (Form S	"Yes" on Form 990, Part IV, ach to Form 990.	line 33, 34, 35b, 3				201 Open to P Inspect	ublic
Name of the organization	YOUNG MEN'S C	HRISTIAN ASSOCIATION Y, FLORIDA, INC.	ON OF		1990.	En	nployerident 59-0624	ification n	
Part I Identification	of Disregarded Entities Comple	ete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
	(a) s, and EIN (if applicable) regarded entity	(b) Primary activity	(c) Legal domicile (state (foreign country)	(d) or Total inco	ome End-of-ye			(f) t controlling entity	g
		-							
Identification	of Polated Tay-Exampt Organi	zations Complete if the organization	answered "Yes" on Form 99() Part IV line 34 h	ecause it had one	e or more	related tax-ex	emot	
	during the tax year.				·				
	(a) address, and EIN ted organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Exempt Code Public charity		(f) ct controlling entity	cont ent	g) 512(b)(13) rolled tity?
YMCA OF THE USA - 3	6			,	501(c)(3))			Yes	No
101 NORTH WACKER DR CHICAGO, IL 60606		NATIONAL RESOURCE OFFICE	ILLINOIS	501(C)(C)	و	N/A			x
YMCA OF GREATER MIA 730 NW 107 AVENUE	MI, INC 59-0624464 SUITE 200								
MIAMI, FL 33172		SERVING THE COMMUNITY	FLORIDA	501(C)(3)	9	N/A			x
			J	1					L

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule R (Form 990) 2014 BROWARD COUNTY, FLORIDA, INC.

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

	· · · · · · · · · · · · · · · · · · ·	, · · · · · · · · · · · · · · · · · · ·																
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or	(d) Direct controlling entity	Predomi (related	(e) nant income , unrelated,	Share	(f) e of total come	Sha end-	g) are of of-year	(h) Disproportionate allocations?		Dispropo		(i) Code V-UE amount in b 20 of Sched	31 Gi DOX ^m	(j) eneral or anaging partner?	(k Perce owne	ntage
		foreign		excluded t	rom tax under s 512-514)	ł		as	sets			20 of Sched K-1 (Form 10						
		country)		30000	5012 014)		:			Yes	NO			esitio				
Part IV Identification of Related Orgorizations treated as a co	ganizations Taxable a rporation or trust durin	as a Corpo	oration or Trust Co year.	omplete if th	ne organizati	on ansv	vered "Yes	" on For	m 990, Pa	urt IV, I	ine 34	because it ha	id one	or mo	re rela	ted		
(a) Name, address, and E of related organizatio	iN n	Prim	(b) ary activity	(C) Legal domiclie (state or foreign	(d) Direct con entity	trolling	(e) Type of (C corp, S or tru	entity S corp,	(f) Share o incor	f total	6	(g) Share of end-of-year assets	Perce	(h) (i) section ccentage 512(b) control control entity) tion 5)(13) oiled ity?		
				country)				30				405010			Yes	No		
											_							
											-							
432162 08-14-14				40	L							Sche	dule R	(Form	1 990)	2014		

YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule R (Form 990) 2014 BROWARD COUNTY, FLORIDA, INC.

(2) YMCA OF GREATER MIAMI, INC.

(3) (4) (5) (6)

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

No	te. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes	No
- 1	During the tax year, did the organization engage in any of the following transaction	with one or more :	related organizations listor	(in Parts II IV/2		109	
' 	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					Digitariaan	X
	Gift, grant, or capital contribution to related organization(s)	y			<u>1a</u> 1b		X
	Gift, grant, or capital contribution to related organization(s)				·· 10		X
- -	Gift, grant, or capital contribution from related organization(s)				10		x
u	Loans or loan guarantees to or for related organization(s)				<u>10</u> 1e		X
e	Loans or loan guarantees by related organization(s)	••••••			<u>Ie</u>		
					900.900	en al anti-	x
f	Dividends from related organization(s)				<u>1f</u>	<u> </u>	X
g					. <u>1g</u>		X
n	Purchase of assets from related organization(s)				<u>1h</u>		X
1	Exchange of assets with related organization(s)				. 11		X
J	Lease of facilities, equipment, or other assets to related organization(s)	••••••			1 j	38:0-04	
					1000	9033QT	3450
ĸ	Lease of facilities, equipment, or other assets from related organization(s)				<u>1k</u>		X
1	Performance of services or membership or fundraising solicitations for related orga						1
n	Performance of services or membership or fundraising solicitations by related orga	nization(s)			<u>1m</u>		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			<u>1n</u>		X
0	Sharing of paid employees with related organization(s)	•••••			10	Х	
р	Reimbursement paid to related organization(s) for expenses				. <u>1p</u>		X
q	Reimbursement paid by related organization(s) for expenses				. <u>1q</u>		X
r	Other transfer of cash or property to related organization(s)				. 1r	X	
	Other transfer of cash or property from related organization(s)						Х
	If the answer to any of the above is "Yes," see the instructions for information on v						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
(1)	YMCA OF THE USA	Q	248,618.	BASED UPON AFFILIATION	AGRE	EME	NT

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Schedule R (Form 990) 2014

431,127. ALLOCATION OF SHARED COMPENSATION

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	(h)		(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	all (s sec. c)(3) s.?	Share of total income	Share of end-of-year assets	Disprog tiona allocatio	oor- te ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ral or Iging ner?	Percenta ownersh
		country	sections 512-514)	Yes	No	income	833613	Yes	No	(FOINT 1065)	Yes	NO	
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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014	YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.	59-0624463 Page 5
Part VII Supplemental In	Iformation	
Provide additional inf	ormation for responses to questions on Schedule R (see instructions).	
·····		
••••		
432165 08-14-14		Schedule R (Form 990) 2014
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Form	886	8	
(m)		-	

(Rev. January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

X

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete	

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. YOUNG MEN'S CHRISTIAN ASSOCIATION OF	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	BROWARD COUNTY, FLORIDA, INC.	59-0624463
	Number, street, and room or suite no. If a P.O. box, see instructions. 900 SE 3RD AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT LAUDERDALE, FL 33316	

Enter the Return code for the return that this application is for (file a separate application for each return	0	1
--	---	---

Application	Return	Application	Return		
Is For		Is For	Code		
Form 990 or Form 990-EZ		Form 990-T (corporation)	07		
Form 990-BL	02	Form 1041-A	08		
Form 4720 (individual)	03	Form 4720 (other than individual)			
Form 990-PF	04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)		Form 6069	11		
Form 990-T (trust other than above)	06	Form 8870	12		
 The books are in the care of ▶ 900 SE 3RD AVENUE - FT. LAUDERDALE, FL 33316 Telephone No. ▶ 954-334-9622 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension in the states. 					
 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <u>AUGUST 15, 2015</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year <u>2014</u> or tax year beginning, and ending 					

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,		

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are	going to make ar	electronic funds withdrawal	(direct debit) w	ith this Form 8868,	see Form 8453-EO	and Form 8879-EC) for payment
instructions.							

LHA 423841 05-01-14 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

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