

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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning <u>09/01</u> , 2015, and ending <u>08/31</u> , 20 <u>16</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA</u>
	Doing business as _____
	Number and street (or P.O. box if mail is not delivered to street address) _____ Room/suite _____ <u>2600 NORTH LOOP WEST</u> <u>300</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>HOUSTON, TX 77092</u>
D Employer identification number <u>74-1109737</u>	E Telephone number <u>(713) 659-5566</u>
F Name and address of principal officer: <u>PAUL E. MCENTIRE</u> <u>SAME AS C ABOVE</u>	G Gross receipts \$ <u>141,483,146</u>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ <u>WWW.YMCAHOUSTON.ORG</u>	H(c) Group exemption number ▶ _____
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1886</u> M State of legal domicile: <u>TX</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE YMCA OF THE GREATER HOUSTON AREA IS A CHRISTIAN FELLOWSHIP DEDICATED TO IMPROVING QUALITY OF LIFE THROUGH PROGRAMS WHICH PROMOTE HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 <u>50</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>50</u>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 <u>7,180</u>
	6 Total number of volunteers (estimate if necessary) 6 <u>18,182</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0</u> b Net unrelated business taxable income from Form 990-T, line 34 7b <u>0</u>
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year <u>15,636,768</u> Current Year <u>13,078,451</u>
	9 Program service revenue (Part VIII, line 2g) <u>109,139,624</u> <u>110,462,490</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>2,565,149</u> <u>1,768,340</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>503,582</u> <u>859,876</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>127,845,123</u> <u>126,169,157</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>4,250,567</u> <u>7,054,615</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>66,383,821</u> <u>66,040,969</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u> b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,343,419</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>53,033,381</u> <u>52,336,988</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>123,667,769</u> <u>125,432,572</u>
	19 Revenue less expenses. Subtract line 18 from line 12 <u>4,177,354</u> <u>736,585</u>
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year <u>307,000,207</u> End of Year <u>302,916,228</u>
	21 Total liabilities (Part X, line 26) <u>154,667,737</u> <u>154,873,593</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 <u>152,332,470</u> <u>148,042,635</u>

Part II Signature Block

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

Sign Here	<i>Electronically Filed</i>	
	Signature of officer <u>PAUL E. MCENTIRE, PRESIDENT & CEO</u>	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>JODY BLAZEK</u>	Preparer's signature <i>Jody Blazek</i>	Date <u>6/8/17</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00072674</u>	
	Firm's name ▶ <u>BLAZEK & VETTERLING</u>	Firm's EIN ▶ <u>76-0269860</u>				
	Firm's address ▶ <u>2900 WESLAYAN, STE 200, HOUSTON, TX 77027</u>	Phone no. <u>(713) 439-5739</u>				

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

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
IT IS THE MISSION OF THE YMCA OF GREATER HOUSTON TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL. SEE SCHEDULE O.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 60,349,221 including grants of \$ 0) (Revenue \$ 63,118,733)
HEALTHY LIVING
PARTICIPANTS: 328,077 FACILITY MEMBERS
FACILITIES: 36 IN GREATER HOUSTON AREA
ASSISTANCE PROVIDED TO PARTICIPANTS IN THE FORM OF FEE REDUCTIONS: \$2,868,737
SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4b (Code:) (Expenses \$ 31,900,310 including grants of \$ 0) (Revenue \$ 32,555,759)
YOUTH DEVELOPMENT
PARTICIPANTS: 222,857
PROGRAMS INCLUDE YMCA CHILD CARE (AFTER SCHOOL, EARLY CHILDHOOD, INFANT CARE AND MIDDLE SCHOOL), YMCA PARENT/CHILD (ADVENTURE GUIDES, FAMILY CAMP, HEALTHY FAMILY HOME, AND OTHER FAMILY EVENTS), YMCA SWIM, SPORTS & PLAY (AQUATICS, YOUTH SPORTS, AND CAMPING SERVICES).
ASSISTANCE PROVIDED TO PARTICIPANTS IN THE FORM OF FEE REDUCTIONS: \$3,934,468
SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4c (Code:) (Expenses \$ 17,229,644 including grants of \$ 7,054,615) (Revenue \$ 14,787,998)
SOCIAL RESPONSIBILITY
PARTICIPANTS: 149,428
PROGRAMS INCLUDE YMCA CARING COMMUNITY CENTERS (AFTERSCHOOL PROGRAM WITH ENRICHMENT ACTIVITIES, SUMMER PROGRAMS, CORE PROGRAMS, AND SOCIAL SERVICE PROGRAMS), YMCA RESIDENCES, YMCA INTERNATIONAL SERVICES, YMCA ACTIVE OLDER ADULTS, YMCA SPECIAL POPULATIONS, YMCA EMPLOYMENT DEVELOPMENT AND TRAINING, AND YMCA OPERATION BACKPACK. ASSISTANCE PROVIDED TO PARTICIPANTS IN THE FORM OF FEE REDUCTIONS: \$7,139,560
SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

4e Total program service expenses ► 109,479,175

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 50 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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 ► TX
- 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 Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 KAREN SAWYER, 2600 NORTH LOOP WEST, SUITE 300, HOUSTON, TX 77092, (713)758-9110, FAX: (713)659-7240

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS VALDEZ CHAIR	1.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(2) KARL AMELANG DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(3) JOHN S. ARNOLDY DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(4) GERRI D. AYERS DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(5) DR. ANN BARNES DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(6) DAN BELLOW DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(7) ALAN BERGERON DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(8) GLENN H. CLEMENTS DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(9) CHARLES E. COMISKEY DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(10) GREG CURRAN DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(11) JENNIFER DAVENPORT DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(12) MATTHEW DEAL DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(13) ROBERT J. DOYLE DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(14) JOHN H. DUNCAN DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) W. ASHLEY EDENS ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) LARRY ELLIS ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) STEVEN B. ERIKSON ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) SIDNEY EVANS ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) STEPHEN R. FETTERMAN ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) CURTIS V. FLOWERS, JR. ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JOE B. FOSTER ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) ELVIN FRANKLIN ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) THOMAS GEE ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) BARNETT L. GERSHEN ----- DIRECTOR	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT) -----										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								2,691,292	0	486,373
d Total (add lines 1b and 1c)								2,691,292	0	486,373

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **28**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEHGAL & SONS ENTERPRISES INC., 10501 CORPORATE DR., STAFFORD, TX 77477	JANITORIAL	1,316,334
BROOKSTONE CORPORATION, 3715 DACOMA ST., HOUSTON, TX 77092	CONSTRUCTION	771,998
AMERICAN JANITORIAL SERV., LTD., 2951 MARINA BAY DRIVE, STE 130, LEAGUE CITY, TX 77573	JANITORIAL	720,867
YELLOWSTONE LANDSCAPE, PO BOX 205742, DALLAS, TX 75320	GROUNDS MAINTENANCE	704,836
DAXKO, LLC, PO BOX 162087, ATLANTA, GA 30321	SOFTWARE HOSTING SVCS/MEMBER SVCS	700,292

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► **22**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 2,808,574				
	b Membership dues	1b 0				
	c Fundraising events	1c 612,061				
	d Related organizations	1d 148,262				
	e Government grants (contributions)	1e 417,838				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,091,716				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 13,078,451				
Program Service Revenue	Business Code					
	2a MEMBERSHIP REVENUE	813410	60,881,938	60,881,938		
	b CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL	813410	19,901,582	19,901,582		
	c DAY CAMP REVENUE	813410	6,824,249	6,824,249		
	d RESIDENT CAMP REVENUE	813410	1,646,574	1,646,574		
	e CHILDCARE REVENUE -- SCHOOL AGE	813410	504,586	504,586		
	f All other program service revenue .	813410	20,703,561	20,703,561	0	
	g Total. Add lines 2a-2f	▶ 110,462,490				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 2,505,093	0	0	2,505,093	
	4 Income from investment of tax-exempt bond proceeds ▶	0	0	0	0	
	5 Royalties	▶ 2,934	0	0	2,934	
	6a Gross rents	(i) Real	0	0		
		(ii) Personal	0	0		
		b Less: rental expenses	0	0		
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶ 0	0	0	0	
	7a Gross amount from sales of assets other than inventory	(i) Securities	12,276,463			
		(ii) Other	1,729,402			
		b Less: cost or other basis and sales expenses	12,320,089	2,422,529		
		c Gain or (loss)	(43,626)	(693,127)		
	d Net gain or (loss)	▶ (736,753)	0	0	(736,753)	
	8a Gross income from fundraising events (not including \$ 612,061 of contributions reported on line 1c). See Part IV, line 18	a	939,287			
		b Less: direct expenses	b 571,371			
		c Net income or (loss) from fundraising events . ▶	367,916			367,916
	9a Gross income from gaming activities. See Part IV, line 19	a	0			
		b Less: direct expenses	b 0			
		c Net income or (loss) from gaming activities . . ▶	0	0	0	0
	10a Gross sales of inventory, less returns and allowances	a	0			
b Less: cost of goods sold		b 0				
c Net income or (loss) from sales of inventory . . ▶		0	0	0	0	
Miscellaneous Revenue		Business Code				
11a REBATES/OTHER	900099	121,607	0	0	121,607	
b INSURANCE PROCEEDS	900099	367,419	0	0	367,419	
c NA	900099	0	0	0	0	
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d	▶ 489,026					
12 Total revenue. See instructions.	▶ 126,169,157	110,462,490	0	2,628,216		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,313	25,313		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,029,302	7,029,302		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,645,228	1,429,946	171,130	44,152
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	53,500,717	47,130,280	5,049,767	1,320,670
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,192,633	2,542,763	521,806	128,064
9 Other employee benefits	2,977,467	2,371,395	486,639	119,433
10 Payroll taxes	4,724,924	4,237,765	391,737	95,422
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	109,037		109,037	
c Accounting	90,020		90,020	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	269,797		269,797	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,746,840	2,426,821	1,045,785	274,234
12 Advertising and promotion	1,008,230	170,442	789,202	48,586
13 Office expenses	6,606,630	6,059,893	504,487	42,250
14 Information technology	2,830,543	1,560,231	1,143,277	127,035
15 Royalties	0	0	0	0
16 Occupancy	16,147,279	14,967,990	1,146,124	33,165
17 Travel	2,096,285	1,695,881	334,732	65,672
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	263,769	82,101	179,551	2,117
20 Interest	5,134,864	4,683,552	451,312	0
21 Payments to affiliates	532,664	532,664	0	0
22 Depreciation, depletion, and amortization	10,315,665	9,821,230	473,804	20,631
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT RENTAL & MAINTENANCE</u>	687,873	662,451	25,422	
b <u>REFUGEE JOB PLACEMENT EXPENSES</u>	776,752	776,752		
c <u>CAMP AND OTHER PROGRAM EXPENSE</u>	964,872	964,872		
d <u>PROFESSIONAL DEVELOPMENT</u>	468,609	223,271	242,680	2,658
e All other expenses	287,259	84,260	183,669	19,330
25 Total functional expenses. Add lines 1 through 24e	125,432,572	109,479,175	13,609,978	2,343,419
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	191,290	1	196,065
	2 Savings and temporary cash investments	7,421,999	2	3,657,050
	3 Pledges and grants receivable, net	4,776,985	3	4,317,506
	4 Accounts receivable, net	1,556,223	4	1,758,938
	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	747,524	9	709,271
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 311,246,287		
	b Less: accumulated depreciation	10b 86,607,660	233,886,511	10c 224,638,627
	11 Investments—publicly traded securities	52,749,453	11	56,092,950
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,670,222	15	11,545,821
16 Total assets. Add lines 1 through 15 (must equal line 34)	307,000,207	16	302,916,228	
Liabilities	17 Accounts payable and accrued expenses	5,724,779	17	7,729,684
	18 Grants payable		18	
	19 Deferred revenue	2,958,046	19	3,264,638
	20 Tax-exempt bond liabilities	145,068,498	20	140,902,825
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	916,414	25	2,976,446
	26 Total liabilities. Add lines 17 through 25	154,667,737	26	154,873,593
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	148,900,086	27	145,201,737
	28 Temporarily restricted net assets	3,432,384	28	2,840,898
	29 Permanently restricted net assets		29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	0
	32 Retained earnings, endowment, accumulated income, or other funds		32	0
	33 Total net assets or fund balances	152,332,470	33	148,042,635
	34 Total liabilities and net assets/fund balances	307,000,207	34	302,916,228

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,169,157
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,432,572
3	Revenue less expenses. Subtract line 2 from line 1	3	736,585
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152,332,470
5	Net unrealized gains (losses) on investments	5	(2,974,695)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(2,051,725)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	148,042,635

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RICK KEHR ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) LEE A. LAHOURCADE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) BYRD LARBERG ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) FLOYD J. LEBLANC ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) MARK S. LEONARD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) DAVID LEY ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) KHAMBREL MARSHALL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(32) AYSE MCCRACKEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) D. BRADLEY MCWILLIAMS ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(34) PEGGY C. MONTANA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(35) ALBERT MYRES ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) DR. RICK NGO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(37) LOUIS B. PAINE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(38) TOMMY M PARKER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(39) HARRY J. PHILLIPS, JR. ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(40) MICHAEL J. PLANK ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(41) EDWARD RANDALL IV ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(42) TERRY W. RATHERT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(43) CYNDY GARZA ROBERTS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(44) JOHN ROLFE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JOE ROTHBAUER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(46) JIM SCHIER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(47) F. MAX SCHUETTE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(48) BETH SHEA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(49) THOMAS M. SIMMONS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(50) JUDY D. SOHN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(51) ANNE TAYLOR ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(52) HOWARD TELLEPSEN ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(53) TADD TELLEPSEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(54) ROBERT C. THOMAS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(55) PAGE M. VOGELSANG ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(56) GRAY WAKEFIELD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(57) MARINA WALNE, PH.D. ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(58) MARC WATTS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(59) RICHARD W. WEEKLEY ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(60) JAMES D. WOODS ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(61) PAUL MCENTIRE ----- PRES/CEO	40.0 ----- 1.0			✓				420,590	0	50,451
(62) EMMANUEL C SILVA ----- SENIOR VP/CFO	40.0 ----- 1.0			✓				165,340	0	28,175
(63) DAVID L. SNOW ----- SR VP/ASSN ADV	40.0 ----- 0.0				✓			248,384	0	56,496
(64) JENNIFER S. LOPEZ ----- VP HUMAN RESOURCES	40.0 ----- 0.0				✓			179,087	0	46,689
(65) JAMES J. SCAFFIDI ----- COO/SENIOR VP	40.0 ----- 0.0				✓			166,528	0	22,943

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(66) SHAWN L. BORZELLERI ----- COO/SENIOR VP	40.0 ----- 0.0				✓			160,496	0	37,631
(67) TRAZANNA L. MORENO ----- VP MARKETING	40.0 ----- 0.0					✓		198,010	0	24,353
(68) LINDA FALSONE-LYKOS ----- VP FIN DEVELOP	40.0 ----- 0.0					✓		182,251	0	23,281
(69) ROBERT HODGE ----- VP/CIO	40.0 ----- 0.0					✓		157,200	0	44,248
(70) BRIAN S. HAINES ----- VP OPERATIONS	40.0 ----- 0.0					✓		153,293	0	43,274
(71) STEPHEN A WRIGHT ----- VP OPERATIONS	40.0 ----- 0.0					✓		151,302	0	46,281
(72) KENNETH G. HARRIS ----- FORMER VP CORP SVCS	0.0 ----- 0.0						✓	120,352	0	14,362
(73) CLARK D. BAKER ----- FORMER PRES/CEO	0.0 ----- 0.0						✓	281,138	0	27,911
(74) SAMANTHA A. BUCKNER ----- FORMER SR VP/CFO	0.0 ----- 0.0						✓	107,321	0	20,278

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	Employer identification number 74-1109737
--	---

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,345,282	15,397,765	13,631,547	15,636,768	13,078,451	80,089,813
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	22,345,282	15,397,765	13,631,547	15,636,768	13,078,451	80,089,813
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)						409,483
6 Public support. Subtract line 5 from line 4.						79,680,330

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	22,345,282	15,397,765	13,631,547	15,636,768	13,078,451	80,089,813
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,929,425	2,420,050	1,920,991	2,157,534	2,508,027	11,936,027
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						92,025,840
12 Gross receipts from related activities, etc. (see instructions)					12	505,653,408
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	86.58 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	87.14 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

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? <i>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.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	Employer identification number 74-1109737
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 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

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	Employer identification number 74-1109737
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,808,574	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 285,982	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 491,666	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	Employer identification number 74-1109737
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA	Employer identification number 74-1109737
--	---

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA; Employer identification number: 74-1109737

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,100,524	9,411,603	7,387,793	6,563,205	6,326,285
b Contributions	1,226,313	38,307	1,050,093	131,748	28,030
c Net investment earnings, gains, and losses	544,990	27,561	1,055,968	775,044	265,161
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	148,262	373,302	67,797	79,136	56,271
f Administrative expenses	4,400	3,645	14,454	3,068	0
g End of year balance	10,719,165	9,100,524	9,411,603	7,387,793	6,563,205

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

- a** Board designated or quasi-endowment **▶** 67.03 %
- b** Permanent endowment **▶** 12.79 %
- c** Temporarily restricted endowment **▶** 20.18 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,091,822		25,091,822
b Buildings		185,088,603	45,027,761	140,060,842
c Leasehold improvements		67,367,553	25,575,064	41,792,489
d Equipment		28,788,857	16,004,835	12,784,022
e Other		4,909,452		4,909,452
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				224,638,627

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DERIVATIVE AGREEMENTS	2,446,310	
(3) DUE TO ENDOWMENT FOUNDATION	504,350	
(4) FUNDS HELD IN TRUST	25,786	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,976,446	

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

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	REVENUE YMCA ENDOWMENT	1,771,303
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	GRANT FROM YMCA ENDOWMENT	148,262
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	EXPENSES OF YMCA ENDOWMENT	152,662
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	GRANT FROM YMCA FOUNDATION	148,262

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS ARE HELD FOR THE PURPOSE OF FURNISHING ASSISTANCE AND SUPPORT TO THE CHARITABLE AND EDUCATIONAL PROGRAMS OF THE YMCA OF THE GREATER HOUSTON AREA.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1 TURKEY DASH (event type)	(b) Event #2 RUN THRU THE WOODS (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	286,285	252,725	1,012,338	1,551,348
	2 Less: Contributions	200,931	143,369	267,761	612,061
	3 Gross income (line 1 minus line 2)	85,354	109,356	744,577	939,287
Direct Expenses	4 Cash prizes		450	0	450
	5 Noncash prizes		9,596	8,005	17,601
	6 Rent/facility costs			50,667	50,667
	7 Food and beverages	458	2,824	20,303	23,585
	8 Entertainment		1,350	17,845	19,195
	9 Other direct expenses	83,984	90,344	285,545	459,873
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				571,371
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				367,916	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

74-1109737

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YMCA ENDOWMENT 2600 NORTH LOOP WEST, STE 300, HOUSTON, TX 77092	76-0555562	501(C)(3)	25,313				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 REFUGEE ASSISTANCE	23,496	7,029,302	0	N/A	N/A
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SEE STATEMENT

Return Reference - Identifier	Explanation
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	REFUGEE ASSISTANCE : N/A
SCHEDULE I, PART I -	<p>PART III, LINE 1 - ADDITIONAL ASSISTANCE TO INDIVIDUALS</p> <p>THE YMCA ALSO PROVIDES ASSISTANCE TO INDIVIDUALS IN THE FORM OF REDUCTIONS IN THE AMOUNT OF FEES CHARGED TO PARTICIPATE IN PROGRAMS. PLEASE SEE BELOW FOR INFORMATION REGARDING SUCH ASSISTANCE GROUPED BY PROGRAM.</p> <p>HEALTHY LIVING: 81,964 RECIPIENTS, \$2,868,737 IN ASSISTANCE YOUTH DEVELOPMENT: 87,433 RECIPIENTS, \$3,934,468 IN ASSISTANCE SOCIAL RESPONSIBILITY: 136,818 RECIPIENTS, \$7,139,560 IN ASSISTANCE</p>
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>MONITORING OF REFUGEE ASSISTANCE:</p> <p>DIRECT ASSISTANCE TO INTERNATIONAL REFUGEES TAKES TWO FORMS; DIRECT PAYMENTS TO VENDORS, PRIMARILY EXPENSES RELATED TO HOUSING, AND CASH ASSISTANCE WHICH IS MEANT FOR ALL OTHER LIVING EXPENSES. CLIENTS ARE COUNSELED ON THE USE OF THESE FUNDS AND AGREE NOT TO ACCESS PUBLIC CASH ASSISTANCE DURING THE PROGRAM PERIOD. GOVERNMENTAL AGENCIES AWARDED THESE GRANTS CONDUCT PERIODIC PROGRAM AND FINANCIAL AUDITS OF THE YMCA TO ENSURE FUNDS ARE BEING USED ACCORDING TO THE TERMS OF THE GRANT.</p> <p>MONITORING OF FEE REDUCTIONS:</p> <p>BECAUSE THE DEMAND FOR FINANCIAL ASSISTANCE IS GREAT, THE YMCA MUST FOLLOW ELIGIBILITY GUIDELINES. SCHOLARSHIPS ARE AWARDED ON A FIRST COME, FIRST SERVED BASIS, SUBJECT TO AVAILABLE RESOURCES. APPLICANTS ARE ASKED TO PAY SOME PORTION OF THE FEES. IF ACCEPTABLE, A VOLUNTEER WORK PROGRAM WILL BE ARRANGED. APPLICANTS MUST COMPLETE A FINANCIAL ASSISTANCE INFORMATION FORM AND ARE REQUIRED TO PROVIDE PROOF OF INCOME. SUBSIDIES WILL BE GRANTED TO THE EXTENT THAT FUNDS ARE AVAILABLE. FINANCIAL ASSISTANCE IS REVIEWED FOR ELIGIBILITY ANNUALLY FOR YMCA PROGRAMS.</p> <p>THE YMCA MONITORS THE USE OF SUBSIDIES BY TRACKING THE APPLICANT'S ATTENDANCE IN THE PROGRAM AND THEIR PARTICIPATION IN BEARING A PORTION OF THE COST. ADDITIONALLY, THE SENIOR COMPLIANCE AUDITOR CONDUCTS PERIODIC AUDITS TO ENSURE COMPLIANCE WITH YMCA POLICY IN THE DISTRIBUTION AND MONITORING OF SCHOLARSHIPS.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL MCENTIRE PRES/CEO	(i)	368,624	34,374	17,592	31,800	18,651	471,041	0
	(ii)	0	0	0	0	0	0	0
2 EMMANUEL C SILVA SENIOR VP/CFO	(i)	165,340	0	0	19,840	8,335	193,515	0
	(ii)	0	0	0	0	0	0	0
3 DAVID L. SNOW SR VP/ASSN ADV	(i)	223,685	24,699	0	31,298	25,198	304,880	0
	(ii)	0	0	0	0	0	0	0
4 JENNIFER S. LOPEZ VP HUMAN RESOURCES	(i)	165,525	13,562	0	22,876	23,813	225,776	0
	(ii)	0	0	0	0	0	0	0
5 JAMES J. SCAFFIDI COO/SENIOR VP	(i)	154,978	11,550	0	20,142	2,801	189,471	0
	(ii)	0	0	0	0	0	0	0
6 SHAWN L. BORZELLERI COO/SENIOR VP	(i)	148,946	11,550	0	20,151	17,480	198,127	0
	(ii)	0	0	0	0	0	0	0
7 TRAZANNA L. MORENO VP MARKETING	(i)	179,682	18,328	0	23,760	593	222,363	0
	(ii)	0	0	0	0	0	0	0
8 LINDA FALSONE-LYKOS VP FIN DEVELOP	(i)	165,632	16,619	0	21,952	1,329	205,532	0
	(ii)	0	0	0	0	0	0	0
9 ROBERT HODGE VP/CIO	(i)	145,650	11,550	0	20,239	24,009	201,448	0
	(ii)	0	0	0	0	0	0	0
10 BRIAN S. HAINES VP OPERATIONS	(i)	141,743	11,550	0	19,736	23,538	196,567	0
	(ii)	0	0	0	0	0	0	0
11 STEPHEN A WRIGHT VP OPERATIONS	(i)	139,752	11,550	0	19,736	26,545	197,583	0
	(ii)	0	0	0	0	0	0	0
12 KENNETH G. HARRIS FORMER VP CORP SVCS	(i)	62,135	19,079	39,138	9,966	4,396	134,714	0
	(ii)	0	0	0	0	0	0	0
13 CLARK D. BAKER FORMER PRES/CEO	(i)	122,178	75,466	83,494	23,905	4,006	309,049	0
	(ii)	0	0	0	0	0	0	0
14 SAMANTHA A. BUCKNER FORMER SR VP/CFO	(i)	82,047	25,274	0	13,229	7,049	127,599	0
	(ii)	0	0	0	0	0	0	0
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	HARRIS CTY CULTURAL EDU FINANCE CORP	76-0337885	414009FB1	02/28/2013	71,879,317	REFUND BONDS ISSUED 6/25/08		✓		✓		✓
B	HARRIS CTY CULTURAL EDU FINANCE CORP	76-0337885	NONEAVAIL	02/04/2016	78,765,000	REFUND BONDS ISSUED 2/28/13		✓		✓		✓
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,105,000		3,175,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	71,879,317		78,765,000					
4	Gross proceeds in reserve funds	5,670,000		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		59,197					
7	Issuance costs from proceeds	779,928		702,130					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	65,429,388		78,003,674					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2010		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	✓		✓					
15	Were the bonds issued as part of an advance refunding issue?		✓						
16	Has the final allocation of proceeds been made?	✓		✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside 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 entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.00 %		0.00 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		0.00 %		%		%
6 Total of lines 4 and 5		0.00 %		0.00 %		%		%
7 Does the bond issue meet the private security or payment test?		✓		✓				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
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 nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	✓		✓					
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓		✓					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? . . .		✓		✓				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		✓		✓				
7 Has the organization established written procedures to monitor the requirements of section 148?	✓		✓					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	✓		✓					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SEE STATEMENT

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART V - DIFFERENT PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP N/A
SCHEDULE K, PART V - DIFFERENT PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	ISSUER NAME: HARRIS CTY CULTURAL EDU FINANCE CORP N/A

Name of the Organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer Identification Number
74-1109737

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	HOWARD TELLEPSEN AND TADD TELLEPSEN - FAMILY RELATIONSHIP				
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE CFO, TOGETHER WITH BLAZEK & VETTERLING, PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE FOR THEIR DETAILED REVIEW. UPON COMPLETION OF THE REVIEW PROCESS, THE FINANCE COMMITTEE ACCEPTS THE FORM 990 AS PRESENTED. THE FINANCE COMMITTEE CHAIR BRIEFS THE YMCA BOARD OF DIRECTORS OF THEIR REVIEW. PRIOR TO FILING, THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE ACCESSIBLE THROUGH A SECURE PORTAL FOR BOARD MEMBERS' REVIEW.				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE YMCA OF GREATER HOUSTON HAS ADOPTED A COMPREHENSIVE CONFLICT OF INTEREST POLICY. THE POLICY REQUIRES EACH DIRECTOR, OFFICER, TRUSTEE, VOLUNTEER AND EMPLOYEE OF THE ASSOCIATION TO MAKE FULL DISCLOSURE OF ANY INTEREST THAT MIGHT RESULT IN A CONFLICT ON THEIR PART. THE POLICY CLEARLY DEFINES POTENTIAL CONFLICT OF INTEREST AND REQUIRES DISCLOSURE OF POTENTIAL CONFLICTING INTERESTS IN CERTAIN BUSINESS TRANSACTIONS. THE POLICY FURTHER REQUIRES DIRECTORS, OFFICERS, TRUSTEES, SELECTED VOLUNTEERS AND SELECTED EMPLOYEES TO REVIEW THE POLICY ANNUALLY AND DISCLOSE ANY POTENTIAL CONFLICTS OF WHICH THE BOARD SHOULD BE MADE AWARE. THE PRESIDENT ANNUALLY MAKES A REPORT TO THE EXECUTIVE COMMITTEE BASED ON THE DISCLOSURE FORMS SUBMITTED.				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION AND PERFORMANCE OF THE PRESIDENT, EVP & COO, SVP & CFO, SVP FINANCIAL DEVELOPMENT AND SVP MARKETING & COMMUNICATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. AN INDEPENDENT NATIONALLY RECOGNIZED COMPENSATION FIRM PROVIDES NOT-FOR-PROFIT COMPENSATION COMPARABILITY DATA FOR ALL SENIOR LEVEL POSITIONS TO THE EXECUTIVE COMPENSATION COMMITTEE AS REQUIRED FOR COMPLIANCE WITH THE REGULATIONS OF SECTION 4958 OF THE INTERNAL REVENUE CODE. THE EXECUTIVE COMPENSATION COMMITTEE HAS REVIEWED AND DEEMED REASONABLE THE COMPENSATION OF ALL SENIOR STAFF IN COMPLIANCE WITH IRS REGULATIONS.				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	SEE ABOVE FOR PROCESS FOLLOWED FOR INDIVIDUALS DESCRIBED IN QUESTION 15B.				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="467 1289 1511 1354"> <thead> <tr> <th data-bbox="467 1289 1304 1323">(a) Description</th> <th data-bbox="1308 1289 1511 1323">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1329 1304 1354">CHANGE IN VALUE OF DERIVATIVE AGREEMENTS</td> <td data-bbox="1308 1329 1511 1354">- 2,051,725</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF DERIVATIVE AGREEMENTS	- 2,051,725
(a) Description	(b) Amount				
CHANGE IN VALUE OF DERIVATIVE AGREEMENTS	- 2,051,725				

Return Reference - Identifier	Explanation
PART III, LINE 1 - MISSION - CONTINUATION OF MISSION	<p>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA IS A CHRISTIAN FELLOWSHIP DEDICATED TO IMPROVING THE QUALITY OF LIFE THROUGH PROGRAMS AND SERVICES WHICH PROMOTE HEALTHY LIVING, YOUTH DEVELOPMENT AND SOCIAL RESPONSIBILITY THROUGHOUT THE COMMUNITY.</p> <p>IT IS THE MISSION OF THE YMCA OF GREATER HOUSTON TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL. THE YMCA WILL PARTIALLY IMPLEMENT THIS MISSION THROUGH TEACHING FIVE CORE VALUES IN ALL OF ITS PROGRAMS: RESPECT, RESPONSIBILITY, CARING, HONESTY AND FAITH.</p> <p>THE YMCA SEEKS TO PROMOTE OUR MISSION AND CORE VALUES BY FOCUSING ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. WE BELIEVE THAT LASTING PERSONAL AND SOCIAL CHANGE CAN ONLY COME ABOUT WHEN WE ALL WORK TOGETHER TO INVEST IN OUR CHILDREN, OUR HEALTH AND OUR NEIGHBORS. OUR GOAL IS TO ENSURE EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE. WE ARE AN ASSOCIATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITMENT TO NURTURE THE POTENTIAL OF CHILDREN, PROMOTE HEALTHY LIVING AND FOSTER A SENSE OF SOCIAL RESPONSIBILITY.</p> <p>OUR DEDICATION TO THESE GOALS IS ONLY REALIZED THROUGH THE PHILANTHROPIC GIVING OF HOUSTONIANS, PARTNERSHIPS AND COMMUNITY LEADERS. THESE GIFTS HAVE ENABLED YMCA STAFF AND VOLUNTEERS TO FURTHER THE YMCA'S VISION OF BUILDING HEALTHY, CONFIDENT, CONNECTED AND SECURE CHILDREN, ADULTS, FAMILIES AND COMMUNITIES.</p> <p>YOUTH DEVELOPMENT: COMMUNITY IMPACT CHILDREN EMPOWERED THROUGH YOUTH SPORTS: 47,585 CHILDREN MENTORED THROUGH DAY CAMPING: 37,786 MEMBERS ENLIGHTENED THROUGH AQUATICS: 30,710 CHILDREN NURTURED IN CHILD CARE PROGRAMS: 88,753 FAMILY RELATIONSHIPS ENRICHED AT CAMP CULLEN: 7,637</p> <p>HEALTHY LIVING: YMCA FACILITY MEMBERS: 328,077 PERCENTAGE OF FAMILY MEMBERSHIPS 65% PERCENTAGE OF MEMBERS BENEFITED BY MEMBERSHIP FOR ALL 25%</p> <p>SOCIAL RESPONSIBILITY: PARTNERSHIPS WITH AGENCIES, SCHOOLS, BUSINESSES AND CHURCHES: 340 REFUGEES GIVEN HOPE THROUGH RESETTLEMENT: 4,100 FROM 98 COUNTRIES YOUTH DEVELOPED THROUGH CARING COMMUNITY CENTERS: 10,714 CHILDREN EQUIPPED WITH SCHOOL SUPPLIES: 101,592 TEENS PARTICIPATED IN EDUCATIONAL TRIPS TO COLLEGES AND SERVICE PROJECTS: 325</p>

Return Reference - Identifier	Explanation
<p>PART III, LINE 4A - HEALTHY LIVING PROGRAM</p>	<p>LINE 4A (EXPENSES \$60,349,221) (GRANTS: \$0) (REVENUE \$63,118,733)</p> <p>HEALTHY LIVING</p> <p>PARTICIPANTS: FACILITY MEMBERS 328,077 FACILITIES: 36 ASSISTANCE PROVIDED TO PARTICIPANTS IN THE FORM OF FEE REDUCTION: \$2,868,737</p> <p>HEALTHY LIFESTYLES ARE ACHIEVED THROUGH NURTURING MIND, BODY AND SPIRIT. OUR 36 YMCA CENTERS IN THE GREATER HOUSTON AREA OFFER WORKOUT FACILITIES AND GROUP EXERCISE CLASSES FOR EVERY AGE AND FITNESS LEVEL. ADDITIONALLY, THE Y PROVIDES EDUCATIONAL PROGRAMS TO PROMOTE HEALTHIER DECISIONS, AND OFFER A VARIETY OF PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND SPIRITUAL STRENGTH.</p> <p>BEING HEALTHY MEANS MORE THAN SIMPLY BEING PHYSICALLY ACTIVE. IT INCLUDES BALANCING BODY, MIND AND SPIRIT. THE Y IS A PLACE WHERE YOU CAN WORK TOWARD THAT BALANCE BY CHALLENGING YOURSELF TO LEARN A NEW SKILL OR HOBBY, FOSTERING CONNECTIONS WITH FRIENDS THROUGH OUR LIFELONG LEARNING PROGRAMS, OR BRINGING YOUR LOVED ONES CLOSER TOGETHER THROUGH OUR MANY FAMILY-CENTERED ACTIVITIES. AT THE Y, IT'S NOT ABOUT THE ACTIVITY YOU CHOOSE AS MUCH AS IT IS ABOUT THE BENEFITS OF LIVING HEALTHIER ON THE INSIDE AS WELL AS THE OUTSIDE.</p> <p>THE YMCA OF GREATER HOUSTON REFLECTS THE RICH DIVERSITY OF OUR GREATER HOUSTON COMMUNITY IN OUR MEMBERSHIP BASE AT OUR 36 FACILITIES. BECAUSE WE BELIEVE A HEALTHIER LIFESTYLE SHOULD BE AVAILABLE TO ALL, THE YMCA OF GREATER HOUSTON OFFERS A MEMBERSHIP FOR ALL PLAN. UNDER THIS PLAN, THE MEMBERSHIP RATE IS ADJUSTED BASED ON ANNUAL HOUSEHOLD INCOME. IN OUR QUEST TO MAKE YMCA MEMBERSHIP AVAILABLE TO EVERYONE ASSISTANCE IS OFFERED TO THOSE IN NEED. APPROXIMATELY 25% OF OUR MEMBERS QUALIFIED AND BENEFITED FROM PARTICIPATION IN THE MEMBERSHIP FOR ALL PROGRAM. FINANCIAL ASSISTANCE OFFERED THROUGH THIS PROGRAM TOTALED \$2,868,737.</p> <p>YMCA MEMBERSHIP HAS NEVER BEEN MORE RELEVANT IN OUR COMMUNITY. THE YMCA PROVIDES HEALTHY SOLUTIONS TO PROBLEMS SUCH AS THE RISE IN CHILDHOOD OBESITY, INCREASED STRESS AND CHRONIC ILLNESSES RELATED TO UNHEALTHY DIETS AND LIFESTYLES. YMCA EXERCISE PROGRAMS ARE GEARED FOR EVERY AGE GROUP AND ALL LEVELS OF PHYSICAL FITNESS. PROGRAMS INCLUDE STRENGTH TRAINING, AEROBICS, GROUP EXERCISE, WALKING CLUBS, YOGA, MARTIAL ARTS, CYCLING AND CARDIO STRENGTHENING. BUILDING HEALTHY LIFESTYLES ARE ALSO TAUGHT AND ENCOURAGED THROUGH NUTRITIONAL PROGRAMS, STRESS MANAGEMENT AND EDUCATIONAL PROGRAMS GEARED TO ATTAIN AND MAINTAIN HEALTHY LIVING. MOREOVER, YMCA PROGRAMS ENABLE CHILDREN, TEENS, PARENTS AND SENIORS TO PURSUE HEALTH AND WELLNESS AS A FAMILY.</p> <p>ADDITIONALLY, THE YMCA OF GREATER HOUSTON IS AN ACTIVE PARTICIPANT IN YMCA HEALTHY KIDS DAY. IT IS THE NATION'S LARGEST HEALTH DAY FOR CHILDREN AND FAMILIES AND OFFERS FAMILIES A CHANCE TO PLAY TOGETHER AND LEARN MORE ABOUT WAYS TO PROMOTE WELLNESS AND HEALTHIER LIVING. IT CONCENTRATES ON AWARENESS ON CHILDHOOD OBESITY. YMCA HEALTHY KIDS DAY EVENTS ARE FREE AND OPEN TO ALL.</p> <p>EVERYONE BELONGS AT THE YMCA OF GREATER HOUSTON. AT THE YMCA, WE STRIVE TO BE MORE THAN JUST A PLACE TO WORK-OUT BUT A PLACE WHERE YOU CAN BE YOURSELF. WHETHER JUST STARTING THE ROAD TO HEALTH AND WELLNESS OR A VETERAN, THE YMCA SEEKS TO MAKE EVERYONE FEEL ACCEPTED, COMFORTABLE AND AT EASE.</p>

Return Reference - Identifier	Explanation
PART III, LINE 4B - YOUTH DEVELOPMENT PROGRAM	<p>LINE 4B (EXPENSES \$31,900,310) (GRANTS: \$0) (REVENUE \$32,555,759)</p> <p>YOUTH DEVELOPMENT</p> <p>PARTICIPANTS – 222,857 ASSISTANCE PROVIDED TO PARTICIPANTS IN THE FORM OF FEE REDUCTION: \$3,934,468</p> <p>AT THE YMCA, WE BELIEVE THE VALUES AND SKILLS LEARNED EARLY ON ARE VITAL BUILDING BLOCKS FOR LIFE. YMCA YOUTH DEVELOPMENT PROGRAMS RESULT IN MORE YOUNG PEOPLE TAKING A GREATER INTEREST IN LEARNING AND MAKING SMARTER LIFE CHOICES. AT THE Y, CHILDREN AND TEENS LEARN VALUES AND POSITIVE BEHAVIORS, AND CAN EXPLORE THEIR UNIQUE TALENTS AND INTERESTS, HELPING THEM REALIZE THEIR POTENTIAL. THIS MAKES FOR CONFIDENT CHILDREN TODAY AND CONTRIBUTING AND ENGAGED ADULTS TOMORROW.</p> <p>YMCA YOUTH DEVELOPMENT PROGRAMS INCLUDE:</p> <p>1) YMCA CHILD CARE - THE CENTRAL FOCUS OF ALL YMCA CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES. THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM AND LEADERSHIP. PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS. IN MANY INSTANCES, Y CHILD CARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, WAIVER OR REDUCTION OF TUITION IS AVAILABLE.</p> <p>YMCA CHILD CARE NURTURES THE DEVELOPMENT OF CHILDREN BY PROVIDING A SAFE PLACE TO LEARN FOUNDATIONAL SKILLS, DEVELOP HEALTHY, TRUSTING RELATIONSHIPS AND BUILD SELF-RELIANCE THROUGH THE Y VALUES OF CARING, FAITH, HONESTY, RESPECT AND RESPONSIBILITY.</p> <ul style="list-style-type: none"> •AFTER SCHOOL ONCE CHILDREN REACH SCHOOL AGE, MULTIPLE INFLUENCES ENTER THEIR LIVES. YMCA AFTER SCHOOL ENSURES THAT THE TIME AFTER SCHOOL IS OCCUPIED CREATIVELY AND CONSTRUCTIVELY. YMCA AFTER SCHOOL PROGRAMS ARE OFFERED IN PARTNERSHIP WITH 29 AREA SCHOOL DISTRICTS AND VARIOUS OTHER ORGANIZATIONS, OFFERING CARE AFTER SCHOOL IN 205 LOCATIONS. •EARLY CHILDHOOD THE YMCA BELIEVES THAT A QUALITY PROGRAM SHOULD PROVIDE ENRICHING EXPERIENCES WHICH FACILITATE A CHILD'S COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. WE STRIVE TO MEET THE DEVELOPMENTAL NEEDS AND TEMPERAMENT OF EACH INDIVIDUAL CHILD BY WORKING IN PARTNERSHIP WITH FAMILIES. YMCA EARLY CHILDHOOD DEVELOPMENT PROGRAMS, LICENSED BY THE STATE OF TEXAS, PROVIDE CURRICULUM FOCUSED ON EDUCATION, LEADERSHIP AND CHARACTER DEVELOPMENT. •INFANT CARE YMCA INFANT CARE CENTERS ARE DESIGNED TO MEET A CHILD'S INDIVIDUAL NEEDS BY ENSURING POSITIVE ATTENTION AND DEVELOPMENT. BECAUSE THIS IS A CRITICAL TIME IN A CHILD'S LIFE, OUR INFANT CARE FOCUSES ON THE DEVELOPMENT OF THE WHOLE CHILD AND EQUIPS EVEN INFANTS WITH ESSENTIAL SKILLS FOR LIFE-LONG LEARNING. BECAUSE WELL-TRAINED STAFF IS A KEY FACTOR IN QUALITY INFANT CARE, STAFF MEMBERS ARE REQUIRED TO ATTEND NUMEROUS TRAINING SESSIONS THROUGHOUT THE YEAR. •MIDDLE SCHOOL THE YMCA HELPS YOUNG PEOPLE MAKE WISE AND HEALTHY CHOICES THROUGH PROGRAMS THAT GIVE YOUTH OPPORTUNITIES TO GAIN LEADERSHIP SKILLS, VALUES AND AN ETHIC OF SERVICE. UNDER THE GUIDANCE OF CARING ADULTS, PRE-TEENS LEARN FAIR PLAY, POSITIVE COMMUNICATION AND DEVELOP A SPIRIT OF COOPERATION - ALL SKILLS THAT ARE NEEDED TO SUCCEED. <p>2) YMCA PARENT/CHILD – SERVING FAMILIES HAS ALWAYS BEEN AT THE HEART OF THE Y. WE ARE A PLACE WHERE THEY CAN FIND RESPITE FROM SOCIAL, ECONOMIC AND EDUCATIONAL CHALLENGES, AND LEARN HOW TO OVERCOME THEM. WE HAVE A FUNDAMENTAL DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCE, AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES.</p> <p>THE YMCA ADVENTURE GUIDES PROGRAM IS DESIGNED TO ASSIST THE PARENT AND CHILD ON A JOURNEY OF DISCOVERY. WHILE ACTIVITIES WITH THE WHOLE FAMILY ARE IMPORTANT, WE SEE TREMENDOUS VALUE IN SUPPORTING AND STRENGTHENING THE ABILITY OF A PARENT AND THEIR CHILD TO COMMUNICATE AT AN EARLY AGE IN CARING, HONEST, RESPECTFUL AND RESPONSIBLE WAYS. THE ADVENTURE GUIDE PROGRAM DOES NOT HAVE TO BE FOR JUST ONE PARENT AND CHILD, BUT MAY INCLUDE THE ENTIRE FAMILY UNIT. TYPICAL ACTIVITIES THE ADVENTURE GUIDES TAKE PART IN INCLUDE GAMES, CRAFTS, SONGS, STORIES, SKITS AND OUTDOOR PURSUITS, SUCH AS CAMPING, HIKING AND SWIMMING. THE PROGRAM IS FOR SCHOOL-AGE CHILDREN.</p> <p>OTHER YMCA FAMILY PROGRAMS INCLUDE FAMILY CAMP, HEALTHY FAMILY HOME AND OTHER FAMILY EVENTS WHICH PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP. ACTIVITIES ARE PLANNED TO BRING GROUPS OF FAMILIES TOGETHER TO SUPPORT EACH OTHER. PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY.</p> <p>3) YMCA SWIM, SPORTS & PLAY - THE Y IS THE STARTING POINT FOR MANY YOUTH TO LEARN ABOUT BEING ACTIVE, AND DEVELOPING HEALTHY HABITS THEY'LL CARRY WITH THEM THROUGHOUT THEIR LIVES. THE BENEFITS ARE FAR GREATER THAN JUST PHYSICAL HEALTH. WHETHER IT'S GAINING THE CONFIDENCE THAT COMES FROM LEARNING TO SWIM OR BUILDING THE POSITIVE RELATIONSHIPS THAT LEAD TO GOOD SPORTSMANSHIP AND TEAMWORK, PARTICIPATING IN PROGRAMS AT THE Y IS ABOUT BUILDING THE WHOLE CHILD, FROM THE INSIDE OUT.</p>

Return Reference - Identifier	Explanation
	<p>•AQUATICS THE YMCA OFFERS A WIDE RANGE OF SWIMMING OPTIONS FOR THE WHOLE FAMILY. SWIMMING BUILDS SELF-CONFIDENCE AND DEVELOPS THE WHOLE PERSON – SPIRIT, MIND AND BODY. CLASSES ARE DIVIDED INTO ABILITY GROUPS AND TRAINED INSTRUCTORS EMPHASIZE PERSONAL SAFETY, SWIMMING SKILLS, ENDURANCE AND SOCIAL SKILLS WHILE GUIDING STUDENTS WITH PRAISE AND ENCOURAGEMENT. THE YMCA ALSO USES THE GO FOR GREEN INITIATIVE TO ENCOURAGES KIDS TO SWIM AS A WAY TO PREVENT DROWNING.</p> <p>THE YMCA IS COMMITTED TO OFFERING A QUALITY, YEAR-ROUND SWIM TEAM WITH EMPHASIS ON TEACHING THE VALUE OF COMPETITION THROUGH TEAMWORK, SPORTSMANSHIP AND DOING ONE’S BEST. THE PROGRAM STRIVES TO OFFER A WELL-ROUNDED, VALUES-CENTERED PROGRAM FOR EVERY MEMBER, FROM THE YOUNGEST AND NEWEST MEMBERS TO OUR VETERAN SENIOR SWIMMERS.</p> <p>YMCA WATER WISE IS A MULTIFACETED AWARENESS PROGRAM DESIGNED TO EDUCATE THE COMMUNITY ABOUT HOW TO PREVENT DROWNING. WATER WISE INCLUDES A WEBSITE WITH WATER SAFETY TIPS, CPR AND FIRST AID INFORMATION AS WELL AS SWIM LESSON SCHEDULES. THE INITIATIVE ALSO OFFERS A SCHOOL DISTRICT LIFEGUARD TRAINING PROGRAM, A BUREAU OF SPEAKERS THAT PROVIDES WATER SAFETY PRESENTATIONS TO THE COMMUNITY IN ENGLISH AND SPANISH, SWIMMING LESSONS AT ELEMENTARY AND MIDDLE SCHOOLS AND WATER SAFETY CLASSES TAUGHT AT LOCAL APARTMENT COMPLEXES.</p> <p>•YOUTH SPORTS THE YMCA BELIEVES THAT YOUTH SPORTS PROGRAMS ENCOURAGE AND PROMOTE HEALTHY AND STRONG CHILDREN, FAMILIES AND COMMUNITIES BY PLACING A PRIORITY ON FAMILY INVOLVEMENT, HEALTHY COMPETITION AND THE VALUE OF PARTICIPATION OVER WINNING. TEAM BUILDING AS WELL AS INDIVIDUAL DEVELOPMENT, A POSITIVE SELF-IMAGE AND A SENSE OF FAIR PLAY AND MUTUAL RESPECT FOR OTHERS ARE HALLMARKS OF YMCA SPORTS PROGRAMS. CARING ADULT COACHES AND VOLUNTEERS CREATE AN ASSET-RICH ENVIRONMENT IN WHICH CHILDREN LEARN AND PRACTICE THE CORE VALUES OF RESPONSIBILITY, HONESTY, RESPECT, FAITH AND CARING. PARENTS ARE ENCOURAGED TO BE MORE THAN MERE SPECTATORS BY CONTRIBUTING THEIR TIME AS VOLUNTEER COACHES AND TEAM PARENTS AS WELL AS BEING THEIR KID’S GREATEST FAN. YMCA YOUTH SPORTS PROGRAMS ARE A GREAT START TO A LIFETIME OF FITNESS AND VALUES.</p> <p>•CAMPING SERVICES OVERNIGHT, DAY OR SPECIALTY CAMPS AT THE Y SHARE ONE THING: THEY’RE ABOUT DISCOVERY. CHILDREN HAVE THE OPPORTUNITY TO EXPLORE NATURE, FIND NEW TALENTS, TRY NEW ACTIVITIES, GAIN INDEPENDENCE, AND MAKE LASTING FRIENDSHIPS AND MEMORIES. AND, OF COURSE, IT’S FUN TOO.</p> <p>YMCA SUMMER DAY CAMP PROVIDES YOUTH WITH SUPERVISED ACTIVITIES THAT TEACH CORE VALUES, CONFLICT RESOLUTION AND LEADERSHIP SKILLS. CHILDREN HAVE FUN WHILE MAKING NEW FRIENDS, DEVELOPING NEW SKILLS, LEARNING CORE VALUES, BUILDING SELF-CONFIDENCE, APPRECIATING TEAMWORK AND GROWING IN SELF-RELIANCE. Y CAMP IS A FUN AND HAPPY PLACE TO ENJOY THE SUMMER. Y DAY CAMP GIVES CHILDREN THE OPPORTUNITY TO PLAY GAMES, CREATE ARTS AND CRAFTS, EXPLORE SCIENCE AND TECHNOLOGY, SWIM, PARTICIPATE IN FIELD TRIPS, APPRECIATE NATURE AND DISCOVER AND VALUE OUR MANY CULTURES.</p> <p>REVERING NATURE AND THE FULLNESS OF GOD’S BOUNTY IS A MAJOR PROGRAM GOAL FOR THE YMCA. YMCA CAMP CULLEN PROVIDES A RESIDENT CAMPING EXPERIENCE FOR CAMPERS AGES EIGHT TO SIXTEEN. YMCA CAMPING PROGRAMS ARE EDUCATIONAL; THEY PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT. THROUGH A VARIETY OF ACTIVITIES AND THE USE OF NATURAL SURROUNDINGS, YMCA CAMPING SEEKS TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND AND BODY.</p>
PART III, LINE 4B - YOUTH DEVELOPMENT PROGRAM, CONTINUED	<p>CAMPERS AT CAMP CULLEN TAKE PART IN A WIDE RANGE OF WATER SPORTS, HORSEBACK RIDING, CLIMBING, NATURE, DRAMA AND MORE. IN ADDITION TO THE MANY FUN ACTIVITIES AVAILABLE, THE CAMPERS ALSO GATHER AS A CABIN GROUP EACH DAY WHERE THEY PLAY, LEARN AND BOND WHILE PARTICIPATING IN FUN ACTIVITIES LIKE CAMPFIRE AND SCAVENGER HUNTS. IN MANY INSTANCES, CAMPING PROGRAMS SERVE AS CHILD CARE FOR PARENTS IN THE SUMMERTIME, ALLOWING THEM TO REMAIN GAINFULLY EMPLOYED. SCHOLARSHIPS ARE OFFERED TO FAMILIES UNABLE TO AFFORD THE FULL FEE.</p> <p>THE YMCA OFFERS A TEEN CAMP EXPERIENCE IN A SAFE ATMOSPHERE WITH HIGHLY TRAINED, FUN AND ENERGETIC STAFF. TEEN CAMP IS FILLED WITH FUN AND EXCITING TRIPS SO TEENS WON’T FEEL LIKE THEY ARE IN A DAY CAMP - BUT LIKE THEY ARE HANGING OUT WITH FRIENDS, FULLY ENJOYING THEIR FREEDOM FROM SCHOOL.</p> <p>OTHER YMCA CAMPS INCLUDE HOLIDAY CAMPS, SPORTS CAMPS AND OTHER SPECIALTY CAMPS TO PROVIDE YOUTH WITH OPPORTUNITIES TO ENHANCE SPORTS SKILLS AND BUILD LEADERSHIP ABILITIES.</p>

Return Reference - Identifier	Explanation
<p>PART III, LINE 4C - SOCIAL RESPONSIBILITY PROGRAM</p>	<p>LINE 4C (EXPENSES \$17,229,644) (GRANTS: \$7,029,302) (REVENUE \$14,787,998)</p> <p>SOCIAL RESPONSIBILITY</p> <p>PARTICIPANTS: 149,428 ASSISTANCE PROVIDED TO PARTICIPANTS IN THE FORM OF FEE REDUCTION: \$7,139,560</p> <p>THE YMCA IS COMMITTED TO MOVING PEOPLE AND COMMUNITIES FORWARD. TO BRING ABOUT MEANINGFUL CHANGE, INDIVIDUALS NEED ONGOING ENCOURAGEMENT AND TOOLS. FOR THE LAST 130 YEARS, THE YMCA OF GREATER HOUSTON HAS ACTIVELY PROVIDED THE RESOURCES OUR COMMUNITIES NEED TO ADDRESS THE MOST PRESSING SOCIAL ISSUES: CHILD WELFARE, EDUCATION, EMPLOYMENT, HOUSING AND SUBSTANCE ABUSE. WE WORK TO MAKE SURE EVERY CHILD, FAMILY AND COMMUNITY HAS WHAT THEY NEED TO ACHIEVE THEIR BEST.</p> <p>1) YMCA CARING COMMUNITY CENTERS - THE YMCA CARING COMMUNITY CENTERS VISION IS TO TRANSFORM APARTMENT COMPLEXES INTO "COMMUNITIES OF CARING" IN WHICH CHILDREN THRIVE AND FEEL A SENSE OF BELONGING AND WHERE ALL CHILDREN, IN THESE PROGRAMS, BELIEVE THAT THEY "BELONG" TO THE YMCA LOCATED WITHIN THEIR APARTMENT COMPLEX. THIS MODEL IS BASED UPON BUILDING A YMCA PROGRAM PRESENCE WITHIN AN INDIVIDUAL APARTMENT COMMUNITY AND PROVIDING A STANDARDIZED SET OF PROGRAMS FOR THE RESIDENTS.</p> <p>THE Y SERVES IN 22 CARING COMMUNITY CENTERS IN HOUSTON AND OFFERS PROGRAMS SUCH AS:</p> <ul style="list-style-type: none"> •AFTER SCHOOL PROGRAM WITH ENRICHMENT ACTIVITIES THE YMCA OFFERS AN AFTER-SCHOOL "DROP-IN" PROGRAM FOR CHILDREN THAT INCLUDES HOMEWORK ASSISTANCE, GAMES AND ACTIVITIES, AND SNACKS. IN ADDITION, THE YMCA PROVIDES ACTIVITIES THAT MIGHT INCLUDE CLASSES SUCH AS DANCE, KARATE, WRITERS IN THE SCHOOLS, ART, ETC. •SUMMER PROGRAMS THE YMCA OFFERS A PARTIAL (FOUR HOUR) DAY PROGRAM FOR 4-6 WEEKS DURING THE SUMMER MUCH LIKE THE AFTER-SCHOOL PROGRAM. IN MANY CASES, THE PROGRAM IS INTERTWINED WITH THE FREE LUNCH PROGRAM FOR RESIDENTS. •CORE PROGRAMS THE YMCA ARRANGES FOR CHILDREN TO PARTICIPATE IN TRADITIONAL CORE PROGRAMS OF THE YMCA WHICH MAY INCLUDE SWIM LESSONS, YOUTH SPORTS, DAY CAMP, OLDER YOUTH PROGRAMS, AND RESIDENT CAMPING. •SOCIAL SERVICE PROGRAMS OTHER SOCIAL SERVICE PROGRAMS PROVIDED AT CARING COMMUNITY CENTERS MAY INCLUDE ADULT CONTINUING EDUCATION, HEALTH CARE SERVICES, TUTORIAL PROGRAMS, PROVISIONS FOR BASIC NECESSITIES, COUNSELING, AND OTHER NEEDED SERVICES/PROGRAMS. <p>2) YMCA INTERNATIONAL SERVICES - THE YMCA IS A WORLDWIDE MOVEMENT WITH A PRESENCE IN OVER 120 COUNTRIES. THE HALLMARK OF ALL YMCAS IS THAT EACH IS A GRASSROOTS ORGANIZATION FOCUSED ON ADDRESSING LOCAL COMMUNITY NEEDS. THE INTERNATIONAL SERVICES CENTER OF THE YMCA OF GREATER HOUSTON SEEKS TO MEET THE NEEDS OF HOUSTON'S SIGNIFICANT REFUGEE AND IMMIGRANT COMMUNITY THROUGH COMPREHENSIVE PROGRAMS CONCENTRATING ON BUILDING HUMAN ASSETS AND FOSTERING SELF-SUFFICIENCY. THE CENTER ACCOMPLISHES THIS THROUGH A NUMBER OF PROGRAMS INCLUDING: REFUGEE RESETTLEMENT, CASH CASE MANAGEMENT, EDUCATION AND EMPLOYMENT SERVICES AS WELL AS PROVIDING COMPREHENSIVE SERVICES TO ALL VICTIMS OF HUMAN TRAFFICKING. INTERNATIONAL SERVICES ALSO OFFERS IMMIGRATION LEGAL SERVICES BY RECRUITING AND TRAINING PRO-BONO ATTORNEYS FROM THE COMMUNITY TO ASSIST ASYLUM SEEKERS AND IMMIGRANT VICTIMS OF CRIME.</p> <p>INTERNATIONAL SERVICES ALSO SEEKS TO PROMOTE AND FOSTER INTERNATIONAL UNDERSTANDING THROUGH A NUMBER OF PARTNERSHIPS AND EXCHANGES WITH FRATERNAL YMCA MOVEMENTS IN VIETNAM, MEXICO AND BRAZIL.</p> <p>3) YMCA ACTIVE OLDER ADULTS - THIS PROGRAM STRESSES A THREE-WAY APPROACH TO WORK WITH SENIORS, INVOLVING HEALTH AND FITNESS, SOCIAL ACTIVITIES AND OPPORTUNITIES FOR VOLUNTEERISM. OLDER ADULTS ARE SEEKING MORE THAN PHYSICAL BENEFITS WHEN THEY EXERCISE. THEY ALSO WANT A SENSE OF COMMUNITY AND TO STRENGTHEN SOCIAL TIES. IN RESPONSE TO THIS NEED, THE YMCA HAS DEVELOPED ACTIVITIES TO ENCOURAGE OLDER ADULTS TO TAKE ACTION AND GET INVOLVED. SOCIALIZING AND VOLUNTEERING HAVE POSITIVE EFFECTS ON THE HEALTH OF OLDER ADULTS, AND EXERCISE HAS PROVED TO PROMOTE MENTAL AGILITY IN ADDITION TO LONGEVITY AND GOOD HEALTH. WITH THAT IN MIND, THE YMCA OFFERS FITNESS PROGRAMS FOR OLDER ADULTS LIKE WATER EXERCISE, YOGA, STRETCHING CLASSES, AND WALKING CLUBS.</p> <p>4) YMCA SPECIAL POPULATIONS - THE YMCA OFFERS A VARIETY OF PROGRAMS AND SERVICES TO PEOPLE OF ALL ABILITIES, INCLUDING THOSE WITH PSYCHIATRIC OR PHYSICAL DISABILITIES.</p> <p>THE MIRACLE LEAGUE SPORTS PROGRAM IS DESIGNED SPECIFICALLY FOR CHILDREN WITH DISABILITIES. THE MIRACLE LEAGUE FIELD AT LANGHAM CREEK YMCA HAS HAD A SUCCESSFUL YEAR WITH A SECOND FIELD BEING CONSTRUCTED. ADDITIONALLY, A MIRACLE LEAGUE SPORTS PROGRAM IS BEING DEVELOPED AT THE LAKE HOUSTON YMCA IN HUMBLE, TEXAS.</p> <p>THE GOALS OF THE LEAGUE ARE TO PROVIDE OPPORTUNITIES FOR CHILDREN WITH DISABILITIES TO PLAY MIRACLE LEAGUE SPORTS, TO PROMOTE COMMUNITY SUPPORT AND TO BEGIN THE CONSTRUCTION OF SPECIAL FACILITIES THAT MEET THE UNIQUE NEEDS OF MIRACLE LEAGUE PLAYERS.</p>

Return Reference - Identifier	Explanation
	<p>THE MIRACLE LEAGUE REMOVES THE BARRIERS THAT KEEP CHILDREN WITH MENTAL AND PHYSICAL DISABILITIES OFF THE SPORTS FIELD AND ALLOWS THEM TO EXPERIENCE THE JOY OF PLAYING AS PART OF A TEAM. ONE OF THE MAIN BARRIERS FOR THESE CHILDREN IS THE NATURAL GRASS FIELD USED IN CONVENTIONAL YOUTH LEAGUES. THE MIRACLE LEAGUE PLAYS ON A CUSTOM-DESIGNED, RUBBERIZED TURF FIELD THAT ACCOMMODATES WHEELCHAIRS AND OTHER DEVICES WHILE HELPING TO PREVENT INJURIES.</p> <p>BUT THE MIRACLE LEAGUE IS ABOUT MORE THAN PLAYING A GAME. IT IS ABOUT MAKING NEW FRIENDS, BUILDING SELF-ESTEEM AND BEING TREATED JUST LIKE OTHER KIDS. TO HELP THE ATHLETES, THE MIRACLE LEAGUE USES A "BUDDY" SYSTEM – PAIRING EACH PLAYER WITH AN ABLE-BODIED PEER. THE RESULT IS A BOND THAT CANNOT BE DESCRIBED AND AN IMPACT NOT ONLY ON THE PLAYER, BUT THEIR BUDDY AS WELL.</p> <p>WE CANNOT CHANGE OR CURE THE MEDICAL ISSUES FACING THESE CHILDREN. WHAT WE CAN DO IS PROVIDE THEM WITH AN OPPORTUNITY TO EXPERIENCE THE JOY AND BENEFITS THAT COME FROM PLAYING AS A PART OF THE TEAM.</p> <p>6) YMCA EMPLOYMENT DEVELOPMENT AND TRAINING - THE YMCA OFFERS EMPLOYMENT TRAINING FOR INCOME ELIGIBLE YOUNG PEOPLE AND IMMIGRANTS IN COLLABORATION WITH OTHER AGENCIES AND THE BUSINESS COMMUNITY.</p> <p>7) YMCA OPERATION BACKPACK – YMCA OPERATION BACKPACK, HOUSTON'S LARGEST SCHOOL SUPPLY DRIVE, COLLECTS AND DISTRIBUTES OVER \$1.5 MILLION IN BACKPACKS AND SCHOOL SUPPLIES FOR CHILDREN. THE YMCA PARTNERS WITH VARIOUS LOCAL CHURCHES, COMMUNITY ORGANIZATIONS AND MULTIPLE MEDIA PARTNERS PROVIDING OVER 94,000 HOUSTON CHILDREN WITH NEEDED SUPPLIES FOR THE FIRST DAY OF SCHOOL.</p>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER HOUSTON AREA

Employer identification number

74-1109737

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YOUNG MEN'S CHRISTIAN ASSOC ENDOWMENT (76-0555562) 2600 N. LOOP WEST, STE 300, HOUSTON, TX 77092	ENDOWMENT	TX	501(C)(3)	11 TYPE I	YOUNG MEN'S CHRISTIAN ASSOC OF GR HOU AR	✓	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
YMCA ENDOWMENT	B	25,313	CASH
YMCA ENDOWMENT	D	148,262	CASH
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
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