

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

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 2016 calendar year, or tax year beginning **2016**, and ending **20**

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

C Name of organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 EDGEWOOD AVENUE NE 1100
 City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30303-3065

D Employer identification number
58-0566253

E Telephone number
(404) 588-9622

G Gross receipts \$ **136,761,311**

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

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

J Website: ▶ **WWW.YMCAATLANTA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1858** **M** State of legal domicile: **GA**

Part I Summary

| | | | | |
|-----------------------------|--|--|---|-----------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>THE YMCA OF METROPOLITAN ATLANTA, INC. REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS AND STAFF OPEN TO AND SERVING ALL.</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 | 55 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 55 |
| | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 5,658 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 9,079 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 30,174,121 | Current Year 40,720,427 |
| | 9 | Program service revenue (Part VIII, line 2g) | 66,513,168 | 68,854,087 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,857,677 | 4,127,757 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 497,063 | 103,673 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 99,042,029 | 113,805,944 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 21,160 | 23,880 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 51,646,228 | 53,850,600 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 263,941 | 333,694 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,244,702 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 50,424,050 | 51,961,409 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 102,355,379 | 106,169,583 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (3,313,350) | 7,636,361 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 294,111,360 | End of Year 290,670,233 |
| | 21 | Total liabilities (Part X, line 26) | 104,357,226 | 94,490,074 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 189,754,134 | 196,180,159 |

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
BILLY HOLLEY, EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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:

THE YMCA OF METROPOLITAN ATLANTA, INC., REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES WHICH DEVELOP SPIRIT, MIND AND BODY. THE Y'S VISION IS TO BE THE ORGANIZATION IN METRO ATLANTA RECOGNIZED (CONTINUED ON 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 \$ 52,810,147 including grants of \$ 23,880) (Revenue \$ 37,525,240)
HEALTHY LIVING AND WELL-BEING:

THE Y IS A COMMUNITY WITH AN EVERYDAY MISSION TO HELP INDIVIDUALS ACHIEVE A BALANCE OF SPIRIT, MIND AND BODY AND ENSURE EVERYONE HAS THE OPPORTUNITY TO LEARN, GROW AND CONNECT. OUR GOAL IS THAT PEOPLE IN ALL STAGES OF LIFE WILL HAVE THE KNOW-HOW AND RESOURCES TO IMPROVE THEIR HEALTH, WELL-BEING AND SOCIAL CONNECTEDNESS. WE HELP PEOPLE DEVELOP THE SKILLS AND RELATIONSHIPS THEY NEED TO BE HEALTHY, CONFIDENT, AND CONNECTED TO OTHERS. ADULTS WANT TO LEARN MORE, DO MORE, AND LIVE MORE HEALTHILY. THROUGH COLLABORATIONS WITH NONPROFITS, GOVERNMENT AGENCIES, SCHOOLS, AND OTHERS, THE Y FOSTERS HEALTH AND WELL-BEING AMONG PEOPLE OF ALL AGES, BRINGS PEOPLE TOGETHER TO PURSUE PASSIONS OLD AND NEW, AND PROVIDES MUTUAL SUPPORT FOR EVERYONE IN OUR NEIGHBORHOODS.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 23,544,499 including grants of \$) (Revenue \$ 11,192,252)
SCHOOL READINESS AND YOUTH DEVELOPMENT:

WE BELIEVE THE VALUES AND SKILLS LEARNED EARLY ON ARE VITAL BUILDING BLOCKS FOR QUALITY OF LIFE. BECAUSE OF THE Y COMMUNITY, KIDS IN NEIGHBORHOODS AROUND METRO ATLANTA ARE TAKING MORE INTEREST IN LEARNING AND MAKING SMARTER LIFE CHOICES. AT THE Y, KIDS LEARN THEIR ABC'S, LEARN TO SHARE, AND LEARN HOW TO BE THEMSELVES, WHICH MAKES FOR CONFIDENT KIDS TODAY AND CONTRIBUTING AND ENGAGED ADULTS TOMORROW.

---YMCA EARLY LEARNING CENTERS HELP CHILDREN FROM PREDOMINANTLY LOW INCOME HOMES DEVELOP TO THEIR FULLEST POTENTIAL, STRENGTHEN AND SUPPORT FAMILIES AND DELIVER CHILD CARE IN A CARING, NURTURING AND POSITIVE ENVIRONMENT. METRO ATLANTA YMCA CHILDCARE PROGRAMS ARE BUILT ON THE FOUR CONCEPTS OF

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 16,228,691 including grants of \$) (Revenue \$ 20,136,595)
AFTER-SCHOOL CHILD CARE AND SUMMER CAMP:

PARENTS DESIRE A SAFE ENVIRONMENT IN WHICH CHILDREN CAN LEARN PRACTICAL AND SOCIAL SKILLS AND DEVELOP POSITIVE VALUES. KIDS WANT TO EXERT ENERGY, DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE, AND BE ACCEPTED AMONGST EACH OTHER. THE Y MEETS BOTH OF THESE DESIRES BY PROVIDING FUN, ACTIVE AND INTENTIONAL PROGRAMS WHICH CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR GOAL IS THAT ELEMENTARY-AGED CHILDREN WILL PERFORM AT OR ABOVE GRADE LEVEL IN READING AND MATH AND MAKE HEALTHY DECISIONS.

---THE CENTRAL FOCUS OF ALL YMCA YOUTH PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT IN CHILDREN AND IN THEIR PARENTS AND FAMILIES. THE Y'S EDUCATIONAL ENRICHMENT PROGRAMS HELP PARENTS PREPARE THEIR

(CONTINUED ON SCHEDULE O)

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

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

4e Total program service expenses 92,583,337

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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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

| | | Yes | No | | |
|------------|--|------------|-------------------------------------|-------------------------------------|--|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 470 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | <input checked="" type="checkbox"/> | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 5,658 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | <input checked="" type="checkbox"/> | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <input checked="" type="checkbox"/> | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | <input checked="" type="checkbox"/> | |
| b | If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <input checked="" type="checkbox"/> | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | <input checked="" type="checkbox"/> | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | <input checked="" type="checkbox"/> | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | <input checked="" type="checkbox"/> | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | <input checked="" type="checkbox"/> | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | <input checked="" type="checkbox"/> | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <input checked="" type="checkbox"/> | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <input checked="" type="checkbox"/> | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <input checked="" type="checkbox"/> | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | |

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 55 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 55 | | |
| 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 ► GA
- 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: ►
BILLY HOLLEY, 100 EDGEWOOD AVENUE NE, SUITE 1100, ATLANTA, GA 30303, (404) 588-9622, FAX: (404) 420-4351

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) DAVID P. STOCKERT CHAIR/DIRECTOR | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (2) R. SCOTT TAYLOR, JR CHAIR-ELECT/DIRECTOR | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (3) MARK GRANTHAM TREASURER/DIRECTOR | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (4) RICHARD GERAKITIS SECRETARY/DIRECTOR | 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (5) JOSEPH A. ARNOLD DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (6) KELLY BARRETT DIRECTOR (FORMER OFFICER TRANSFERRED 01/01/2016) | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (7) JEFFREY BECKHAM DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (8) MINDY BINDERMAN DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (9) HEATH CAMPBELL DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (10) WARREN G. CARSON DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (11) CAROL COOKERLY DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (12) KEITH COWAN DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (13) J. HAL DAUGHDRILL, III DIRECTOR | 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (14) CLARK DEAN DIRECTOR | 1.0 | ✓ | | | | | | 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) CURLEY M. DOSSMAN, JR. DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (16) TAMMY DRIGGERS DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (17) ADAM FULLER DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (18) LAURA LEE GENTRY DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (19) TREY GOOGE DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (20) SANDY GORDON DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (21) BILLY B. GREER DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (22) KEVIN GREINER DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (23) SONYA HALPERN DIRECTOR | 1.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (24) C.B. HARRELD DIRECTOR | 1.0 | <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 | | | | | | | | 2,431,023 | 0 | 291,922 |
| d Total (add lines 1b and 1c) | | | | | | | | 2,431,023 | 0 | 291,922 |

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 **▶** 32

| | 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 |
|---|--------------------------------|---------------------|
| SG CONTRACTING, INC 1760 PEACHTREE STREET NW, ATLANTA, GA 30309 | CONSTRUCTION | 3,881,974 |
| MAY MOELLER PURCELL CONSTRUCTION COMPANY 333 RESEARCH CT, STE 250, NORCROSS, GA 30092 | CONSTRUCTION | 2,108,919 |
| THE SERVICE FORT, LLC 4153 ROSWELL ROAD, ATLANTA, GA 30342 | JANITORIAL SERVICES | 1,481,017 |
| JONES LANG LASALLE AMERICAS, INC. 33845 TREASURY CENTER, CHICAGO, IL 60694 | PROPERTY MANAGEMENT | 1,220,351 |
| DALE SIMS P.O. BOX 450823, ATLANTA, GA 31145-0823 | HVAC SERVICES | 1,026,119 |

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 **▶** 64

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 278,126 | | | | | |
| | b Membership dues | 1b 0 | | | | | |
| | c Fundraising events | 1c 547,246 | | | | | |
| | d Related organizations | 1d 0 | | | | | |
| | e Government grants (contributions) | 1e 22,996,424 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 16,898,631 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 1,127,985 | | | | | |
| | h Total. Add lines 1a-1f | ▶ | 40,720,427 | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2a MEMBERSHIP REVENUE | | 37,525,240 | 37,525,240 | | | |
| | b CHILDCARE REVENUE -- SCHOOL AGE | | 9,027,309 | 9,027,309 | | | |
| | c DAY CAMP REVENUE | | 5,844,612 | 5,844,612 | | | |
| | d RESIDENT CAMP REVENUE | | 5,264,674 | 5,264,674 | | | |
| | e CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL | | 2,266,237 | 2,266,237 | | | |
| | f All other program service revenue . | | 8,926,015 | 8,926,015 | 0 | 0 | |
| g Total. Add lines 2a-2f | ▶ | 68,854,087 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 870,779 | | | 870,779 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties | ▶ | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | 0 | 0 | | | |
| | d Net rental income or (loss) | ▶ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | 25,141,038 | 258,582 | | |
| | | b Less: cost or other basis and sales expenses | | 22,142,642 | | | |
| | | c Gain or (loss) | | 2,998,396 | 258,582 | | |
| | d Net gain or (loss) | ▶ | 3,256,978 | | | 3,256,978 | |
| | 8a Gross income from fundraising events (not including \$ 547,246 of contributions reported on line 1c). See Part IV, line 18 | a | | 307,700 | | | |
| | | b Less: direct expenses | b | 500,735 | | | |
| | | c Net income or (loss) from fundraising events . ▶ | | (193,035) | | | (193,035) |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities . . ▶ | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | 443,435 | | | | |
| | b Less: cost of goods sold | b | 311,990 | | | | |
| | c Net income or (loss) from sales of inventory . . ▶ | | 131,445 | | | 131,445 | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a MISCELLANEOUS INCOME | | 900099 | 165,263 | | | 165,263 | |
| b ----- | | | | | | | |
| c ----- | | | | | | | |
| d All other revenue | | | 0 | 0 | 0 | 0 | |
| e Total. Add lines 11a-11d | ▶ | | 165,263 | | | | |
| 12 Total revenue. See instructions. | ▶ | | 113,805,944 | 68,854,087 | 0 | 4,231,430 | |

Part IX Statement of Functional Expenses

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

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 23,880 | 23,880 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,762,521 | 682,820 | 881,509 | 198,192 |
| 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 | | |
| 7 Other salaries and wages | 42,117,152 | 36,498,528 | 4,739,324 | 879,300 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,980,995 | 2,472,490 | 413,264 | 95,241 |
| 9 Other employee benefits | 3,016,996 | 2,523,507 | 409,410 | 84,079 |
| 10 Payroll taxes | 3,972,936 | 3,431,387 | 449,035 | 92,514 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 213,156 | | 213,156 | |
| c Accounting | 125,500 | | 125,500 | |
| d Lobbying | 50,000 | | 50,000 | |
| e Professional fundraising services. See Part IV, line 17 | 333,694 | | | 333,694 |
| f Investment management fees | 75,304 | | 75,304 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 9,594,159 | 9,407,578 | 146,978 | 39,603 |
| 12 Advertising and promotion | 724,624 | 326,861 | 244,314 | 153,449 |
| 13 Office expenses | 8,989,188 | 8,387,726 | 564,815 | 36,647 |
| 14 Information technology | 396,858 | | 343,584 | 53,274 |
| 15 Royalties | | | | |
| 16 Occupancy | 12,038,530 | 11,697,563 | 337,049 | 3,918 |
| 17 Travel | 1,656,493 | 1,402,966 | 212,249 | 41,278 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,636,949 | 946,259 | 493,134 | 197,556 |
| 20 Interest | 3,270,659 | 3,143,395 | 127,264 | |
| 21 Payments to affiliates | 486,226 | 486,226 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 11,082,908 | 10,861,267 | 221,641 | |
| 23 Insurance | 795,068 | 642,878 | 152,190 | |
| 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 MISCELLANEOUS | 825,787 | 648,006 | 141,824 | 35,957 |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 106,169,583 | 93,583,337 | 10,341,544 | 2,244,702 |
| 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 | 3,694,784 | 1 | 2,478,894 |
| | 2 Savings and temporary cash investments | 1,777,710 | 2 | 2,998,273 |
| | 3 Pledges and grants receivable, net | 322,686 | 3 | 497,194 |
| | 4 Accounts receivable, net | 2,521,759 | 4 | 1,822,844 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 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 | 9,520,000 | 7 | 4,425,000 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,648,609 | 9 | 755,887 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 384,530,118 | | |
| | b Less: accumulated depreciation | 10b 134,953,431 | 245,562,101 | 10c 249,576,687 |
| | 11 Investments—publicly traded securities | 27,506,854 | 11 | 11,030,116 |
| | 12 Investments—other securities. See Part IV, line 11 | 1,489,933 | 12 | 17,018,414 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 66,924 | 15 | 66,924 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 294,111,360 | 16 | 290,670,233 | |
| Liabilities | 17 Accounts payable and accrued expenses | 8,181,875 | 17 | 8,401,906 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 7,473,488 | 19 | 7,480,943 |
| | 20 Tax-exempt bond liabilities | 70,509,479 | 20 | 66,456,128 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 70,840 | 21 | 93,079 |
| | 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 | 3,089,000 | 23 | 5,000,000 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 13,533,484 | 24 | 6,412,502 |
| | 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 | 1,499,060 | 25 | 645,516 |
| | 26 Total liabilities. Add lines 17 through 25 | 104,357,226 | 26 | 94,490,074 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 133,161,520 | 27 | 133,752,002 |
| | 28 Temporarily restricted net assets | 40,741,729 | 28 | 45,133,914 |
| | 29 Permanently restricted net assets | 15,850,885 | 29 | 17,294,243 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 189,754,134 | 33 | 196,180,159 |
| 34 Total liabilities and net assets/fund balances | 294,111,360 | 34 | 290,670,233 | |

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 | 113,805,944 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 106,169,583 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,636,361 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 189,754,134 |
| 5 | Net unrealized gains (losses) on investments | 5 | (2,036,317) |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | (27,563) |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 853,544 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 196,180,159 |

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) JENNIFER HIGHTOWER ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (26) WILLIAM HOLBY ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (27) DAVID E. HOMRICH ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (28) BILL HULL ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (29) ROLAND JOHN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (30) CHARLES JOHNSON, SR. ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (31) MILTON H. JONES, JR. ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (32) SHARON JAMES JORDAN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (33) LARRY LORD ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (34) LINDA MATZIGKEIT ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (35) PHIL MCGREGOR ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (36) SUSAN MCLAUGHLIN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (37) NEIL METZHEISER ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (38) MICHAEL PARIS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (39) RICHARD S. PETERS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (40) WILLIAM PINTO ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (41) MELANIE PLATT ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (42) JOY ROHADFOX ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (43) JOAN ROHS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (44) FRANK ROMEO ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 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) H. JEROME RUSSELL, JR. ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (46) MATTHEW DAVID SAMUELSON ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (47) RODNEY SANDERS ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (48) SACHIN SHAIENDRA ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (49) ANDREW SOMOZA ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (50) CHRISTINE ST. CLARE ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (51) RYAN TEAGUE ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (52) GLENN THOMSON ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (53) YASMIN TYLER-HILL ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (54) MICHAEL WATHEN ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (55) CHARLES YATES, JR. ----- DIRECTOR | 1.0 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (56) EDWARD G. MUNSTER, JR. ----- CHIEF EXECUTIVE OFFICER | 40.0 ----- | | | ✓ | | | | 447,905 | 0 | 38,316 |
| (57) BILLY HOLLEY ----- EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER | 40.0 ----- | | | ✓ | | | | 288,843 | 0 | 40,382 |
| (58) LAUREN KOONTZ ----- EXECUTIVE VICE PRESIDENT / CHIEF PHILANTHROPY OFFICER | 40.0 ----- | | | | ✓ | | | 235,786 | 0 | 28,471 |
| (59) DANIEL PILE ----- SR. VICE PRESIDENT OF OPERATIONS | 40.0 ----- | | | | ✓ | | | 200,674 | 0 | 31,112 |
| (60) KRISTIN MCEWEN ----- SR. VICE PRESIDENT OF OPERATIONS | 40.0 ----- | | | | ✓ | | | 195,152 | 0 | 28,688 |
| (61) RC PRUITT ----- SR. VICE PRESIDENT OF OPERATIONS | 40.0 ----- | | | | ✓ | | | 199,043 | 0 | 28,150 |
| (62) DERETTA COLE ----- CHIEF HUMAN RESOURCES OFFICER | 40.0 ----- | | | | | ✓ | | 209,798 | 0 | 8,634 |
| (63) RUSSELL DAVIS ----- CHIEF MARKETING OFFICER | 40.0 ----- | | | | | ✓ | | 199,525 | 0 | 10,925 |

| (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 | | | |
| (64) NEDRA JONES ----- VICE PRESIDENT FINANCE & RISK | 40.0 ----- | | | | | ✓ | | 156,338 | 0 | 25,733 |
| (65) YOULANDA UPKINS ----- VICE PRESIDENT EARLY LEARNING | 40.0 ----- | | | | | ✓ | | 154,742 | 0 | 25,669 |
| (66) LYDIA THACKER ----- | 40.0 ----- | | | | | ✓ | | 143,217 | 0 | 25,842 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

| | |
|---|---|
| Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361) | Employer identification number 58-0566253 |
|---|---|

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test—2015. 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—2016. 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—2015. 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 10 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|------------|------------|------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 29,768,400 | 33,779,157 | 32,134,426 | 30,174,121 | 40,720,427 | 166,576,531 |
| 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 | 55,818,831 | 59,548,036 | 61,140,310 | 66,513,168 | 68,854,087 | 311,874,432 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 3,425,898 | 2,981,571 | 2,834,388 | 2,324,501 | 3,002,032 | 14,568,390 |
| 6 Total. Add lines 1 through 5 | 89,013,129 | 96,308,764 | 96,109,124 | 99,011,790 | 112,576,546 | 493,019,353 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 434,880 | 401,671 | 324,050 | 315,225 | 314,232 | 1,790,058 |
| 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 | 0 | 16,920,833 | 18,735,553 | 19,060,882 | 24,816,423 | 79,533,691 |
| c Add lines 7a and 7b | 434,880 | 17,322,504 | 19,059,603 | 19,376,107 | 25,130,655 | 81,323,749 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 411,695,604 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|------------|------------|------------|-------------|-------------|--------------------------|
| 9 Amounts from line 6 | 89,013,129 | 96,308,764 | 96,109,124 | 99,011,790 | 112,576,546 | 493,019,353 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 830,684 | 844,786 | 1,461,838 | 1,226,983 | 870,779 | 5,235,070 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 830,684 | 844,786 | 1,461,838 | 1,226,983 | 870,779 | 5,235,070 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 655,616 | 991,012 | 1,005,677 | 1,151,267 | 916,398 | 4,719,970 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 90,499,429 | 98,144,562 | 98,576,639 | 101,390,040 | 114,363,723 | 502,974,393 |
| 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 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | 81.85 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 86.40 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------------------------------------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.04 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | 1.01 % |
| 19a 33 1/3% support tests—2016. 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 | | <input checked="" type="checkbox"/> |
| b 33 1/3% support tests—2015. 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 | | <input type="checkbox"/> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | <input type="checkbox"/> |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c 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 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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> | | |
| b 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? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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 (explain in Part VI). **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). | | | |

Part VI

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

| Return Reference - Identifier | Explanation | | | | | | |
|--|--------------------------------------|----------|----------|----------|----------|----------|-----------|
| SCHEDULE A, PART III, LINE 12 - OTHER INCOME | Other Income Type | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | (1) OTHER INCOME (11A) | 655,616 | 351,407 | 282,491 | 359,718 | 165,263 | 1,814,495 |
| | (2) FUNDRAISING REVENUE (8A) | | 197,632 | 274,813 | 336,320 | 307,700 | 1,116,465 |
| | (3) GROSS SALE OF INVENTORY (10A) | | 441,973 | 448,373 | 455,229 | 443,435 | 1,789,010 |

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **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 METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|---|
| Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361) | Employer identification number 58-0566253 |
|---|---|

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 | ----- ----- ----- | \$ 18,762,123 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | 1,446,224 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ 2,607,061 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ 6,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ 1,024,758 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ 1,719,200 | Person <input checked="" 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 METROPOLITAN ATLANTA (1361) | Employer identification number 58-0566253 |
|---|---|

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 5 | STOCK ----- ----- ----- | 1,024,758 | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |

| | |
|---|---|
| Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361) | Employer identification number 58-0566253 |
|---|---|

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 | | | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| 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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

| | |
|---|---|
| Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361) | Employer identification number 58-0566253 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | ✓ | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | ✓ | |
| c Media advertisements? | | ✓ | |
| d Mailings to members, legislators, or the public? | | ✓ | |
| e Publications, or published or broadcast statements? | | ✓ | |
| f Grants to other organizations for lobbying purposes? | | ✓ | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | ✓ | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ✓ | |
| i Other activities? | ✓ | | 50,000 |
| j Total. Add lines 1c through 1i | | | 50,000 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ✓ | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | CONSULTANTS WERE UTILIZED TO ATTEND STATE LEGISLATIVE BODY MEETINGS ON THE ASSOCIATION'S BEHALF. |

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

2016

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361) Employer identification number: 58-0566253

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 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, number of easements, acreage, and monitoring. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain.

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 | 24,674,504 | 25,084,796 | 24,685,412 | 22,499,505 | 20,850,382 |
| b Contributions | 1,443,358 | 732,451 | 526,560 | 194,852 | 383,138 |
| c Net investment earnings, gains, and losses | 1,521,979 | (129,743) | 767,824 | 2,854,055 | 2,062,985 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,019,000 | 1,013,000 | 895,000 | 863,000 | 797,000 |
| f Administrative expenses | | | | | |
| g End of year balance | 26,620,841 | 24,674,504 | 25,084,796 | 24,685,412 | 22,499,505 |

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

- a** Board designated or quasi-endowment ▶ 27.00 %
- b** Permanent endowment ▶ 65.00 %
- c** Temporarily restricted endowment ▶ 8.00 %

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 type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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 | | 54,768,332 | | 54,768,332 |
| b Buildings | | 196,088,743 | 76,504,298 | 119,584,445 |
| c Leasehold improvements | | 18,661,619 | 11,079,409 | 7,582,210 |
| d Equipment | | 42,972,349 | 31,504,255 | 11,468,094 |
| e Other | | 72,039,075 | 15,865,469 | 56,173,606 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 249,576,687 |

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) DIVERSIFIED INSTITUTIONAL COMMINGLED FUNDS | 17,018,414 | END OF YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | 17,018,414 | |

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) INTEREST RATE SWAP AGREEMENT | 645,516 | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 645,516 | |

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

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 II, LINE 5 - CONSERVATION EASEMENTS POLICY | THE ASSOCIATION MONITORS THE USE AND CONDITION OF REAL PROPERTY RESTRICTED BY EASEMENT TO DETERMINE ADHERANCE AND COMPLIANCE YEARLY. THE ASSOCIATION INSPECTS THE PROPERTY VIA AN ONSITE VISIT YEARLY. CORRECTIVE ACTION IS TAKEN WITHIN 60 DAYS OF A KNOWN VIOLATION. |
| SCHEDULE D, PART II, LINE 9 - CONSERVATION EASEMENTS FINANCIAL REPORTING | THE ASSOCIATION HOLDS ONE EASEMENT TIED TO LAND UPON WHICH WE HAVE CONSTRUCTED A PROGRAM SERVICE LOCATION. THE LAND IS RECORDED ON THE BALANCE SHEET AT ACQUISITION COST. THERE ARE NO PLANS TO SELL THIS LAND AND ITS RELATED EASEMENT, THEREFORE, THERE IS NO REVENUE OR EXPENSE ASSOCIATED WITH SAID EASEMENT PERSE. |
| SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT | CUSTODIAL LIABILITIES REPRESENT CASH HELD FOR OTHER IN WHICH THE YMCA ACTS AS A FISCAL AGENT. |
| SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS | OUR ENDOWMENT FUNDS HAVE BEEN DONATED BY INDIVIDUALS AND FOUNDATIONS OVER MANY YEARS. THE ORIGINAL VALUE OF THE DONATIONS IS MAINTAINED AND IS INVESTED IN PERPETUITY. THROUGH A TOTAL RETURN FORMULA, THE BOARD APPROPRIATES AN AMOUNT EACH YEAR FOR THE SUPPORT OF OUR PROGRAMS. |
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE | THE ASSOCIATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER FINANCIAL ACCOUNTING STANDARDS CODIFICATION TOPIC 740. IN THE NORMAL COURSE OF BUSINESS, THE ASSOCIATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ASSOCIATION IS NOT SUBJECT TO TAX EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2013. |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | GRANTMAKING | GRANTMAKING | 23,880 |
| (2) SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | SERVICE LEADERSHIP | 53,172 |
| (3) SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | SERVICE LEADERSHIP | 49,984 |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 0 | 0 | | | 127,036 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 127,036 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------|---------------------------------|---|--|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | EUROPE (INCLUDING ICELAND AND GREENLAND) | GENERAL SUPPORT | 23,880 | WIRE TRANSFER | 0 | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶** 0

3 Enter total number of other organizations or entities **▶** 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | WE HAVE RELATIONSHIPS WITH TWO 'SISTER YMCAS' IN TWO COUNTRIES: SOUTH AFRICA AND COSTA RICA. WE HAVE STAFF WHO PERIODICALLY VISIT THESE YMCAS AS WELL AS EXCHANGE PROGRAMS WITH YOUTH GROUPS. WHILE STAFF IS ON SITE, THEY REVIEW ACTIVITIES THAT ARE SUPPORTED BY OUR SMALL DONATIONS. |
| SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL SOUTH AMERICA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL |
| SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL |

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|--------------------------------------|--------------------------------|----------------------|---------------------------------|
| | | YCEO GOLF TOURNAMENT (event type) | BB&T NIGHT OUT (event type) | 22 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 251,118 | 216,400 | 387,428 | 854,946 |
| | 2 Less: Contributions | 95,635 | 141,138 | 310,473 | 547,246 |
| | 3 Gross income (line 1 minus line 2) | 155,483 | 75,262 | 76,955 | 307,700 |
| Direct Expenses | 4 Cash prizes | | | 1,700 | 1,700 |
| | 5 Noncash prizes | 91,522 | 19,394 | 3,313 | 114,229 |
| | 6 Rent/facility costs | 28,470 | | 61,473 | 89,943 |
| | 7 Food and beverages | 35,491 | 41,468 | 19,867 | 96,826 |
| | 8 Entertainment | | 11,800 | | 11,800 |
| | 9 Other direct expenses | 15,957 | 23,418 | 146,862 | 186,237 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 500,735 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | (193,035) |

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

[SEE NEXT PAGE](#)

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).

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE G, PART I, LINE 2B(III) - ARRANGEMENT WITH KIMBIA | ENTITY PROCESSES ONLINE DONOR PAYMENTS AND REMITS GROSS PROCEEDS TO THE YMCA |

| Return Reference | Identifier | Explanation | |
|--------------------------------|---|-------------|--|
| SCHEDULE G, PART I, LINE 2B | DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT | Name | Description |
| | | KIMBIA, INC | ENTITY PROCESSES ONLINE DONOR PAYMENTS AND REMITS GROSS PROCEEDS TO THE YMCA |
| SCHEDULE G, PART I, LINE 2B | DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT | Name | Description |
| | | BLACKBAUD | ENTITY PROCESSES ONLINE DONOR PAYMENTS AND REMITS GROSS PROCEEDS TO THE YMCA |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

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

2016

Open to Public Inspection

Employer identification number

58-0566253

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 checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | ✓ | |

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 on line 1a?

| | | |
|----------|---|--|
| 2 | ✓ | |
|----------|---|--|

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 type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

| | | |
|-----------|--|---|
| 4a | | ✓ |
| 4b | | ✓ |
| 4c | | ✓ |

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

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

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

| | | |
|-----------|--|---|
| 5a | | ✓ |
| 5b | | ✓ |

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

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

| | | |
|-----------|--|---|
| 6a | | ✓ |
| 6b | | ✓ |

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

| | | |
|----------|--|---|
| 7 | | ✓ |
|----------|--|---|

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

| | | |
|----------|--|---|
| 8 | | ✓ |
|----------|--|---|

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

| | | |
|----------|--|--|
| 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 aren't 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 EDWARD G. MUNSTER, JR. CHIEF EXECUTIVE OFFICER | (i) | 447,905 | 0 | 0 | 31,800 | 6,516 | 486,221 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 BILLY HOLLEY EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER | (i) | 288,843 | 0 | 0 | 31,800 | 8,582 | 329,225 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 LAUREN KOONTZ EXECUTIVE VICE PRESIDENT / CHIEF PHILANTHROPY OFFICER | (i) | 235,786 | 0 | 0 | 28,013 | 458 | 264,257 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 DANIEL PILE SR. VICE PRESIDENT OF OPERATIONS | (i) | 200,674 | 0 | 0 | 24,288 | 6,824 | 231,786 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 KRISTIN MCEWEN SR. VICE PRESIDENT OF OPERATIONS | (i) | 195,152 | 0 | 0 | 23,655 | 5,033 | 223,840 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 RC PRUITT SR. VICE PRESIDENT OF OPERATIONS | (i) | 199,043 | 0 | 0 | 23,313 | 4,837 | 227,193 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 DERETTA COLE CHIEF HUMAN RESOURCES OFFICER | (i) | 209,798 | 0 | 0 | 0 | 8,634 | 218,432 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 RUSSELL DAVIS CHIEF MARKETING OFFICER | (i) | 199,525 | 0 | 0 | 0 | 10,925 | 210,450 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 NEDRA JONES VICE PRESIDENT FINANCE & RISK | (i) | 156,338 | 0 | 0 | 18,997 | 6,736 | 182,071 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 YOULANDA UPKINS VICE PRESIDENT EARLY LEARNING | (i) | 154,742 | 0 | 0 | 18,938 | 6,731 | 180,411 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 LYDIA THACKER | (i) | 143,217 | 0 | 0 | 25,842 | 0 | 169,059 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III

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

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES | THE YMCA PAYS FOR SOCIAL CLUB DUES FOR A YMCA KEY EMPLOYEE, THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION. |

**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

2016

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Deceased | | (h) On behalf of issuer | | (i) Pooled financing | |
|----------|--|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | 4-DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | | 01/06/2010 | 6,710,000 | REFUND 12/2/2004 FULTON REVENUE BONDS | | ✓ | | ✓ | | ✓ |
| B | 1-DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | | 11/05/2009 | 3,340,000 | REFUND 7/6/1995 FULTON REVENUE BONDS | | ✓ | | ✓ | | ✓ |
| C | 2-DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | | 09/30/2009 | 12,500,000 | REFUND 12/17/1997 FULTON REVENUE BONDS | | ✓ | | ✓ | | ✓ |
| D | 7-DEVELOPMENT AUTHORITY OF COBB COUNTY | 58-1522811 | | 07/24/2013 | 5,927,000 | REFUND 12/11/2003 COBB REVENUE BONDS | | ✓ | | ✓ | | ✓ |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|-----------|----|-----------|----|------------|----|-----------|----|
| 1 | Amount of bonds retired | 1,371,663 | | 1,648,955 | | 5,525,587 | | 540,000 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 6,710,000 | | 3,340,000 | | 12,500,000 | | 5,927,000 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 0 | | 0 | | 0 | | 117,000 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 11 | Other spent proceeds | 6,710,000 | | 3,340,000 | | 12,500,000 | | 5,810,000 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2006 | | 1997 | | 1998 | | 2004 | |
| | | 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 % | | 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 % | | 0.00 % | | 0.00 % |
| 6 Total of lines 4 and 5 | | 0.00 % | | 0.00 % | | 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? | | | | | | | | |

**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

2016

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Deceased | | (h) On behalf of issuer | | (i) Pooled financing | |
|----------|---|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | 3-DEVELOPMENT AUTHORITY OF FORSYTH COUNTY | 58-2390514 | | 09/30/2009 | 14,160,000 | REFUND 12/2/2004 FORSYTH REVENUE BONDS | | ✓ | | ✓ | | ✓ |
| B | 8-DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | | 07/24/2013 | 7,500,000 | (SEE STATEMENT) | | ✓ | | ✓ | | ✓ |
| C | 5-DEVELOPMENT AUTHORITY OF COWETA COUNTY | 58-1057672 | | 01/06/2010 | 15,000,000 | REFUND 4/4/2006 COWETA REVENUE BONDS | | ✓ | | ✓ | | ✓ |
| D | 6-DEVELOPMENT AUTHORITY OF COBB COUNTY | 58-1522811 | | 01/06/2010 | 4,800,000 | REFUND 6/25/1998 ADJUSTABLE MODE REVENUE BONDS | | ✓ | | ✓ | | ✓ |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|----|-----------|----|------------|----|-----------|----|
| 1 | Amount of bonds retired | 1,400,000 | | 690,000 | | 906,699 | | 2,828,654 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 14,160,000 | | 7,500,000 | | 15,000,000 | | 4,800,000 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 0 | | 150,000 | | 0 | | 0 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 0 | | 5,150,000 | | 0 | | 0 | |
| 11 | Other spent proceeds | 14,160,000 | | 2,200,000 | | 15,000,000 | | 4,800,000 | |
| 12 | Other unspent proceeds | 0 | | 2,990,604 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2006 | | 2016 | | 2008 | | 2000 | |
| | | 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 % | | 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 % | | 0.00 % | | 0.00 % |
| 6 Total of lines 4 and 5 | | 0.00 % | | 0.00 % | | 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 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 I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: 8- DEVELOPMENT AUTHORITY OF FULTON COUNTY | 7/1/2013 REVENUE BONDS TO RENOVATE FACILITIES & REFINANCE OUTSTANDING DEBT |

**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

2016

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

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 | 9-DEVELOPMENT AUTHORITY OF DEKALB COUNTY | 58-1500666 | | 07/01/2013 | 13,000,000 | (SEE STATEMENT) | | ✓ | | ✓ | | ✓ |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|----|-----|----|-----|----|-----|----|
| 1 | Amount of bonds retired | 707,170 | | | | | | | |
| 2 | Amount of bonds legally defeased | 0 | | | | | | | |
| 3 | Total proceeds of issue | 13,000,000 | | | | | | | |
| 4 | Gross proceeds in reserve funds | 0 | | | | | | | |
| 5 | Capitalized interest from proceeds | 0 | | | | | | | |
| 6 | Proceeds in refunding escrows | 0 | | | | | | | |
| 7 | Issuance costs from proceeds | 260,000 | | | | | | | |
| 8 | Credit enhancement from proceeds | 0 | | | | | | | |
| 9 | Working capital expenditures from proceeds | 0 | | | | | | | |
| 10 | Capital expenditures from proceeds | 10,158,000 | | | | | | | |
| 11 | Other spent proceeds | 2,582,000 | | | | | | | |
| 12 | Other unspent proceeds | 0 | | | | | | | |
| 13 | Year of substantial completion | 2014 | | | | | | | |
| | | 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 % | | % | | % | | % |
| 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 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | 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 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 I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: 8-DEVELOPMENT AUTHORITY OF FULTON COUNTY | 7/1/2013 REVENUE BONDS TO RENOVATE FACILITIES & REFINANCE OUTSTANDING DEBT |
| SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: 9-DEVELOPMENT AUTHORITY OF DEKALB COUNTY | 7/1/2013 REVENUE BONDS TO RENOVATE FACILITIES & REFUND 7/6/1995 DEKALB REVENUE BONDS |
| SCHEDULE K, PART II, LINE 11 - RECONCILE EXPENDITURES AND ISSUE PRICE | FOR BOND #9-DEVELOPMENT AUTHORITY OF DEKALB COUNTY - EXPENDITURES DO NOT MATCH ISSUE PRICE DUE TO \$2,582,000 OF OTHER SPENT PROCEEDS USED TO REFINANCE THE ORIGINAL BOND ISSUE. |
| SCHEDULE K, PART IV, LINE 2C - COLUMN B | ISSUER NAME: 8-DEVELOPMENT AUTHORITY OF FULTON COUNTY THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2015 |
| SCHEDULE K, PART IV, LINE 5B - REBATE EXCEPTION | FOR SCHEDULE K - PART IV (ARBITRAGE) - LINE 1 AND 2 - BONDS #1-#7 - THE YMCA QUALIFIES FOR AN EXCEPTION TO REBATE SINCE THE PROCEEDS WERE SPENT WITHIN 6 MONTHS OF THE ISSUE DATE. |
| SCHEDULE K, PART IV, LINE 5B - REBATE EXCEPTION | FOR SCHEDULE K - PART IV (ARBITRAGE) - LINE 1 AND 2 - BOND #9 - THE YMCA QUALIFIES FOR AN EXCEPTION TO REBATE SINCE THERE ARE NO UNSPENT PROCEEDS AS OF 1/1/2015 GOING FORWARD. |

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

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

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

Part IV**Business Transactions Involving Interested Persons** (continued)

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) COLLINS COOPER CARUSI | ED MUNSTER, CHIEF EXECUTIVE OFFICER, IS THE SPOUSE OF A PARTNER AT THE ENTITY | \$328,194 | ARCHITECTURE SERVICES | | ✓ |
| (2) RC PRUITT | KEY EMPLOYEE | \$59,358 | COMPENSATION PAID TO SPOUSE | | ✓ |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

| | |
|---|---|
| Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361) | Employer identification number 58-0566253 |
|---|---|

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 16 | 1,127,985 | MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (.) | | | | |
| 26 Other ▶ (.) | | | | |
| 27 Other ▶ (.) | | | | |
| 28 Other ▶ (.) | | | | |

| | | |
|---|-----------|---|
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 0 |
|---|-----------|---|

| | | Yes | No |
|---|------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | ✓ | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | ✓ | |
| b If "Yes," describe in Part II. | | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference - Identifier | Explanation |
|--|--|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | SECURITIES - PUBLICLY TRADED - THE AMOUNT REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED. |
| SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS | A FINANCIAL ADVISOR SELLS PUBLICLY TRADED SECURITIES WITH TYPICALLY SAME DAY LIQUIDATION INTO A BROKERAGE ACCOUNT. |

Supplemental Information to Form 990 or 990-EZ

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

2016

Open to Public Inspection

Name of the Organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer Identification Number

58-0566253

| Return Reference - Identifier | Explanation |
|---|--|
| FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION | FOR BRINGING PEOPLE TOGETHER TO CHAMPION COMMUNITIES WHERE EVERYONE BELONGS. WE BELIEVE ALL PEOPLE, ESPECIALLY CHILDREN, DESERVE AN EQUAL CHANCE TO REACH THEIR FULL POTENTIAL AND SHOULD PREPARE THEMSELVES TO CONNECT TO AND SERVE COMMUNITY. FINANCIAL ASSISTANCE IS AVAILABLE BASED ON NEED. THE YMCA ACTIVELY SEEKS TO IDENTIFY AND INVOLVE THOSE IN NEED. IN ALL OF OUR CORE PROGRAMS, WE ARE DEDICATED TO USING A RESEARCH-TO-PRACTICE MODEL WHERE WE STRIVE TO MAKE A MEANINGFUL IMPACT IN HEALTH, EDUCATION AND YOUTH DEVELOPMENT, AND WE MEASURE THE IMPACT IN THOSE AREAS. |
| FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION | <p>---THE Y ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH PHYSICAL ACTIVITY AND EXERCISE, PROPER NUTRITION, CHRONIC DISEASE AND STRESS MANAGEMENT, HEALTH EDUCATION, SPORTS, SWIM PROGRAMS, AND SHARED INTERESTS. OLDER ADULTS COME TO THE Y TO REMAIN ACTIVE, TO REHABILITATE AFTER ILLNESS, INJURY OR SURGERY, AND TO FIND QUALITY TIME FOR SOCIAL INTERACTION. IN 2016, THE Y HELPED MORE THAN 12,066 CHILDREN AND ADULTS LIVE HEALTHIER, ACHIEVE HEALTHY WEIGHTS AND BE MORE ACTIVE THROUGH PARTICIPATION IN THE COACH APPROACH, YOUTH FIT 4 LIFE AND START 4 LIFE. THESE ARE ALL EVIDENCE-BASED PROGRAMS WITH INSTRUCTION, COACHING AND SUPPORT GROUPS DEVELOPED BY THE METRO ATLANTA YMCA. THE Y ALSO PROMOTES HEALTHY LIFESTYLE ACTIVITIES THAT BRING PEOPLE TOGETHER WITH SHARED PHYSICAL ACTIVITY INTERESTS. IN 2016, THE Y ENABLED 3,483 ADULTS TO PARTICIPATE IN ATHLETIC AND RECREATION ACTIVITIES. WE ALSO HAVE PROGRAMS FOCUSED ON DIABETES PREVENTION AND PARKINSON'S DISEASE AMONG OTHERS. WE PARTNER WITH SEVERAL AREA HEALTH PROVIDERS TO REACH THE PEOPLE WHO CAN MOST BENEFIT FROM THESE PROGRAMS.</p> <p>---IN 2016, 159,452 PEOPLE WERE YMCA MEMBERS - 34% YOUTH; 58% ADULTS AND 8% SENIORS. THE Y SERVED 66,620 PEOPLE WHO PARTICIPATED IN Y PROGRAMS. THE Y ASSISTED 36,472 CHILDREN, FAMILIES, AND ADULTS WITH \$6.4 MILLION IN FINANCIAL AID. THE Y RAISED \$40.7 MILLION THROUGH DONATIONS AND GRANTS TO ENSURE ALL COULD PARTICIPATE.</p> |

| Return Reference - Identifier | Explanation |
|--|--|
| <p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p> | <p>FAMILY, CHILD, COMMUNITY, AND ACCESSIBILITY. PROGRAMS ARE FAMILY-CENTERED, WHICH MEANS PARENTS ARE INCLUDED IN THE CARE PROCESS. Y PROGRAMS NURTURE CHILDREN'S GROWTH AND HELP CHILDREN DEVELOP A STRONG SENSE OF RIGHT AND WRONG. PROGRAMS HELP TO MAKE THE COMMUNITY A HEALTHIER, SAFER AND BETTER PLACE TO LIVE. THE Y STRIVES TO MAKE QUALITY CARE AVAILABLE TO ALL WHO NEED IT, NOT JUST TO THOSE WHO CAN AFFORD IT, THEREFORE, REASONABLE FEES WITH A SLIDING FEE SCALE ARE PROVIDED. IN 2016, 912 CHILDREN GOT AN EARLY CHILDHOOD EDUCATION FOUNDATION IN YMCA PRESCHOOL. PROGRAMS ARE LICENSED AND EARLY LEARNING SITES ARE ACCREDITED OR IN THE PROCESS OF ACCREDITATION BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN. WE ALSO EMPLOY A PROGRAM IN ALL OF OUR EARLY LEARNING CLASSROOMS DESIGNED TO BRIDGE THE LANGUAGE AND LITERACY GAP THAT EXISTS IN CHILDREN FROM LOWER SOCIO-ECONOMIC HOMES. THIS PROGRAM, WHICH WE NAMED READ RIGHT FROM THE START, IS BASED ON EXTENSIVE RESEARCH AND HAS PROVEN TO IMPROVE A CHILD'S CHANCES OF SUCCEEDING WHEN THEY ENTER KINDERGARTEN. WE PROVIDE THIS TO ALL OF OUR EARLY LEARNING STUDENTS, INCLUDING HEADSTART (DISCUSSED BELOW), AND OUR COMMITMENT IS THAT EVERY CHILD LEAVES OUR PROGRAM READY TO START KINDERGARTEN AND BE ON A PATH TO READ TO LEARN BY THE 3RD GRADE. WE MEASURE THIS OUTCOMES WE EXPECT EACH YEAR VIA A THIRD PARTY OBJECTIVE EVALUATION.</p> <p>--HEAD START IS A COMPREHENSIVE PRESCHOOL PROGRAM FOR CHILDREN THREE TO FIVE YEARS OLD. IT IS A NATIONAL, FEDERALLY-FUNDED PROGRAM DESIGNED TO FOSTER THE HEALTHY DEVELOPMENT OF YOUNG CHILDREN AND IS PROVIDED AT NO COST TO FAMILIES MEETING THE FEDERAL INCOME GUIDELINES. THE PROGRAM PROVIDES COMPREHENSIVE AND SPECIAL SERVICES DESIGNED TO ENHANCE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES. SERVICES ARE CUSTOMIZED TO THE INDIVIDUAL NEEDS OF CHILDREN THROUGH TRADITIONAL, CENTER-BASED AND INNOVATIVE HEAD START PARTNERSHIPS. HEALTH AND DEVELOPMENTAL SERVICES INCLUDE PHYSICAL EXAMS, SCREENINGS, VISION AND HEARING TESTS, AND A DENTAL CHECK-UP. MENTAL HEALTH PROFESSIONALS PROVIDE SERVICES TO CHILDREN AND FAMILIES IN NEED. EACH PROGRAM INCLUDES AT LEAST 10 PERCENT OF CHILDREN WITH DOCUMENTED DISABILITIES. THE Y ALSO OFFERS A LEARN-TO-SWIM PROGRAM TO PROMOTE WATER SAFETY AS WELL AS EXTENDED DAY AND SUMMER ENRICHMENT PROGRAMS. IN 2016, 2,291 CHILDREN WERE ENGAGED, LEARNING AND PREPARING FOR KINDERGARTEN IN METRO ATLANTA YMCA HEAD START PROGRAMS. WE ALSO EMPLOY THE READ RIGHT FROM THE START PROGRAM (DISCUSSED ABOVE) IN ALL HEADSTART CLASSROOMS.</p> <p>---TEEN LEADERS CLUB PROGRAMS DEVELOP YOUNG PEOPLE BY PROVIDING THEM WITH POSITIVE ROLE MODELS AND INVOLVING THEM IN ACTIVITIES AND PROGRAMS TO BUILD LEADERSHIP SKILLS, INCREASE CIVIC ENGAGEMENT AND VOLUNTEERISM, PROMOTE A STRONG WORK ETHIC, IMPROVE EDUCATIONAL SKILLS, STRENGTHEN CONFLICT RESOLUTION SKILLS AND ENCOURAGE SELF-CONFIDENCE. TEEN LEADERS CLUBS PROVIDE CAREER EXPLORATION AND GUIDANCE, MENTORING, TRAINING AND CONFERENCES, AND PARTICIPATION IN Y EVENTS AND ACTIVITIES. THE GOAL OF OUR TEEN PROGRAMS IS THAT TEENS WILL BE PREPARED TO EXPRESS THEIR LEADERSHIP POTENTIAL, TO SERVE OTHERS AND TO ENGAGE IN CIVIC ACTIVITIES. TEEN OUTREACH PROGRAMS PROVIDE TRAINING, RESOURCES AND SUPPORT TO EMPOWER TEENS TO MAKE CHANGE AND OVERCOME OBSTACLES. LOCAL Y PROGRAMS AND SERVICES GET KIDS OFF THE STREETS, PREPARE TEENS FOR EMPLOYMENT, WELCOME AND EMBRACE NEWCOMERS, AND HELP TO FOSTER AN ETHIC OF COMMUNITY VOLUNTEERISM. TEEN INTERNATIONAL PROGRAMS PROMOTE INTERNATIONAL UNDERSTANDING AND OFFER SUPPORT SYSTEMS THAT WELCOME, CELEBRATE, EDUCATE, AND CONNECT DIVERSE DEMOGRAPHIC POPULATIONS IN THE U.S. AND AROUND THE WORLD. THROUGH EXCHANGES, EDUCATION, LEADERSHIP TRAINING, PROGRAM SUPPORT, BOARD GUIDANCE, AND STAFF SHARING, WE GAIN A GLOBAL PERSPECTIVE AND RESPECT FOR OTHER CULTURES AND CUSTOMS. IN 2016, 2,384 TEENS WERE ENGAGED IN VARIOUS YMCA TEEN PROGRAMS.</p> <p>---YOUTH SPORTS AND RECREATION PROGRAMS PROVIDE AN OPPORTUNITY FOR KIDS OF ALL AGES TO DEVELOP AN APPRECIATION OF SPORTS, LEARN FUNDAMENTAL SKILLS, AND DEVELOP LEADERSHIP SKILLS. YMCA YOUTH PROGRAMS ARE DESIGNED TO HELP CHILDREN IMPROVE PERSONAL AND FAMILY RELATIONSHIPS, APPRECIATE DIVERSITY, DEVELOP SPECIFIC SKILLS, CLARIFY VALUES, AND BECOME BETTER LEADERS AND SUPPORTERS. IN 2016, THE Y ENABLED 17,793 YOUTH TO PARTICIPATE IN VALUES-BASED SPORTS AND RECREATION ACTIVITIES.</p> |

| Return Reference - Identifier | Explanation |
|--|---|
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION | <p>CHILDREN FOR THE FUTURE BY PROVIDING THEM A VALUES-BASED, HIGH QUALITY FOUNDATION FOR POSITIVE GROWTH. AFTER-SCHOOL PROGRAMS GIVE CHILDREN A CHANCE TO BECOME MORE SELF-RELIANT, DEVELOP RELATIONSHIPS, GAIN AUTONOMY, AND ENHANCE AND ENRICH THEIR CIVIC AND ACADEMIC LEADERSHIP SKILLS. PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS. IN MANY INSTANCES, YMCA CHILDCARE AND AFTER-SCHOOL PROGRAMS ALLOW PARENTS TO REMAIN GAINFULLY EMPLOYED, KNOWING THEIR CHILDREN ARE THRIVING IN SECURE, SUPPORTIVE, SUPERVISED ENVIRONMENTS. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A SLIDING FEE SCALE, BASED ON NEED. IN 2016, 4,040 CHILDREN PARTICIPATED IN ENRICHING ACTIVITIES DURING NON-SCHOOL HOURS AT 71 AFTER-SCHOOL SITES IN ELEMENTARY SCHOOLS AND YMCA FACILITIES.</p> <p>---CAMPING PROGRAMS PROVIDE AN EXCITING, SAFE COMMUNITY FOR YOUNG PEOPLE TO EXPLORE THE OUTDOORS, BUILD SELF-CONFIDENCE, DEVELOP INTERPERSONAL SKILLS, AND MAKE LASTING FRIENDSHIPS AND MEMORIES. THROUGH A VARIETY OF ACTIVITIES AND WITH A FOCUS ON THE NATURAL SURROUNDINGS, YMCA CAMPING PROMOTES SPIRITUAL AWARENESS, MENTAL, DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT. YMCA CAMP PROGRAMS HELP WORKING PARENTS, PROVIDE THEIR CHILDREN WITH SAFE PLACES TO GO DURING THE SUMMERTIME. FEES ARE OFFERED ON A BELOW COST BASIS TO PARENTS UNABLE TO AFFORD FULL CAMP COSTS. MOST CAMP COUNSELORS ARE FORMER CAMPERS WHO OFTEN DECLINE ALTERNATIVE HIGHER-PAYING JOBS TO IMPACT A CHILD'S LIFE AND BECOME ROLE MODELS FOR YOUNGER CAMPERS. FOR MANY, IT IS THE TEEN'S FIRST JOB. MANY CAMPERS REMEMBER THEIR SUMMER CAMP COUNSELORS, FRIENDS, AND THE LIFE LESSONS THEY EXPERIENCED AT CAMP FOR MANY YEARS TO COME. IN 2016, PARENTS OF 13,323 KIDS TURNED TO YMCA DAY CAMP STAFF TO KEEP THEIR CHILDREN OUTDOORS, ACTIVE AND SUPERVISED. THERE WERE 5,553 YOUNG PEOPLE WHO GREW MORE INDEPENDENT AT SUMMER RESIDENT CAMP AND ANOTHER 4,175 INDIVIDUALS CHALLENGED THEMSELVES DURING SEASONAL RETREATS AND CONFERENCES IN 2016.</p> |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | <p>THE BOARD OF DIRECTORS DELEGATES THE DETAILED REVIEW OF THE 990 TO THE FINANCE/AUDIT COMMITTEE. THE CFO DISTRIBUTES THE 990 TO THE COMMITTEE AND POINTS OUT CRITICAL AREAS, GIVING THEM TIME TO REVIEW AND SUBMIT QUESTIONS AND COMMENTS. ALL QUESTIONS ARE RESOLVED PRIOR TO FILING THE 990, AND THE COMPLETE BOARD RECEIVES A REPORT FROM THE FINANCE/AUDIT COMMITTEE CHAIR. EACH BOARD MEMBER RECEIVES A COPY OF THE COMPLETED FORM 990 FOR THEIR REVIEW PRIOR TO FILING.</p> |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | <p>ALL BOARD MEMBERS AND SENIOR STAFF RECEIVE THE CONFLICT OF INTEREST FORM AND QUESTIONNAIRE ANNUALLY. THEY RETURN THEM TO THE CFO WHO REVIEWS AND COMPILES A REPORT FOR THE FINANCE/AUDIT COMMITTEE. POTENTIAL CONFLICTS ARE DISCUSSED AND RESOLVED BY THE COMMITTEE. THE FINANCE/AUDIT COMMITTEE CHAIR THEN REPORTS TO THE FULL BOARD WITH ANY FINDINGS AND RESOLUTIONS. BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSIONS AND ABSTAIN FROM VOTING WHEN THEY HAVE A CONFLICT OF INTEREST.</p> |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | <p>THE ASSOCIATION DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR AND EQUITABLE, AS WELL AS COMPLIANT WITH REGULATORY GUIDELINES AND REPRESENTATIVE OF MARKET BEST PRACTICES. KEY PRINCIPLES THAT GUIDE THE YMCA'S EXECUTIVE COMPENSATION PROGRAM INCLUDE THE FOLLOWING: - EXECUTIVE COMPENSATION PROGRAMS MUST SUPPORT THE YMCA'S MISSION, VISION, VALUES, STRATEGIC DIRECTION, AND TAX-EXEMPT STATUS.</p> <ul style="list-style-type: none"> - THE YMCA COMPETES IN A NATIONAL LABOR MARKET FOR ITS EXECUTIVES AND THUS WILL CONSIDER PAY PRACTICES REPRESENTATIVE OF THOSE USED BY TAX-EXEMPT AND FOR-PROFIT (AS NEEDED) ORGANIZATIONS FROM ACROSS THE U.S. - THE RELATIVE PAY LEVELS OF THE YMCA EXECUTIVES WILL, OVER TIME, REFLECT BOTH INDIVIDUAL AND ORGANIZATION PERFORMANCE. - THE YMCA INTENDS TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER INTERMEDIATE SANCTIONS REGULATIONS. THUS, EXECUTIVE COMPENSATION PROGRAMS AND RECOMMENDATIONS WILL BE PREPARED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE, IN ADVANCE OF THEIR IMPLEMENTATION. - THE YMCA'S EXECUTIVE TOTAL COMPENSATION PROGRAM MAY CONSIST OF THE FOLLOWING COMPONENTS: (1) BASE SALARY, (2) ANNUAL INCENTIVE COMPENSATION, (3) STANDARD (ALL-EMPLOYEE) BENEFITS, (4) SUPPLEMENTAL BENEFITS AND PERQUISITES, AND (5) SEVERANCE. <p>ANNUALLY, THE COMPENSATION COMMITTEE WILL DIRECT THE REVIEW OF THE COMPONENTS OF THE EXECUTIVE COMPENSATION PROGRAM AND APPROVED PROGRAM MODIFICATIONS AS APPROPRIATE. THE COMMITTEE MAY RECOMMEND TO THE EXECUTIVE COMMITTEE UNIQUE PROGRAM COMPONENTS WHICH SUPPORT THE ACHIEVEMENT OF THE YMCA'S MISSION.</p> <p>MARKET COMPARISON - THE YMCA WILL CONSIDER A NATIONAL PEER GROUP OF TAX-EXEMPT ORGANIZATIONS COMPARABLE TO THE YMCA IN SIZE (I.E., REVENUES, CONSTITUENTS, OR NUMBER OF EMPLOYEES) AND COMPLEXITY TO DETERMINE THE MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS. THIS PEER GROUP WILL PRIMARILY BE COMPRISED OF TAX-EXEMPT ASSOCIATIONS, OTHER NOT-FOR-PROFITS, AND FOR-PROFITS (AS NEEDED). MARKET DATA FOR YMCA POSITIONS WILL BE COLLECTED AND ANALYZED FOR FUNCTIONALLY COMPARABLE POSITIONS AS REPORTED IN SURVEYS CONDUCTED BY INDEPENDENT FIRMS.</p> <p>MARKET POSITION TARGETS - THE YMCA HAS ESTABLISHED A TARGET MARKET POSITION FOR EACH OF THE COMPONENTS OF ITS EXECUTIVE TOTAL COMPENSATION PROGRAM.</p> <p>BASE SALARIES - THE YMCA MANAGES ITS EXECUTIVES' BASE SALARIES AROUND THE 50TH PERCENTILE OF BASE SALARIES PAID IN THE MARKET. SALARIES WILL VARY FROM THE 50TH PERCENTILE BASED ON AN EXECUTIVE'S EXPERIENCE AND PERFORMANCE.</p> |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES | <p>THE PROCESS TO ESTABLISH COMPENSATION OF OTHER KEY EMPLOYEES IS THE SAME PROCESS AS THAT OF TOP MANAGEMENT POSITIONS AS DESCRIBED IN PART VI, SEC B, LINE 15A.</p> |

| Return Reference - Identifier | Explanation | | | | | |
|--|---|------------|-----------------|------------|--------------|---------|
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | THE YMCA'S 990 AND ANNUAL REPORT (INCLUDING FINANCIAL INFORMATION) ARE LOCATED ON OUR PUBLIC WEBSITE. OUR AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE AVAILABLE TO THE PUBLIC UPON REQUEST. | | | | | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table border="1"> <thead> <tr> <th data-bbox="457 224 1304 262">(a) Description</th> <th data-bbox="1307 224 1524 262">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="457 266 1304 300">GAIN ON SWAP</td> <td data-bbox="1307 266 1524 300">853,544</td> </tr> </tbody> </table> | | (a) Description | (b) Amount | GAIN ON SWAP | 853,544 |
| | (a) Description | (b) Amount | | | | |
| GAIN ON SWAP | 853,544 | | | | | |
| | | | | | | |

**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

2016

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA (1361)

Employer identification number

58-0566253

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) EARLY CHILDHOOD DEVELOPMENT CO LLC (58-2479523) 100 EDGEWOOD AVENUE NE, SUITE 1250, ATLANTA, GA 30303 | CHILD CARE | GA | 24,316,690 | 5,196,202 | YMCA OF METRO ATLANTA |
| (2) YMCA COMMUNITY DEVELOPMENT LLC (58-0566253) 100 EDGEWOOD AVENUE, SUITE 1100, ATLANTA, GA 30303 | COMM PROG | GA | | | YMCA OF METRO ATLANTA |
| (3) DEAN RUSK ACADEMY CAPITAL, LLC (27-0640718) 100 EDGEWOOD AVENUE NE, ATLANTA, GA 30303 | FUND MGR | GA | | | YMCA OF METRO ATLANTA |
| (4) DEAN RUSK ACADEMY GP, LLC (27-0640594) 100 EDGEWOOD AVENUE NE, ATLANTA, GA 30303 | INVESTING | GA | | | YMCA OF METRO ATLANTA |
| (5) YMCA EAST LAKE YOUTH CENTER LLC (45-3685287) 100 EDGEWOOD AVE, SUITE 1100, ATLANTA, GA 30303 | FUND MGR | GA | 379,307 | 6,019,522 | YMCA OF METRO ATLANTA |
| (6) YMCA EAST LAKE CAPITAL LLC (04-5368713) 100 EDGEWOOD AVE, SUITE 1100, ATLANTA, GA 30303 | INVESTING | GA | | | YMCA OF METRO ATLANTA |

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) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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.

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (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) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |