

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

YOUNG MENS CHRISTIAN ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

130 WERNER

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HOT SPRINGS

AR 71913

D Employer identification number

71-0236925

E Telephone number

501-623-8803

G Gross receipts \$ **2,105,681**

F Name and address of principal officer:

PETE DAVIN

130 WERNER

HOT SPRINGS

AR 71913

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

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

J Website: **WWW.HSYMCA.ORG**

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1948** **M** State of legal domicile: **AR**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	OFFERING A COMPREHENSIVE PROGRAM OF HEALTH AND FITNESS, EDUCATION, SOCIAL ACTIVITIES, CHILD DEVELOPMENT AND ADULT LEARNING.		
	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)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	191
	6	Total number of volunteers (estimate if necessary)	0
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
	8 Contributions and grants (Part VIII, line 1h)		1,227,349
	9 Program service revenue (Part VIII, line 2g)		517,771
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,632
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		167,416
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,920,168
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,081,324
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		682,254
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,763,578
	19 Revenue less expenses. Subtract line 18 from line 12		156,590
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		1,643,320
	21 Total liabilities (Part X, line 26)		278,116
	22 Net assets or fund balances. Subtract line 21 from line 20		1,365,204

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 **PETE DAVIN** Date **EXECUTIVE DIRECTOR**
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **GARY D. WELCH** Preparer's signature *[Signature]* Date **03/28/17** Check ☐ if self-employed PTIN **P00011716**
Firm's name ▶ **JORDAN, WOOSLEY, CRONE & KEATON** Firm's EIN ▶ **71-0465329**
Firm's address ▶ **PO BOX 909** Phone no. **501-624-5788**
HOT SPRINGS, AR 71902-0909

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

For Paperwork Reduction Act Notice, see the separate instructions.