Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

A	For th	ne 2015 calendar year, or tax year beginning	and ending		
В	Check l applica	C Name of organization			ntification number
	Adda chan Nam	9 ASHTABULA COUNTY FAMILY YMCA			
Ļ	chan	ge Doing business as		34	-0726066
Ļ	retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	uite E Telephone nun	nber
L	Final	ZOS PROSPECT ROAD		44	0-997-5321
	term	Uity or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,122,892.
	Ame	ASHIABUDA, OH 44004-3041		H(a) Is this a grou	p return
	Appl	F Name and address of principal officer: TREVOR SPRAGUE		for subordina	ites? Yes X No
	pend	100 263 PROSPECT ROAD, ASHTABULA, OH 440	004-58	41 H(b) Are all subordina	tes included? Yes No
1	Tax-ex	xempt status: X 501(c)(3)	(1) or	527 If "No," attac	h a list. (see instructions)
J	Webs	ite: ► N/A		H(c) Group exem	otion number
		forganization: X Corporation Trust Association Other	LY	ear of formation: 194	2 M State of legal domicile: OH
P	<u>art I</u>	Summary			
a	1	Briefly describe the organization's mission or most significant activities: TO	PUT C	HRISTIAN PR	INCIPALS INTO
Activities & Governance		PRACTICE THROUGH PROGRAMS THAT BUILD HE	CALTHY	BODY, MIND	, AND SPIRIT
Ë	2	Check this box if the organization discontinued its operations or dis	sposed of n	nore than 25% of its ne	t assets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3 13
<u>ග</u>	4	Number of independent voting members of the governing body (Part VI, line 1			4 13
63	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5 146
VİÜ	6	Total number of volunteers (estimate if necessary)			6 408
Ç	7 a	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			7ь О.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		724,181	674,532.
	9	Program service revenue (Part VIII, line 2g)		252,513	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,362	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,481	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,069,537	
	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)	r	(0.
()	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		648,276	718,012.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		416,021	430,479.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,064,297	
	19	Revenue less expenses. Subtract line 18 from line 12		5,240	
Net Assets or Fund Balances	1			Beginning of Current Ye	
Ses	20	Total assets (Part X, line 16)		1,461,116	
ξ.	21	Total liabilities (Part X, line 26)		62,959	
影	22	Net assets or fund balances. Subtract line 21 from line 20		1,398,157	
	art II	Signature Block			<u> </u>
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying sched	ules and stat	tements, and to the best o	my knowledge and belief, it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of			,
Sigi	n	Signature of officer		Date	
Her		TREVOR SPRAGUE, EXECUTIVE DIRECTOR			
101	_	Type or print name and title			.
_				Date Check	PTIN
Paid			A	1 12 11 11	-
	arer		art.		
-				Firm's EIN	46-3004069
796	Only	Firm's address 4820 STATE ROAD		Di 4	40 002 2142
	Al- 1-	ASHTABULA, OH 44004		Phone no. 4	40-993-2142
viay	r the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	m 990 (2015) ASHTABULA CO	UNTY FAMILY	YMCA_	34-07	726066	Page 2
Pa	art III Statement of Program Service Ac	complishments		·		
	Check if Schedule O contains a response or	note to any line in this P	art III			
1	Briefly describe the organization's mission:					
•	TO PUT CHRISTIAN PRINCIPA	דים באניים במי	שורכה שמהטוומם	DDOCDAMC ME	דזום חגו	T D
	TENTEUR DODY MIND AND C	DIDIM DOD 31	TICE INKOUGH	PROGRAMS TE	IAT BUI	תת_
	HEALTHY BODY, MIND, AND S	PIRIT FOR AL	<u>L.</u>			
2	Did the organization undertake any significant prog	gram services during the	year which were not liste	d on		_
	the prior Form 990 or 990-EZ?				Yes	X No
	If "Yes," describe these new services on Schedule	Ο.			. —	110
3	Did the organization cease conducting, or make sign		it conducts and			₹
9		grillicarit criariges in now	it conducts, any program	1 services /	. Lives	NO لکا
_	If "Yes," describe these changes on Schedule O.					
4	Describe the organization's program service accord	nplishments for each of i	ts three largest program s	services, as measured	by expenses	•
	Section 501(c)(3) and 501(c)(4) organizations are re	equired to report the amo	ount of grants and allocati	ions to others, the tota	ıl expenses, a	and
	revenue, if any, for each program service reported.					
4a	(Code:) (Expenses \$ 943,9	91. including grants of \$) (Авуелие \$	378	432.)
	THE YMCA-WCA PROVIDES PHY	STCAL EDUCAT	TON SOCTAT. P	FCDEATTON	AND	 ,
	CULTURAL ARTS FOR ITS MEM	DEDC MURCE	DROCDAMC DRO	MOMB CEDONO		T 17 C
						LES,
		LEADERSHIP,	AND COMMUNIT	Y SERVICE T	O ALL	
	PEOPLE.					
						_
4b	(Code:) (Expenses \$	transfer and and	·····	\ /= -		
71)	(Code:) (Expenses \$	including grants of \$ _		/ (Revenue \$)
	·					
			=			
						
						
			<u>. </u>			
	-					
		<u> </u>				
						
4c	(Code:) (Expenses \$	Including grants of \$) (Revenue \$)
	<u></u>					
	9					
		-				
					-	
						
<u> </u>	Other program condess (Describe to October 1. C.)					
4d	Other program services (Describe in Schedule O.)					
	(Expenses \$ including gran) (Revenue \$)	
<u>4e</u>	Total program service expenses	<u>943,991.</u>				
					Form 99	0 (2015)

Form 990 (2015) ASHTABULA COUNTY FAMILY YMCA Part IV Checklist of Required Schedules

			Yes	No
1	Santa a private round at the santa a private round attorny			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If *Yes, *complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			125
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		ĺ	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		j	
	Part VI	11a	X	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total		- 1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
al.	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
	and a second of the second of			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
120				7.5
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			T.P.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	13	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1410		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	\neg	<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\mathbf{x}	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х

Form **990** (2015)

Form 990 (2015) ASHTABULA COUNTY F
Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ь	If "Yes" to line 20a, dld the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u></u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		İ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	П		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		\neg	
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		\neg	
	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33	i	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	002	\rightarrow	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
-		20	-]	y
37	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Estler the number reported in Box 3 of Form 1006. Enter -0- if not applicable b Estler the number of Forms W2G included in line 1a. Enter -0- if not applicable c Did the origanization comply with backing without the second properties of the properties of the properties of the complex of the		Check if Schedule O contains a response or note to any line in this Part V				
1a Enter the number and prome Valic (included in line 1a. Enter O-8 in the applicable 1b 0 0 c) bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within payments and the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within payments and the promote of the calendar year ending with or within the year covered by thin situate. 2a Enter the number of employees reported on Form W.9, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by thin situate. 3a Ended the organization have unclassed to the organization file all required indered employment tax returns? 3b If Yes, has a field a Form 950°T for this year? If Yes, 7 to 18 to 19 to 70°C or more during the year? 3a A tarry time during the calendary ear, did the organization have an interest in, or a signification or work unduring the calendary ear, did the organization have an interest in, or a significant or other submitty over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accounts (PBAR). 3b If Yes, a fine the name of the foreign country. 3c Was the organization payment to a prohibile data sheller transaction and anytime during the tax year? 3c Was the organization payment to a prohibile data sheller transaction and anytime during the tax year? 3c Was the organization payment organization that it was or is a party to a prohibiled tax sheller transaction or anytime organization shell organization for the organization that organization that organization that organization that organization that organization that organization that organization that organization that organization that organization the organization that organization receive a payment in excess of \$75 made party as a contributions under section 170(c). 3c If Yes, Indicate the number of Forms 2828 fleed during the year of the organization		nganananan.			Vec	No
b Enter the number of Forms W.26 included in line 1a. Enter-0. Find rapplicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable	12	1	res	NO
c Did the organization comply with backup withholding rules for reportable gayments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Einer the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the candinary year ending with or within the year covered by this return b if all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b of the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3c of the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 3d At any time during the calendary ever, did the organization for an explanation in Schedule O 3d At any time during the calendary ever, 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 At any time the name of the foreign country. 5b If "Yes," an explanation and foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c Was the organization apply to a prohibited tax whether transaction at any time during the tax year? 5c Was the organization apply to a prohibited tax whether transaction? 5c Was the organization have annual great schedule for a special property for which it as a foreign country (such as a party or a prohibited tax whether transaction? 5c Was the organization have annual great schedule for mass 100,000, and did the organization solicit any contributions that may receive deductible as charitable contribution and partly for gods and services provided to the payor? 5c Was the organization have annual greats of STS made partly as contribution and partly for gods and services provided to the payor? 5c Was the organization receive deductible contributions under section 170(c). 5c Was the organization receive deductible contribution of us	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		าี่	ļ	
gambing) winnings to prize winners? 2	c		169	1		ĺ
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleed for the calendar year ending with or within the year covered by this return. b If all least one is reported on line 2a, did the organization like all required federal employment tax returns? Note. If the sum of Jans 1 and 2 as greater than 250, you may be required to e-fife (see instructions) 3b If Yes, I has it filed a Form 990-T for this year? If Yho, 1 to line 3b, provide an explanation in Schedule O 3b 4 At any time during the calendary 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)? 4 At any time the name of the foreign country. 5 Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Be Was the organization party to a prohibited tax whelter transaction at any time during the tax year? 5 Be Was the organization have made to schedule the organization that it was or is a party to a prohibited tax whelter transaction? 5 Be W State organization have made years explained to the organization have an explanation at your during the tax year? 5 Be W State organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6 Be W Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 By If Yes, 'did the organization to receive deductible contributions under section 170(c). 8 By If Yes, 'did the organization selle, exchange, or otherwise dispose of lampid personal property for which it was required to file form 8882 as required? 7 Corganization sell, exchange, or otherwise dispose of lampid personal property for which it was required to file form 500 to the organization selled to the spona				10		
field for the calendary year ending with or within the year covered by this return. 2a	2 a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tay Statements		10		\vdash
b if at least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if Yes, has it field a Form 990-f for this year? If Yo, *to line 3b, provide an explanation in Schedule O 3b if Yes, has it field a Form 990-f for this year? If Yo, *to line 3b, provide an explanation in Schedule O 3b if Yes, and the field a form 990-f for this year? If Yo, *to line 3b, provide an explanation in Schedule O 3b if Yes, and the field a form 990-f for this year? If Yo, *to line 3b, provide an explanation in Schedule O 3c if Yes, the stiff led a form 990-f for field Form 114, Report of Foreign Bank and Financial accountly. 4c If Yes, to line 5a or 5b, did the organization file Form 886-f? 5c if Yes, to line 5a or 5b, did the organization file Form 886-f? 5c if Yes, to line 5a or 5b, did the organization file Form 886-f? 5c if Yes, to line 5a or 5b, did the organization file Form 886-f? 5c if Yes, to line 5a or 5b, did the organization file Form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file Form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file form 886-fr? 5d if Yes, to line 5a or 5b, did the organization file form 886-fr? 5d if Yes, inside the organization include with every solicitation an express statement that such contributions orgifts were not tax deductible? 5d organization file and twee not tax deductible as charitation for file and the file organization file organization file and the file orga			22 141	5		
Note. If the sum of lane 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3	Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return		7		x
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or a freely country (such as a bank account, securities account, or other financial account)? 4b If "Yes," enter the name of the foreign country. № 5c Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization aparty to a prohibited to shelter transaction at any time during the tax year? 5d Was the organization have under the foreign country. № 6d Was 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? 6d 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? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization and the section of the value of the goods or services provided? 9d Torganizations that may receive deductible contributions under section 170(c). 9d Ut the organization that may receive deductible contributions under section 170(c). 9d Ut the organization that may receive deductible contributions or off the value of the goods or services provided? 10d Ut the organization that may receive deductible contributions or other was the section of the value of the goods or services provided? 7d Did the organization that may receive deductible contributions or cereive a payment in excess of \$75 made partly as contribution or devises provided? 7d Did the organization that may receive deductible contributions or cereive a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	1	25		4
b if "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O A All any time during the calendary 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) or a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) or a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) or a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Dos the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file form 888617 6c Doss the organization shall were not tax deductible as charitable contributions? 6c Did the organization that were not tax deductible as charitable contributions? 6c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization shall may receive deductible on the value of the goods or services provided? 7c Did the organization shall not shall be donor of the value of the goods or services provided? 7d Did the organization shall number of Forms 8282 filed during the year. 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 7d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did t	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		32		x
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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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b Enter the amount of reserves on hand 13c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	-			7 g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations, Enter: a initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c 10c	8					
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: initiation fees and capital contributions included on Part VIII, line 12	9	Sponsoring organizations maintaining donor advised funds.			- 1	
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				-+	-	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				13a	-	
organization is licensed to issue qualified health plans 13b 13c 13b 13c 13c 13c 13c 13c 13c 13c 13c 13c 13c						
c Enter the amount of reserves on hand			1			
4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_	organization is licensed to issue qualified health plans		-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C A=	Cities the amount of reserves on hand			_	
	48	Did the organization receive any payments for indoor tanning services during the tax year?			+	<u>X</u>
	1)	ii Tes, Has it lied a norm 720 to report these payments? If "No," provide an explanation in Schedule	O		200	0.05

Pane 6

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	,		X						
Sec	ction 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 13		1							
	If there are material differences in voting rights among members of the governing body, or if the governing		l							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	I I I	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}		x						
	officer, director, trustee, or key employee?									
3	- Service of the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	The governing body?	_8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1							
40-	Did the generalization by a facility to the standard of the st		Yes	No						
IUa	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х							
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a		12a	X							
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			•••						
13	in Schedule O how this was done	12c		<u>X</u>						
14	Did the organization have a written whistleblower policy?	13	X							
15	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent		ļ							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
a 6	The organization's CEO, Executive Director, or top management official	15a	Х							
U	Other officers or key employees of the organization	15b	-	<u>X</u>						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			7.5						
		16a		<u>X</u>						
	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	- 1								
	exempt status with respect to such arrangements? ion C. Disclosure	16b								
	List the states with which a copy of this Form 990 is required to be filled OH									
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	/ailabl	9							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website W Upon request Other (explain in Schedule O)									
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ia!							
	statements available to the public during the tax year.									
	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	YMCA - WCA OF ASHTABULA - 440-997-5321									
	263 PROSPECT ROAD, ASHTABULA, OH 44004									

532006 12-18-15 Form **990** (2015)

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.

(A) Name and Title	(B) Average	1.4-	(C) Positio					(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(do not check more than one		compensation	compensation	amount of				
	week (list any hours for related	stee or director						from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations below line)	Individual br	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) TREVOR SPRAGUE	40.00	ļ								
EXECUTIVE DIRECTOR		Х					_	66,102.	0.	5,500
(2) ANDY JUHOLA	10.00		×						_ i	_
PRESIDENT		_	\vdash	X		_		0.	0.	0 .
(3) LORRAINE SEARS	10.00					ĺ				_
VICE PRESIDENT	10.00	\vdash		X		H		0.	0.	0
(4) DEBBI WARING	10.00									
SECRETARY	10.00	_	-	X				0.	0.	0.
(5) MORGAN SMITH	10.00			х				_		0
TREASURER	2.00			Α				0.	0.	0
(6) JODI MILLS BOARD MEMBER	2.00	X						0.	0.	0 .
(7) TIM VOLPONE	2.00							0.		
BOARD MEMBER	2.00	x						0.	0.	0
(8) VJ SODD	2.00			\neg					- 0.1	
BOARD MEMBER		x						0.	0.	0
(9) CHERYL LONGDEN	2.00	-	\neg	\neg						
BOARD MEMBER		x					ĺ	0.	0.	0 .
(10) GIL LIEBER	2.00									
BOARD MEMBER		X	Ì	- 1			- 1	0.	0.	0.
(11) PATRICK COLUCCI	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) DANA SCHULTE	2.00				i		i	-		
BOARD MEMBER		X						0.	0.	0.
(13) TIM BOWLER	2.00			- 1					j	
BOARD MEMBER		X		_				0.	0.	0.
(14) OLAJUWON COOPER	2.00	j					j			
BOARD MEMBER		X	_		_	_		0.	0.	0.
(15) KERRI MONGENEL	2.00									
BOARD MEMBER		X	_	_		_	_	0.	0.	0.
(16) JIM PIERCE-RUHLAND	2.00	_						_		200
BOARD MEMBER		X	_	_		_	_	0.	0.	0.
		- 1	- 1	ĺ	- 1		- 1	1		

Form **990** (2015)

532008 12-16-15 Form 990 (2015) ASHTABULA COUNTY FAMILY YMCA
Part VIII Statement of Revenue

_		Check if Schedule O contains a response or note to any lin	ne 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
nts	1	a Federated campaigns 1a				0,2 0,1
Gra Iou		b Membership dues 1b 536,202.				
A, C		c Fundraising events1c				
ig ig		d Related organizations				
S.E	'	e Government grants (contributions) 1e 23,965.		ĺ		
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, gifts, grants, and				
듑		similar amounts not included above	İ			
don	!	Noncash contributions included in lines 1a-1f: \$				
<u>ට අ</u>		Total. Add lines 1a-1f	674,532.			
		Business Code				
ice	2 :	713330	351,263.	351,263.		
ie e	1	·	<u></u>	(3)		
T Sen	(
gra	۱ ۲	·				
Program Service Revenue		All sales				
_	, ,	All other program service revenue	254 060			
	3	Total. Add lines 2a-2f	351,263.	-		
	3	Investment income (including dividends, interest, and	1			
	4	other similar amounts) Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	40 450				
	b					
ŀ		Rental income or (loss) 10,450.				
ĺ		Net rental income or (loss)	10,450.			10 450
ŀ		Gross amount from sales of (i) Securities (ii) Other	10,430.			10,450.
- 1	, .	assets other than inventory				
	b	Less: cost or other basis				
- 1		and sales expenses				
ŀ	C	Gain or (loss)				
- 1		Net gain or (loss)				
ا بو	8 a	Gross income from fundraising events (not				
<u> </u>		including \$ of			İ	
ě		contributions reported on line 1c). See	1		}	
Other Revenue		Part IV, line 18				
#	b	Less: direct expenses b 46,081.				
	c	Net income or (loss) from fundraising events	10,933.			10,933.
	9 a	Gross income from gaming activities. See				
- 1		Part IV, line 19 a		1	1	
ŀ		Less: direct expenses b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances a 2,464.				
		Less: cost of goods sold b 0.				
-	C	Net income or (loss) from sales of inventory	2,464.			2,464.
-		Miscellaneous Revenue Business Code				
		MISCELLANEOUS INCOME - 900099	<u>27,169.</u>	27,169.		
	b					
	C	All all				
	d	All other revenue		7.42		
		Total. Add lines 11a-11d	27,169.			
	12	Total revenue. See instructions.	<u>,076,811.</u>	378,432.	0.	23,847.

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 (A) Total expenses (C) Management and general expenses Do not include amounts reported on lines 6b, (B) Program service (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. ēxpenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees _____ 55,000. 48,400. 6,600. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 531,695 454.586. 7 77,109 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits <u>71,136</u> 51,044. 20,092 10 Payroll taxes 60,181 46,926. 13,255. Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 7.044 4,620. 12 2,424 13 Office expenses 2,912. 1,740. 1,172 Information technology 14 15 Royalties 203,820 226,538. 16 Occupancy 22,718. 3.901 17 Travel 1.272 2,629 Payments of travel or entertainment expenses for any federal, state, or local public officials 5.476. Conferences, conventions, and meetings 3,056. 19 2,420. 20 Interest Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 53,586. 47,692. 5,894. insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CONTRACT SERVICES 57,717. 41,581 16,136. b EQUIPMENT & MAINTENACE 27,478. 21,548. 5,930. c MEMBERSHIP DUES 21,489. 12,897. 8,592. d MISCELLANEOUS 13.321 13.321. 9.114. e All other expenses 11,017. 1,903. 943,991. Total functional expenses. Add lines 1 through 24e 1,148,491 204,500. 0. 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
	* JP402	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	36,496.	1	9,973
2	Savings and temporary cash investments	14,382.	2	13,895
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7,950.	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
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			
इ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	1,231.	8	912
9	Prepaid expenses and deferred charges	2,265.	9	5,496
108	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 4,182,921.			
t	Less: accumulated depreciation	1,041,437.	10c	1,021,226
11	Investments - publicly traded securities		11	
12	Investments · other securities. See Part IV, line 11	356,355.	12	341,481
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,000.	15	0
16	Total assets, Add lines 1 through 15 (must equal line 34)	1,461,116.	16	1,392,983
17	Accounts payable and accrued expenses	55,009.	17	50,380
18	Grants payable		_18	
19	Deferred revenue	7,950.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	22,000
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	62,959.	26	72,380
İ	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and		1	
ខ្ល	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,019,786.	27	964,950
28	Temporarily restricted net assets	22,016.	28	14,172
29	Permanently restricted net assets	356,355.	29	341,481.
3	Organizations that do not follow SFAS 117 (ASC 958), check here			
i	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	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,398,157.	33	1,320,603.
34	Total liabilities and net assets/fund balances	1,461,116.	34	1,392,983.

Form 990 (2015)

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	076 148 -71 398 -5	,811. ,491. ,680. ,157. ,874.
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6	076 148 -71 398 -5	,491. ,680. ,157. ,874.
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6	076 148 -71 398 -5	,491. ,680. ,157. ,874.
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	148 -71 398 -5	,491. ,680. ,157. ,874.
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	148 -71 398 -5	,491. ,680. ,157. ,874.
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	-71 398 -5	,680. ,157. ,874.
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities 6	398 -5	,157. ,874.
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6		
6 Donated services and use of facilities6		
7 Investment expenses7		0.
8 Prior period adjustments		0.
9 Other changes in net assets or fund balances (explain in Schedule O)		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
column (B)) 10 1,	320,	603.
Fart All Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
	a l	x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		\Box
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
	ь	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	\Box	
consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		1
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	c	
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 OMP Circular A 1999	a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		1
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	
	m 99	0 (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Name of the organization					Employe	r identification number							
ASHTABULA COU	NTY FAMILY YM	ICA			3	34-0726066							
Part I Reason for Public Charity Status	(All organizations must c	omplete ti	his part.) S	See instructions	3.								
The organization is not a private foundation because it is	s: (For lines 1 through 11, o	check only	y one box)									
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
	A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).)												
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
	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:													
	college or university owner	d or opera	ited by a c	ioveromental ii	nit descri	hed in							
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.)													
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
						I I. P							
7 An organization that normally receives a subs	kankiai part of its support f	rom a gov	vernmenta	unit or from ti	ne genera	public described in							
section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(-V4V4V-11 (O+	4 44 3											
, , , , , , , , , , , , , , , , , , , ,			. 14										
activities related to its exempt functions - sub													
income and unrelated business taxable incom	ne (less section 511 tax) fro	om busine	esses acq	uired by the org	ganization	after June 30, 1975.							
See section 509(a)(2). (Complete Part III.)													
10 An organization organized and operated exclu													
11 An organization organized and operated exclu													
more publicly supported organizations descri	bed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3), (Check the box in							
lines 11a through 11d that describes the type													
a Type I. A supporting organization operated,													
the supported organization(s) the power to		majority	of the dire	ctors or trusted	es of the s	upporting							
organization. You must complete Part IV,	Sections A and B.												
b Type II. A supporting organization supervise	ed or controlled in connect	tion with it	ts support	ed organizatio	n(s), by ha	ving							
control or management of the supporting or													
organization(s). You must complete Part IV					,	•							
c Type III functionally integrated. A support		in connec	tion with,	and functionall	v integrate	ed with.							
its supported organization(s) (see instruction					,	•							
d Type III non-functionally integrated. A sup					ed organi	zation(s)							
that is not functionally integrated. The organ													
requirement (see instructions). You must co													
e Check this box if the organization received a					I Type III								
functionally integrated, or Type III non-functi				r type i, type i	i, Type iii								
f Enter the number of supported organizations g Provide the following information about the support				****************									
(i) Name of supported (ii) EIN		(iv) is the o	rganization	(v) Amount of r	nonetary	(vi) Amount of							
organization	(described on lines 1-9	listed is	n vour	support (other support (see							
	above (see instructions))	Yes	document?	instructio		instructions)							
		res	No										
	1												
	<u> </u>					· · · · · · · · · · · · · · · · · · ·							
	 												
× ×	1				- 1								
					T								
Total													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule	A (Form 990 or 990-EZ) 2015	j
Part II	Support Schedule f	

Page 2

	art II Support Schedule for	Organization	ıs Described i	n Sections 17	0(b)(1)(A)(iv) a	and 170(b)(1)(A)	Page (vi)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I	or if the organizati	ion failed to quali	fy under Part III. If t	ne organization
<u> </u>	tails to qualify under the tests	s listed below, ple	ease complete Par	t III.)			
-	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						İ
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>			<u> </u>		
2	Tax revenues levied for the organ- ization's benefit and either paid to	•					1
	or eveneded on its bakeli						100
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						}
4	Total. Add lines 1 through 3			<u> </u>			
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						1
	amount shown on line 11,		1				
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(a) 2015	(D Tetal
	Amounts from line 4		10,000	(0) 2010	(0)2014	(e) 2015	(f) Total
	Gross income from interest,					-	
	dividends, payments received on						
	securities loans, rents, royalties		1				
	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.)		<u> </u>				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc. (see instructi	ons)		E-100 CAST TAX - 100 TR	12	
13	Fi rst five years. If the Form 990 is for t	he organization's	first, second, third	f, fourth, or fifth ta	x vear as a section	on 501(c)(3)	
	organization, check this box and stop I	here		****************			
	tion of compatation of rabile	onbhoir Le	centage				
14	Public support percentage for 2015 (lin	e 6, column (f) di	vided by line 11, c	olumn (f))		14	9
5	Public support percentage from 2014 S	Schedule A, Part	II, line 14	*****************		15	9/
ва а	33 1/3% support test - 2015. If the org	ganization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or r	more, check this bo	x and
;	stop here. The organization qualifies as	a publicly supp	orted organization	P4*P4*P44884884************************			
D,	33 1/3% support test - 2014, if the org	ganization did no	t check a box on fi	ne 13 or 16a, and	line 15 is 33 1/39	6 or more, check this	is hox
i	and stop here. The organization qualific	es as a publicly s	upported organiza	tion			
/ d	10% -lacts-and-circumstances test -	2015. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b,	and line 14 is 10% (or more.
â	and if the organization meets the "facts	·and·circumstand	es" test, check thi	s box and stop he	ere. Explain in Pa	rt VI how the organi	zation
ı	neets the "facts-and-circumstances" te	st. The organizat	tion qualifies as a p	ublicly supported	organization		1020000
0	10% -facts-and-circumstances test -	2014. If the orga	anization did not ch	reck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
r	nore, and if the organization meets the	"facts-and-circur	nstances" test, ch	eck this box and s	top here. Explair	in Part VI how the	
C	rganization meets the "facts-and-circul	mstances" test. 1	The organization qu	ualifies as a public	ly supported orga	anization	▶□
<u>B</u> F	rivate foundation. If the organization	did not check a b	ox on line 13, 16a	16b, 17a, or 17b,	check this box a	and see instructions	
		-				edule A (Form 990 c	

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

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

Se	ction A. Public Support	ocioni, pidada com	piote i art ii.)		24		
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			(3, 23.3	(4) 20 11	(6) 2010	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")	792,958.	879,125.	990,187.	724.181	674,532.	4060983
2	Gross receipts from admissions, merchandise sold or services per-				12/202	0,1,032	4000000
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	61,777.	68,478.	51,079.	259.818.	353,727.	794 879
3	Gross receipts from activities that					333,727	134,013
	are not an unrelated trade or bus-						
	iness under section 513			1			
4	Tax revenues levied for the organ-		-				
	ization's benefit and either paid to						
	or expended on its behalf			ļ			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						1
6	Total. Add lines 1 through 5	854,735.	947,603.	1041266.	983.999	1028259.	4855862
	Amounts included on lines 1, 2, and	,			300,7333	1020255.	4033002
	3 received from disqualified persons	 					0.
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						- 0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
<u> </u>	Public support, (Subtract line 7c from line 6.) tion B. Total Support						4855862.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10-	Amounts from line 6 Gross income from interest,	854,735.	947,603.	1041266.	983,999.	1028259.	4855862.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	27,406.	26,546.	18,340.	51,253.	4 576	100 101
	Unrelated business taxable income	27, 200.	20,540.		31,233.	4,576.	128,121.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	27,406.	26,546.	18,340.	51,253.	4,576.	128,121.
,	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain			-			
	or loss from the sale of capital assets (Explain in Part VI.)	5,361.	6,561.	2,941.	5,764.	27,169.	47,796.
13	Total support. (Add lines 9, 10c, 11, and 12.)	887,502.	980,710.	1062547.	1041016.	1060004.	5031779.
	First five years, If the Form 990 is for				1041010 a	501/o/3) arrasias	
	check this box and stop here			, 100101, 01 11111 (2)			ation,
	tion C. Computation of Public	c Support Per	centage	***************************************			
	Public support percentage for 2015 (lin			duma (6)		45	06 50 **
16	Public support percentage from 2014	Schedule A. Part II				15	96.50 %
Sect	tion D. Computation of Inves	tment income	Percentage			16	<u>96.13 %</u>
	nvestment income percentage for 201			10 (0)			0.55
18 I	nvestment income percentage for 20	014 Schodula A. B	n (i) aiviaea ay iine iod 11 lino 17	i i a, column (t))		17	2.55 %
 19a 1	nvestment income percentage from 20	u 14 Scriedule A, P	artiii, iiiie 17	the day 19		18	3.34 %
.000	33 1/3% support tests - 2015. If the concrete than 33 1/3%, shook this have see	Jiganization did no	t check the box of	י ווחe 14, and line י	15 is more than 33	3 1/3%, and line 17	' is not
h a	nore than 33 1/3%, check this box and	u stop nere, ine d	organization qualifi	es as a publiciy su	pported organiza	tion	
10 C	3 1/3% support tests - 2014. If the o	organization did no	t check a box on li	ne 14 or line 19a,	and line 16 is mor	e than 33 1/3%, ar	nd
ון די חל	ne 18 is not more than 33 1/3%, chec	K INIS DOX and sto	p here. The organ	zation qualifies as	a publicly suppo	rted organization	▶∐
	rivate foundation. If the organization	old not check a b	ox on line 14, 19a,	or 19b, check this			
34023	09-23-15				Saha	dula A /Earm 000	000 EZI 0045

Schedule A (Form 990 or 990-EZ) 2015

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

			Ye	<u>s</u>	No
	_1	_			
	2				
	3a	+	_		
	3b				
	3c				
	4a				
		Ī			
	4b	1		4	
	4c				
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	5a	+			
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	5c	Ļ		1	
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	7				
	8				
	9a	L		L	_
	9b			L	
	9c				
			_	Γ	_
į	10a				
	iva	_		H	_
	10b	_			
9	90 or 99	0-	-EZI	12	D15

F	Part IV Supporting Organizations (continued)	31 01	2000	, 0	aye o
				Yes	No
1	11 Has the organization accepted a gift or contribution from	any of the following persons?		1 163	140
	a A person who directly or indirectly controls, either alone				
	below, the governing body of a supported organization?		11a		
	b A family member of a person described in (a) above?		11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1	
S	Section B. Type I Supporting Organizations		110	' -	
				Yes	No
•	1 Did the directors, trustees, or membership of one or mor	supported organizations have the power to		1.00	
	regularly appoint or elect at least a majority of the organia				
	tax year? If "No," describe in Part VI how the supported				
	controlled the organization's activities. If the organization	had more than one supported organization,			
	describe how the powers to appoint and/or remove direc	tors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, a	pplied to such powers during the tax year.	1		
2	2 Did the organization operate for the benefit of any suppo	rted organization other than the supported			
	organization(s) that operated, supervised, or controlled the	ne supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purpo	ses of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.		2		
Se	Section C. Type II Supporting Organizations				
				Yes	No
1	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 organ	ization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested	t in the same persons that controlled or managed			
_	the supported organization(s).		1		
<u>S</u> e	Section D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organization.	inizations, 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 fil				
_	organization's governing documents in effect on the date		1		
2	2 Were any of the organization's officers, directors, or truste				
	organization(s) or (ii) serving on the governing body of a s	upported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working	ng relationship with the supported organization(s).	2		
3	3 By reason of the relationship described in (2), did the organization	inization's supported organizations have a		- 1	
	significant voice in the organization's investment policies	and in directing the use of the organization's	- 1		
	income or assets at all times during the tax year? If "Yes,"	describe in Part VI the role the organization's		-	
<u></u>	supported organizations played in this regard.		3		
	Section E. Type III Functionally-Integrated Supp				
	1 Check the box next to the method that the organization us	ed to satisfy the Integral Part Test during the yea(see Instructions):			
	a The organization satisfied the Activities Test. Comp.				
	b The organization is the parent of each of its support				
		Describe in Part VI how you supported a government entity (see instru	г		
2	1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ha have very discoult. Coult - 1)		Yes	<u>No</u>
•					
	the supported organization(s) to which the organization we those supported organizations and explain how these a				
		ctivities directly furthered their exempt purposes,			
	how the organization was responsive to those supported o that these activities constituted substantially all of its activi		_		
			2a		
-	b Did the activities described in (a) constitute activities that,	but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have				
	reasons for the organization's position that its supported of	yanzanon(s) would have engaged in these	_		
3	activities but for the organization's involvement.	<u> </u>	2b		
	- (-)	l e e e e e e e e e e e e e e e e e e e			
d	a Did the organization have the power to regularly appoint o				
Į.	trustees of each of the supported organizations? Provide of Did the organization eversise a substantial degree of disco		3a	-	_
	b Did the organization exercise a substantial degree of direc of its supported organizations? If "Yes," describe in Part V.	I	.		
		are rule played by the grownization in this meann	34D 1	1	

1

Sch	edule A (Form 990 or 990 EZ) 2015 ASHTABULA COUNTY FAMILY	YMC	A	34-0726066 Page 6
	art V Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>ng Orga</u>	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970. See in s	tructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	. 1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	_ 6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion 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		
<u>b</u>	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4	_	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Pa	Irt V Type III Non-Functionally Integrated 509			<u>34-0726066 Page 7</u>
_	Irt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	janizations (continued)	
1				Current Year
	Amounts paid to supported organizations to accomplish exe			
_	Amounts paid to perform activity that directly furthers exem- organizations, in excess of income from activity	pt purposes of supported		
3	Administrative expenses paid to accomplish exempt purpos	-		
4	Amounts paid to acquire exempt use assets	es or supported organizatio	ns	
5	Oualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<u> </u>	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	νΔ	-
	(provide details in Part VI). See instructions.	no organization is responsiv	•	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Seci	tion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6		-	
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
<u>d</u>	From 2013			
е	From 2014			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
_ c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
ь				
С	Excess from 2013			
ď	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Part VI	(Form 990 or 990-E	Z) 2015 ASHTABUI	A COUNTY F	AMILY YMCA	34-	0726066 Page 8
Fart VI	line 1; Part IV, Sec	tion D, lines 2 and 3; Par 6, and 8; and Part V, Se	r, 5a, 6, 5a, 50, 50, 11 it IV. Section F. lines 1	1a, 110, and 110; Parti 1c 2a 2b 3a and 3b: E	0; Part II, line 17a or 17b; Pa V, Section B, lines 1 and 2; l Part V, line 1; Part V, Sectior part for any additional infor	art III, line 12; Part IV, Section C,
	(Oce manactions.)					
			<u> </u>			
						
	50					
		.	<u> </u>			
					·	
				- 1/2		
	•					
						
			-	<u> </u>		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

	SHTABULA COUNTY FAMILY YMCA	34-0726066					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is	s 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	a. See instructions.					
General Rule							
X For an organization property) from any	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							
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from					
year, total contribut	described in section 501(c)(7), (8), or (10) filling Form 990 or 990 EZ that received from artions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educat ruelty to children or animals. Complete Parts I, II, and III.	ny one contributor, during the ional purposes, or for					
year, contributions is checked, enter he purpose. Do not co	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" on F	Saution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Name of organization

Employer identification number

ASHTABULA COUNTY FAMILY YMCA

34-0726066

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	4-0720000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF ASHTABULA 4717 MAIN AVENUE ASHTABULA, OH 44004	\$ <u>23,965.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ASHTABULA FOUNDATION 4510 COLLINS BLVD #6 ASHTABULA, OH 44004	\$35,381.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT MORRISON FOUNDATION 355 WEST PROSPECT ROAD ASHTABULA, OH 44005	\$15,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE UNITED WAY OF ASHTABULA COUNTY 2801 "C" COURT ASHTABULA, OH 44004	s <u>29,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ASHTABULA COUNTY FAMILY YMCA

34-0726066

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	p	\$	
(a) No. from Part !	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Page 4 Name of organization Employer identification number ASHTABULA COUNTY FAMILY YMCA

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 Info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury

(Form 990)

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.

Open to Public Inspection

Internal Revenue Service

Na	me of the organization ASHTABULA COUNTY F	AMTI V VMOR	Employer identification numbe
P	art I Organizations Maintaining Donor Advise	d Funds or Other Similar France	34-0726066
	organization answered "Yes" on Form 990, Part IV, line	a Funds or Other Similar Funds	or Accounts. Complete if the
_		(a) Donor advised funds	Hat Friedrand att
1	Total number at end of year	(a) borior advised furius	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Andregate value at end of year		
5	Aggregate value at end of year		
·	Did the organization inform all donors and donor advisors in y	vriting that the assets held in donor advised	d funds
6	are the organization's property, subject to the organization's e Did the organization inform all grantees, donors, and donor ad	exclusive legal control?	Yes No
	for charitable purposes and not for the benefit of the donor or	denoted the section of the section o	sed only
	impermissible private henefit?	donor advisor, or for any other purpose of	onterring
Pa	impermissible private benefit? Int II Conservation Easements. Complete if the organization	anization answered "Vest on Form 200 De	Yes No
1	Purpose(s) of conservation easements held by the organization	anization answered fee on Form 990, Pa	irt IV, line 7.
•	Preservation of land for public use (e.g., recreation or ed		
	Protection of natural habitat		ically important land area
	Preservation of open space	Preservation of a certifie	ed historic structure
2		and announced the contract (ACC). We store the	
_	Complete lines 2a through 2d if the organization held a qualific day of the tax year.	ed conservation contribution in the form of	
а			Held at the End of the Tax Year
b	Total acreage restricted by conservation excernents		2a
c	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	church in abundad in fat	2b
d	Number of conservation easements included in (c) acquired at	cture included in (a)	2c
_	listed in the National Register	ter 6/17/06, and not on a historic structure	
3	listed in the National Register	and orthographed estaminated to the	2d
_	year >	aseo, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it !	solds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing consen	Yes No
	_	and an end of the control of the con	varion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easements during the year
	▶\$	ng or violations, and dimording conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b)/	(AVR)(i)
	and section 170(h)(4)(B)(ii)?	cancery and requirements of section 17 of the	Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense et-	stament and balance sheet and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	organization's accounting for
	conservation easements.	or a milarior at distantial that describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC		at and halance sheet works of art
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherance	of public service, provide in Part VIII
	the text of the footnote to its financial statements that describe	s these items	or public service, provide, in Part XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC		d halance cheet works of ort. historical
	treasures, or other similar assets held for public exhibition, edu-	Cation or research in furtherance of public	service provide the following amounts
	relating to these items:		service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	***************************************	\$
2	If the organization received or held works of art, historical treasu	tres or other similar assots for financial	in provide
_	the following amounts required to be reported under SFAS 116	(ASC 958) relating to those them-	in, provide
а	Revenue included on Form 990, Part VIII, line 1	(voc and) relating to these items:	
h	Assets included in Form 990. Part Y		5
LHA	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for	- Form 200	
E00054	p work resouction act notice, see the instructions to	JF FORM 990.	Schedule D (Form 990) 2015

532051 11-02-15

	nedule D (Form 990) 2015 ASHTABU	LA COUNTY	FAMIL:	MY Y	CA			3.	4-07	7260	66	Page 2
P	arτ III Organizations Maintaining C	Collections of A	rt, Histor	rical T	reasures	, or Ot	her S	imilar	Asse	ats/con	tinua	-0
3	Using the organization's acquisition, accessi	on, and other recor	ds, check a	nv of th	e following	that are a	signifi	cant us	e of its	collect	ion ite	
	(check all that apply):		•		- 10	,	. orgi mi	ount as	0 01 113	COMBCE	JOIT ILE	IIIIS
ā	Public exhibition		d 🔲 Lo:	an or ex	change pro	orams						
t	Scholarly research	=										
	Preservation for future generations											_
4	Provide a description of the organization's co	ollections and expla	in how they	further	the organiz	ation's or	omet.		in De	A VIII		
5	During the year, did the organization solicit o	r receive donations	of art histo	rical tra	acuree or o	ther simi	lor one	purpose	/ In Pai	n Alli,		
	to be sold to raise funds rather than to be ma	aintained as part of	the organize	ation's c	collection?	uner Simi	iai ass	eis		٦.,	Г	٦.,
Pa	reported an amount on Form 900. Per	gements. Compl	ete if the or	nanizati	ion annuare	d #Vaa# a	· · · · · · · · · · · · · · · · · · ·	- 000 5		_ Yes_		No
	reported an amount on Form 990, Par	t X, line 21.	oto il tilo Oli	yanızan	on answere	u res c	חסיו חנ	n 990, F	'aπ IV,	tine 9,	or	
1a	Is the organization an agent, trustee, custodi		diany for cor	etribu stim	no or other		-A !1	-11				
	on Form 990. Part X?	an or other mitering	Dialy for Cor	itributio	ns or other	assets no	ot inclu	ided		¬	_	
b	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the fe	Marria a Aala			***********	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	└─	Yes		No
	w 199, explain the arrangement in Part XIII &	and complete the to	lowing tabl	e :								
c	Reginning halance						ļ.			Amou	nt	
	Additions during the year	***************************************		• • • • • • • • • • • • • • • • • • • •			-	1c				
	Additions during the year	*************************					<u> </u>	1d				
- 4	Distributions during the year	************************					<u> </u>	1e				
- i	Ending balance	*********************					L	1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escr	ow or c	custodial acc	count liab	ility?		\square	Yes		No
Da	rt V Endowment Funds, Complete if	Check here if the ex	planation h	as beer	provided o	n Part XI	<u> </u>					
Fa	rt V Endowment Funds. Complete if	the organization an	swered "Ye	s" on F	orm 990, Pa	ırt IV, line	10.					
		(a) Current year	(b) Prior	year	(c) Two ye	ars back	(d) Th	ree year:	s back	(e) For	ır vear:	s back
1a	Beginning of year balance											
Ь	Contributions											
C	Net investment earnings, gains, and losses										_	
d	Grants or scholarships											
е	Other expenditures for facilities							_				
	and programs								-			
f	Administrative expenses								-			
g	End of year balance								\rightarrow			
2	Provide the estimated percentage of the curre	nt year end halance	iline 1a ca	duma (s	a)) bold as:							
а	Board designated or quasi-endowment	,	%) 11111011	4)) 1101G ES.							
b	Permanent endowment											
	Temporarily restricted endowment ▶	v										
	The percentages on lines 2a, 2b, and 2c shoul											
За	Are there endowment funds not in the possess	sion of the eramine	tion that are	. h.a.lal								
	by:	sion of the organiza	tion that are	neio a	na aaminist	erea tor t	ne org	anizatio	n	ı		
	•									$\overline{}$	Yes	No_
		***************************************							*******	3a(i)		
ь	(ii) related organizations									3a(ii)		
	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Sched	iule R?						_3b		
Pari	Describe in Part XIII the intended uses of the o	rganization's endov	vment funds	š	2-9900000000000000000000000000000000000	es serves e tresult.						
r car												
	Complete if the organization answered '	"Yes" on Form 990,	Part IV, line	11a. S	ee Form 990	D. Part X,	line 10),				
	Description of property	(a) Cost or oth) Cost	or other	(c) A	cumu	lated	(d) Bool	c value	
		basis (investme	ent)	basis (other)	der	oreciati	on		•		
1a	Land			280	0,526.				1	280	0,5	26.
b	Buildings		3		1,331.	2.5	74.	268.			7,0	
C	Leasehold improvements				0,747.			368.			2,3'	79.
	Equipment				0,317.			059.			1,2!	
<u>e</u> (Other								_		- 12 -	, , , ,
otal.	Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part X	. column (A)	line 10	2c.1				1	,021	21	26
				,		بيبيينين			<u>+ +</u>	, 444	. , 44	5 Q a

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of va	lluation: Cost or end-	of-vear market valu
1) Financial derivatives		(5)		o. your market valt
2) Closely-held equity interests				
3) Other			-	
(A) SECURITIES AND OTHER		<u> </u>		
(B) INVESTMENTS	341,481.	END OF W	TAD WADWEE	773 7 775
(C)	341,401.	FMD-OF-XI	EAR MARKET	VALUE
(D)	<u> </u>			
(E)				
(F)				
(G)				
		<u> </u>		
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u>341,481.</u>			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, P	art X. line 13.	•
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-o	f-year market valu
(1)				
(2)				· -
(3)				
(4)				
(5)				
(6)				
(7)			.	
				
(8)			<u> </u>	<u></u>
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, P	art X, line 15.	
Complete if the organization answered "Yes" (a) E	on Form 990, Part IV, line Description	11d. See Form 990, P	art X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, P	art X, line 15.	(b) Book value
(a) C	on Form 990, Part IV, line Description	11d. See Form 990, P	art X, line 15.	(b) Book value
(a) C	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(a) C (1) (2)	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(a) 0 (1) (2) (3) (4)	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(a) 5 (2) (3) (4) (5)	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(a) 5 (1) (2) (3) (4) (5) (6)	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(a) E (1) (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(a) E (1) (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(a) 5 (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description			(b) Book value
(a) 0 (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description			(b) Book value
(a) 0 (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)			(b) Book value
(a) 5 (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	Description 15.)			(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	15.) n Form 990, Part IV, line 1			(b) Book value
(a) 5 (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) 5 (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) 5 (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) 5 (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 9		(b) Book value

532053 09-21-15 Schedule D (Form 990) 2015

	dule D (Form 990) 2015 ASHTABULA COUNTY FAMILY Y	MCA	34-	0726066 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per l	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ła.		
1	Total revenue, gains, and other support per audited financial statements		1	1,117,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a -5,874	<u>.</u>	
Ь	Donated services and use of facilities ·	2b		
C	Recoveries of prior year grants	2c	J i	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d		2e	-5,874.
3	Subtract line 2e from line 1		3	1,122,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b]	
þ	Other (Describe in Part XIII.)	4b -46,081.		
C	Add lines 4a and 4b	- WILLIAM THE REAL PROPERTY SOLD	4c	-46,081.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1.076.811.
Par	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.		
1	Total expenses and losses per audited financial statements		1	1,194,572.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
С	Other losses	2c	1	
d	Other (Describe in Part XIII.)	2d 46.081.	1 1	
е	Add lines 2a through 2d	201 20,001.	1 _ 1	46 001
3	Subtract line 2e from line 1		2e 3	46,081. 1,148,491.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	1,140,471.
	Investment expenses not included on Form 990, Part VIII, line 7b	1 4-1	ĺ	
	Other (Describe in Part XIII.)			
	Add lines de and de	48 (0
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	0.
Par	XIII Supplemental Information.		5	1,148,491.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	+ B/ Book the and Ob. Dock to Book	4. 50 - 4.3	V. P 5 . F . 144
ines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	tiv, mes ib and 20; Part v, me a	+; Paπ /	x, line 2; Paπ XI,
	a 2012 To 1 Cit 7 Mit, Mines 20 and 40. Also complete this part to provide any add	unional information.		
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:			**
	MI, DING 4D CHER ADOUGHENTS:			
ਸ਼ਰਤ	TAL FIFNING PYDENCE			4.6.004
711	CIAL EVENTS EXPENSE			-46,081.
_				
וםגכ	NIT ITNE OR ABURD AD THE BOTTOM			
MA	Y XII, LINE 2D - OTHER ADJUSTMENTS:			
ימני	TAT DIVINA			
PE	CIAL EVENTS			<u>46,081.</u>

			_	

1

Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer ide	ntification number
ASHTABU	JLA COUNTY FAMILY Y	MCA		<u> </u>		34-0726	066
required to complete this pai						7. Form 990-E2	Z filers are not
 Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) pursi	tion of tion of fundra (incluing)	non-g gover aising ding o ional t	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser (iv) Gross receipts to (or have custody from activity fu		Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No				
	·						
	N N						
		\dashv					
otal List all states in which the organization or licensing.	n is registered or licensed to solicit co	ontribu	ntions	or has been notified	it is e	xempt from reg	gistration
						· · · · · · · · · · · · · · · · · · ·	-
A For Paperwork Reduction Act Notice	e, see the instructions for Form 99	90 or 9	90-E2	Z. Sc	hedu	le G (Form 99	0 or 990-EZ) 2015

532081 09-14-15

Sc.	hedu art	II Fundraising Events. Complete if the	JLA COUNTY FA	AMILY YMCA	rt IV line 18 or reporter	-0726066 Page 2
_	-	of fundraising event contributions and gr	ross income on Form 99	0-EZ, lines 1 and 6b, List	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	
			DINNER			(d) Total events (add col. (a) through
			RAFFLE	GOLF OUTING	1	col. (c))
e			(event type)	(event type)	(total number)	COI, (C))
Revenue	1	Gross receipts	34,437	13,259.	9,318.	57,014.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	34,437.	13,259.	9,318.	57,014.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
٥	8	Entertainment				
	9	Other direct expenses		3,697.	25,022.	46,081.
	10	Direct expense summary. Add lines 4 through	9 in column (d)	3,037.	23,022.	46,081.
	_11	Net income summary. Subtract line 10 from li	ne 3, column (d)			10,933.
Pa	ırt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
evel				omgo/progressive omgo		coi. (a) through cor. (c))
Œ	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes% 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)			
	-	and a second sec				
9	Ente le th	er the state(s) in which the organization conduct	cts gaming activities:			
b	is iii If "N	e organization licensed to conduct gaming act o," explain:	livities in each of these s	states?		Yes No
						
10a	Were	e any of the organization's gaming licenses reves," explain:	oked, suspended or ter	minated during the tax ye	par?	Yes No
32082	09-1	14-15			Schedule G (Form	1 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 ASHTABULA COUNTY FAMILY YMCA	34-0726066 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other e	ntity formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	Tes
a The organization's facility	13a 9
b An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events be	poks 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 annual
of gaming revenue retained by the third party > \$	_ and the amount
c If "Yes," enter name and address of the third party:	
the same and additional activity.	
Name	
Address	
16 Gaming manager information:	
Name >	
Name >	
Gaming manager compensation > \$	1.1
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	s to
retain the state gaming license?	Yes No
a series the amount of distributions required direct state law to be distributed to other exempt organization	ons 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).	
32083 09-14-15	Cabadala O. G.
	Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	ASHTABULA COUNTY	FAMILY YMCA	34-0726066 Page
Part IV Supplemental Info	rmation (continued)		
		359	
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96 11			
	News III		
* = = =	,		
			7,000
	41-12-71		
2084			Schedule G (Form 990 or 990-EZ)
2084 -01-15			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

ASHTABULA COUNTY FAMILY YMCA	34-0726066
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
FOR ALL.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE BOARD IS PROVIDED A COPY OF FORM 990 FOR REVIEW BEFORE	E IT IS FILED.
	·
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD EVALUATES THE EXECUTIVE DIRECTOR ANNUALLY AND DE	ETERMINES ANY
INCREASE IN SALARY BASED ON THE EVALUATION.	
FORM 990, PART VI, SECTION C, LINE 19:	00
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE PROVIDED UPON W	RITTEN REQUEST.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

- 16							
If you	are filing for an Automatic 3-Month Extension, compl	ete only P	art I and check this box			. X	
- II you	are ming for an Additional (Not Automatic) 3-Month E	xtension.	complete only Part II (on page 2 of	thic for	m)		
Do not c	complete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed	Form 8868.		
Fiechol	nic filing (8-7118) . You can electronically file Form 8868 if	you need	a 3-month automatic extension of til	me to file	6 months for a c	orporation	
required	to the Point 990-1), of an additional (not automatic) 3-mo	onth exten	ision of time. You can electronically i	file Form	8868 to request a	n extension	
Parenna	o file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for	Transfer	s Associated With	Certain	
vieit www	Il Benefit Contracts, which must be sent to the IRS in pa w.irs.gov/efile and click on e-file for Charities & Nonprofit	per format	(see instructions). For more details	on the e	lectronic filing of th	nis form,	
Part I	Automatic 3-Month Extension of Time	s. Only	authorit eniminat (
	Automatic 3-Month Extension of Timeration required to file Form 990-T and requesting an auto	e. Offig	submit original (no copies ne	eded).			
Part I on	lv	matic 6·m	onth extension - check this box and	complet	е	. —	
	corporations (including 1120-C filers), partnerships, REN	MCs and	terate event on Company				
to file inc	come tax returns.	nics, and i	trusts must use Form 7004 to reques				
Type or	Name of exempt organization or other filer, see instru	ections			Enter filer's identifying number		
print	The state of the s	retions.		Employ	Employer identification number (EIN) o		
	ASHTABULA COUNTY FAMILY YM	CA			24 0726	nec	
File by the due date for			tions	Fooist .	34-0726		
filing your return, See	263 PROSPECT ROAD		in the second se	Suciai	security number (S	5N)	
instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	Iress, see instructions				
	ASHTABULA, OH 44004-5841	_					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01	
Applicati	ion	Return	Application		 -	Return	
Is For		Code	is For			Code	
	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
	(individual)	03	Form 4720 (other than individual)			09	
Form 990		04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust) -T (trust other than above)	05	Form 6069			11	
FORITI 990		06	Form 8870			12	
• The ho	YMCA - WCA OF A	SHTAL	BULA				
Teleph	ooks are in the care of \triangleright 263 PROSPECT ROOMS No. \triangleright 440-997-5321	AD -) 4	_		
• If the o	(CRITICATION does not have an office or place of husbace		Fax No.				
If this is	rganization does not have an office or place of business	in the Uni	ited States, check this box				
box ▶ [s for a Group Return, enter the organization's four digit 0	and etter	mption Number (GEN) If	this is fo	or the whole group,	check this	
1 I rec	uest an automatic 3-month (6 months for a corporation	required to	of the Form 200 The market and EINs of the	all memb	pers the extension	is for.	
	AUGUST 15, 2016 , to file the exempt	organizati	ion return for the organization named	ווזחנו			
	r the organization's return for:	organizati	on return for the organization named	above.	The extension		
►Ĉ	X calendar year 2015 or						
►□	tax year beginning	and	ending				
					 ·		
2 If the	e tax year entered in line 1 is for less than 12 months, ch	eck reaso	n: Initial return Fi	nal retur	'n		
	Change in accounting period				**		
3a if this	s application is for Forms 990·BL, 990·PF, 990·T, 4720, o	or 6069, er	nter the tentative tax, less any				
nonr	efundable credits. See instructions.	·	,	3 _a	s	0.	
b If this	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			. 0.	
estin	nated tax payments made. Include any prior year overpa	yment allo	owed as a credit,	3b	S	0.	
c Bala	nce due. Subtract line 3b from line 3a. Include your pay.	ment with	this form, if required,				
by_us	sing EFTPS (Electronic Federal Tax Payment System). Se	e instruct	ions.	3c	\$	0.	
Caution, If	you are going to make an electronic funds withdrawal (c	lirect debi	t) with this Form 8868, see Form 845	3-EO ar	id Form 8879-EO fe	or payment	
* ISTICCTOTIS				_		- Empiredis	
LHA For	r Privacy Act and Paperwork Reduction Act Notice, s	ee instruc	tions.		Form 8868 (R	ev. 1-2014)	