

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: Young Men's Christian Association of South Hampton Roads
 Doing business as: YMCA of South Hampton Roads
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 920 Corporate Lane
 City or town, state or province, country, and ZIP or foreign postal code: Chesapeake, VA 23320

D Employer identification number: 54-0445205
E Telephone number: (757) 624-9622
G Gross receipts \$ 52,549,583

F Name and address of principal officer: William H George, 920 Corporate Lane, Chesapeake, VA 23320

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

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

J Website: ▶ www.ymcashr.org

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1885 **M** State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT MIND & BODY FOR ALL

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,357
6 Total number of volunteers (estimate if necessary)	6	600
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	16
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,461,369	10,144,708
	9 Program service revenue (Part VIII, line 2g)	39,331,647	39,721,904
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	690,367	-226,388
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,314,337	1,027,784
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,797,720	50,668,008
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,267
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,963,236	27,266,318
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,081	9,343
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 983,229		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,209,176	21,686,092
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	48,180,493	48,975,020	
19 Revenue less expenses Subtract line 18 from line 12	2,617,227	1,692,988	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	96,044,309	102,568,676
	21 Total liabilities (Part X, line 26)	44,844,814	49,676,854
	22 Net assets or fund balances Subtract line 21 from line 20	51,199,495	52,891,822

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2016-08-09
 William H George CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Yong Zhang	Preparer's signature: Yong Zhang	Date: _____	Check <input type="checkbox"/> if self-employed	PTIN: P01249785
Firm's name: ▶ RSM US LLP			Firm's EIN: ▶ 42-0714325	
Firm's address: ▶ 919 East Main Street Suite 1800 Richmond, VA 23219			Phone no: (804) 282-2121	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 20,287,830	including grants of \$ 13,100	(Revenue \$ 11,126,463)
<p>YMCA YOUTH DEVELOPMENT HELPED PEOPLE - IMPROVE ACADEMIC PERFORMANCE THROUGH TUTORING AND HOMEWORK ASSISTANCE - BUILD LEADERSHIP SKILLS IN TEENS THROUGH SUMMER CAMPS AND LEADERS CLUBS - GROW PERSONALLY BY BUILDING SELF-ESTEEM AND SELF-RELIANCE - DEVELOP AND STRENGTHEN VALUES BY MODELING AND TEACHING CHILDREN TO ACCEPT AND DEMONSTRATE THE CORE VALUES OF CARING, HONESTY, RESPECT, RESPONSIBILITY AND FAITH - IMPROVE INTERPERSONAL RELATIONSHIPS BY TEACHING CHILDREN TO CARE ABOUT, COMMUNICATE WITH AND COOPERATE WITH FAMILY AND FRIENDS - APPRECIATE DIVERSITY BY MODELING AND TEACHING RESPECT FOR PEOPLE OF DIFFERENT AGES, ABILITIES, INCOME, RACES, RELIGIONS, CULTURES AND BELIEFS - BECOME LEADERS AND SUPPORTERS BY TEACHING CHILDREN THAT GIVE AND TAKE ARE NECESSARY TO WORK TOWARD THE COMMON GOOD - BUILD SKILLS BY HELPING CHILDREN ACQUIRE NEW SKILLS AND KNOWLEDGE AND WAYS TO GROW IN BODY, MIND AND SPIRIT - BUILD DEVELOPMENTAL ASSETS BY CREATING AN ASSET-RICH ENVIRONMENT FOR ALL YOUTH, PROVIDING CHILDREN WITH THE ASSETS THAT HAVE BEEN SHOWN TO HELP FOSTER AND NURTURE POSITIVE DEVELOPMENT - REDUCE YOUTH OBESITY - LEAD HEALTHY LIVES PROVIDE PHYSICAL WELL-BEING FOR CHILDREN, AND - HAVE FUN ENJOY LIFE! THE YMCA OF SOUTH HAMPTON ROADS YOUTH DEVELOPMENT IS BUILT ON THE CONCEPT OF THE FAMILY, CHILD, COMMUNITY AND ACCESSIBILITY OUR YOUTH DEVELOPMENT IS FAMILY-CENTERED WHICH MEANS THAT THE PARENT MUST BE INCLUDED IN THE YOUTH DEVELOPMENT PROCESS THE GOAL IS TO SUPPORT AND ASSIST THE PARENT AND TO STRENGTHEN THE PARENT-CHILD RELATIONSHIP THE YMCA SEES "PARENTS AS PARTNERS" AND ACTIVELY ENCOURAGES PARENT PARTICIPATION TO ENSURE THE BEST POSSIBLE GROWTH AND DEVELOPMENT EXPERIENCE FOR THE CHILDREN BEYOND THE INFORMAL DAILY CONTACT, THE YMCA SUPPORTS THE TRUSTING RELATIONSHIP AMONG PARENT, CHILD AND CAREGIVER THROUGH PARENT ACCESS PARENTS ARE WELCOME TO JOIN IN THEIR CHILDREN'S ACTIVITIES ANYTIME, NO APPOINTMENT IS NECESSARY COMMUNICATION IN ADDITION TO WRITTEN OR VERBAL COMMUNICATION BETWEEN STAFF MEMBERS AND PARENTS, WE ENCOURAGE EACH CHILD TO SHARE HIS OR HER DAILY EXPERIENCES WITH PARENTS AT THE END OF EVERY PROGRAM DAY PARENT MEETINGS TWICE A YEAR, YOUR CHILD'S PROGRESS IS ASSESSED OUR STAFF COMMUNICATES THAT INFORMATION TO YOU IN A VARIETY OF WAYS PROGRESS REPORTS, CONFERENCES AND PHONE CALLS WILL ALL BE USED AS WAYS TO DISCUSS YOUR CHILD'S GROWTH IN SPIRIT, MIND AND BODY SPECIAL EVENTS SPECIAL ACTIVITIES, SUCH AS BIRTHDAY PARTIES, FIELD TRIPS, PARENT EVENTS AND CELEBRATIONS, MAKE IT EASIER FOR CHILDREN AND THEIR PARENTS TO EXPLORE ONE ANOTHER'S WORLD THE YMCA OF SOUTH HAMPTON ROADS BELIEVES THAT SAFETY AND CARE IS A BIRTHRIGHT OF ALL CHILDREN AND SOME PARENTS NEED HELP CARRYING OUT THIS RESPONSIBILITY OUR REPUTATION FOR CONSISTENCY, DEDICATION AND SAFETY MAKE PARENTS FEEL CONFIDENT ENTRUSTING US WITH THE CARE OF THEIR CHILDREN WE CONTINUOUSLY REVIEW OUR HEALTH AND SAFETY POLICIES TO ENSURE THE WELL BEING OF EACH CHILD OUR LOW CHILD-TO-TEACHER RATIOS ENABLE THE STAFF TO FOSTER SOLID RELATIONSHIPS AND PROVIDE SOUND GUIDANCE, WHILE MAINTAINING THE STABILITY THAT CONTRIBUTES SO EFFECTIVELY TO THE COMFORT, SECURITY AND DEVELOPMENT OF THE CHILDREN IN OUR PROGRAMS IN 2015, THE YMCA OF SOUTH HAMPTON ROADS SERVED 2,023 PRESCHOOLERS, 4,422 SCHOOL-AGE CHILDREN THROUGH OUR BEFORE & AFTER SCHOOL PROGRAMS, 6,409 DAY CAMPERS, AND 1,970 RESIDENT CAMPERS OUR CHILD CARE PROGRAMS PROVIDE QUALITY PROGRAMMING FOR ALL PARENTS REGARDLESS OF THEIR ABILITY TO PAY WE PROVIDE SCHOLARSHIPS FOR THOSE UNABLE TO AFFORD THE FULL FEE WHILE AT THE SAME TIME ADVOCATING TO LEGISLATORS TO DO THEIR PART TO MAKE HIGH-QUALITY, AFFORDABLE CHILD CARE AVAILABLE TO ALL BY YEAR-END, CHILDREN ATTENDING OUR LICENSED CHILD CARE PROGRAMS OF PRESCHOOL, BEFORE AND AFTER SCHOOL CHILDCARE AND DAY CAMP WERE RECEIVING FINANCIAL ASSISTANCE THROUGH OUR OPEN DOORS PROGRAM THE TOTAL SUBSIDY PROVIDED TO CHILDREN IN NEED BY THE YMCA OF SOUTH HAMPTON ROADS WAS \$761,220 1 DAY CAMP THIS ELEVEN WEEK, LICENSED SUMMER ONLY PROGRAM EXPERIENCE ALLOWS CHILDREN TO DO A VARIETY OF ACTIVITIES THAT WOULD OTHERWISE NOT BE AVAILABLE TO THEM AT ANY OTHER TIME OF THE YEAR THE DAILY COMPONENTS OF SPIRITUALITY, SPORTS, THE ARTS, SCIENCE, SWIMMING, AND CHARACTER DEVELOPMENT WITH A SIGNIFICANT AMOUNT OF OUTDOOR PROGRAMMING ALLOWS CHILDREN TO JUST BE KIDS SUMMER CAMP IS A TIME FOR MAKING LIFE LONG MEMORIES AND FRIENDSHIPS WHILE HAVING FUN AND BUILDING SKILLS 2 KINDERGARTEN PLUS THIS PROGRAM IS DESIGNED TO ENRICH THE PUBLIC SCHOOL SYSTEM'S HALF-DAY KINDERGARTEN IN VIRGINIA BEACH BY REINFORCING ACADEMICS AND PREREQUISITE SKILLS INCLUDING GROUP BEHAVIOR, LISTENING TO DIRECTIONS AND LEARNING TO EXPRESS NEEDS IN A SOCIALLY ACCEPTABLE WAY 3 BEFORE AND AFTER SCHOOL CHILD CARE THIS STATE LICENSED PROGRAM EXPOSES CHILDREN TO A VARIETY OF NEW AND EXCITING EXPERIENCES WHILE PROVIDING 5-12 YEAR OLDS A CHANCE TO UNWIND, EXPLORE AND EXPERIMENT, DISCOVER NEW IDEAS, AND PLAY WITH THEIR FRIENDS ART, CHARACTER DEVELOPMENT, AND PHYSICAL ACTIVITY ARE PART OF EACH DAY HOMEWORK ASSISTANCE IS PROVIDED TO ALL CHILDREN WHO NEED IT AND/OR ASK FOR IT SO THAT PARENTS HAVE THE PEACE OF MIND THAT IT IS DONE SPECIFIC PROGRAM COMPONENTS INCLUDE A S P A R K (SPORTS, PLAY AND ACTIVE RECREATION FOR KIDS) IS A RESEARCH-BASED FUN PROGRAM DEDICATED TO IMPROVING THE QUALITY AND QUANTITY OF PHYSICAL ACTIVITY FOR THE CHILDREN IN OUR AFTER-SCHOOL PROGRAMS THIS GIVES SCHOOL-AGE CHILDREN THE TIME AND THE OPPORTUNITY TO EXERCISE AND STRENGTHEN THEIR STILL GROWING BODIES THIS IS OFFERED DAILY AND IS OUR CONTRIBUTION TO COUNTERING OUR NATION'S GROWING EPIDEMIC OF CHILDHOOD OBESITY B CLUBS-GIVES CHILDREN A CHANCE TO CHOOSE WHAT THEY WOULD LIKE TO DO AFTER-SCHOOL DEPENDING UPON THEIR INTERESTS VARIED ACTIVITIES ARE OFFERED FOR EVERY TYPE OF CHILD SPORTS, ARTS & CRAFTS, MUSIC, PHOTOGRAPHY, AND MUCH MORE! TEEN LEADERS CLUBS OFFER TEENS THE OPPORTUNITY TO DEVELOP LEADERSHIP SKILLS IN A SAFE ENVIRONMENT 4 PRESCHOOL CHILD CARE FOR MANY OF SOUTH HAMPTON ROADS FAMILIES, PRESCHOOL HAS BECOME A WAY OF LIFE NOT ONLY IN RESPONSE TO A GROWING DEMAND FOR OUT-OF-HOME CHILD CARE BUT ALSO IN RECOGNITION OF THE CRITICAL IMPORTANCE OF EDUCATION EXPERIENCES DURING THE EARLY YEARS OUR PRESCHOOL PROGRAM HELPS PREPARE CHILDREN FOR SUCCESS IN SCHOOL - AND IN LIFE NEW RESEARCH ON THE BRAIN AND ON LEARNING SHOWS HOW IMPORTANT THE EARLY YEARS ARE IN A CHILD'S LEARNING AND DEVELOPMENT WHAT HAPPENS IN PRESCHOOL MATTERS A LOT AND, WHAT PARENTS DO AT HOME IS EVEN MORE IMPORTANT WORKING TOGETHER, THE YMCA GIVES CHILDREN THE BEST START FOR SCHOOL A EARLY DISCOVERIES/ EARLY ADVENTURES SINCE 1995 AND 1998 RESPECTIVELY, THE YMCA OF SOUTH HAMPTON ROADS HAS PROVIDED AN EARLY CHILDHOOD LEARNING EXPERIENCE TO ELIGIBLE 4 YEAR OLDS IN THE CITIES OF VIRGINIA BEACH AND CHESAPEAKE AS PART OF THE COMMONWEALTH OF VIRGINIA'S, VIRGINIA PRESCHOOL INITIATIVE THE VPI GRANT WAS DESIGNED TO GIVE AT-RISK PRESCHOOLERS THE READY-TO-LEARN SKILLS THEY WILL NEED FOR KINDERGARTEN FOUR YEAR-OLD CHILDREN IDENTIFIED AS BEING "AT RISK" OF SCHOOL FAILURE ARE ENROLLED FREE OF CHARGE CHILDREN ENROLLED IN THESE PROGRAMS MUST BE FOUR YEARS OF AGE ON OR BEFORE SEPTEMBER 30TH OF THE SCHOOL YEAR SELECTION TO EARLY DISCOVERIES/EARLY ADVENTURES IS BY WEIGHTED RISK FACTORS THOSE WITH THE HIGHEST RISK FACTORS ARE SELECTED FIRST WE PROVIDE ELIGIBLE STUDENTS AND THEIR FAMILIES' PARENTAL INVOLVEMENT OPPORTUNITIES, AGE APPROPRIATE STRUCTURED AND INTERACTIVE LEARNING ENVIRONMENTS, STRUCTURED CURRICULA AND ASSESSMENT, TEACHERS WITH BACHELOR DEGREES AND A SAFE HAVEN AWAY FROM HOME WE WORK EFFORTLESSLY TO HELP NOT ONLY THE CHILD ATTENDING, BUT THE FAMILY AS A WHOLE WE PROVIDE MONTHLY IN-SERVICES/OPPORTUNITIES TO TEACH PARTICIPANTS ON TOPICS SUCH AS PARENTING, BUDGETING, NUTRITION, OR OTHER TOPICS IDENTIFIED BY THE FAMILIES PARENT/TEACHER CONFERENCES ARE SCHEDULED TWO TIMES PER YEAR TO REVIEW THE STUDENT'S PROGRESS PARENT NIGHTS ARE SCHEDULED TO SHARE/EDUCATE THE PARENT ON DIFFERENT THINGS THEY CAN TRY AT HOME TO PROMOTE LEARNING THIS YEAR, 266 "AT RISK" CHILDREN ENJOYED ONE WEEK OF SWIMMING LESSONS TO GIVE THEM A BASIC UNDERSTANDING OF WATER AND TO ENJOY ITS BENEFITS</p>				

4b	(Code)	(Expenses \$ 20,179,274	including grants of \$)	(Revenue \$ 26,568,411)
<p>HEALTH AND WELLNESS THE YMCA OF SOUTH HAMPTON ROADS PUTS JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE TO STRENGTHEN OUR COMMUNITY AND BRING PEOPLE FROM ALL WALKS OF LIFE TOGETHER WE PROVIDE CHILDREN OPPORTUNITIES TO LEARN, GROW AND THRIVE, WHILE NURTURING NEW RELATIONSHIPS WITH FRIENDS AND MENTORS WE PROMOTE QUALITY FAMILY TIME IN ALL OUR PROGRAMS AND FACILITIES THROUGH SHARED LEARNING EXPERIENCES, PERSONAL SUCCESSES AND COMMUNITY EVENTS WE GIVE BACK AND SUPPORT OUR NEIGHBORS BY MAKING SURE THAT EVERYONE HAS THE OPPORTUNITY TO PARTICIPATE THE YMCA IMPROVES OUR COMMUNITIES' HEALTH AND WELL BEING THROUGH DIABETES PREVENTION AND RESTORATIVE HEALTH PROGRAMS IN 2015, THE YMCA OF SOUTH HAMPTON ROADS SERVED 54,869 CHILDREN AGES 1-17, 77,958 ADULTS 18-64, AND 11,935 SENIORS 65+ FOR A TOTAL OF 142,767 PEOPLE SERVED AS MEMBERS AND PROGRAM PARTICIPANTS BY YEAR END 28 8% OF MEMBERSHIP HOUSEHOLDS WERE RECEIVING FINANCIAL ASSISTANCE THROUGH OUR OPEN DOORS PROGRAM THE TOTAL SUBSIDY PROVIDED TO FAMILIES IN NEED BY THE YMCA OF SOUTH HAMPTON ROADS WAS \$7,176,845, \$6,210,040 FOR MEMBERSHIP AND \$966,805 FOR PROGRAM SERVICES TO COMBAT THE HEALTH AND OBESITY CRISIS IN THE AMERICA, THE YMCA OF SOUTH HAMPTON ROADS CONTINUED AND ENHANCED SEVERAL PROGRAMS TO TARGET THE "HEALTH SEEKER" DEFINED AS THOSE INDIVIDUALS WHO HAVE LED A SEDENTARY LIFESTYLE AND ARE SEARCHING FOR ENCOURAGEMENT, ASSISTANCE, AND EDUCATION TO LEAD A HEALTHIER LIFESTYLE NEW PROGRAMS DEVELOPED AND IMPLEMENTED, AND CONTINUED AND ENHANCED PROGRAMMING INCLUDES 1 Y-CHANGE THIS SIX-WEEK PROGRAM OFFERED AT ALL FAMILY CENTERS PROVIDES NUTRITION, EXERCISE, AND EDUCATION MATERIALS IN A SMALL GROUP ENVIRONMENT THE COACH EDUCATES THE GROUP ON NUTRITION AND INTRODUCES THEM TO VARYING FORMS OF EXERCISE INCLUDING GROUP EXERCISE CLASSES THE INTENT OF THE PROGRAM IS TO PROVIDE A "GET STARTED" PLATFORM FOR MEMBERS SO THEY WILL CONTINUE THEIR EXERCISE AND NUTRITION PROGRAM CHOOSE FROM Y-CHANGE ADULTS, KIDS, TEENS, FAMILIES, OLDER ADULTS AND Y-CHANGE I AND II IN 2015, 2,016 MEMBERS PARTICIPATED IN THIS PROGRAM 2 HEALTHY KIDS DAY CELEBRATED ANNUALLY, THE GOAL OF THIS EVENT IS TO PROVIDE COMMUNITY MEMBERS WITH THE PROPER RESOURCES TO LIVE HEALTHY LIFESTYLES FREE AND OPEN TO THE PUBLIC, PEOPLE ARE INVITED TO PARTAKE IN FUN YMCA ACTIVITIES AT EACH LOCATION, APPROPRIATE FOR THE ENTIRE FAMILY ACTIVITIES INCLUDE FAMILY GROUP EXERCISE CLASSES, HEALTHY EATING TIPS AND NUTRITIONAL LEARNING GAMES 3 COMMUNITY FAMILY NIGHT CELEBRATED ANNUALLY, THE GOAL OF THIS EVENT IS TO PROVIDE COMMUNITY MEMBERS WITH THE PROPER RESOURCES TO LIVE HEALTHY LIFESTYLES FREE AND OPEN TO THE PUBLIC, FAMILIES ARE INVITED TO PARTAKE IN FUN YMCA ACTIVITIES AT EACH LOCATION, APPROPRIATE FOR THE ENTIRE FAMILY ACTIVITIES INCLUDE FAMILY GROUP EXERCISE CLASSES, HEALTHY EATING TIPS AND NUTRITIONAL LEARNING GAMES 4 SPRING FITNESS CHALLENGE DESIGNED TO GET MEMBERS OVER THE AGE OF 8 MOTIVATED TO MAINTAIN A HEALTHY LIFESTYLE, THIS 5-WEEK PROGRAM KEEPS PARTICIPANTS ENGAGED AND EXCITED ABOUT FITNESS AS WE HEAD INTO SPRING IN 2015, 4,909 MEMBERS PARTICIPATED IN THIS HEALTHY ACTIVITY 5 HOLIDAY KICK OFF FITNESS CHALLENGE DESIGNED TO GET MEMBERS OVER THE AGE OF 8 MOTIVATED TO MAINTAIN A HEALTHY LIFESTYLE DURING THE HOLIDAY SEASON, THIS 5-WEEK PROGRAM KEEPS PARTICIPANTS ENGAGED AND EXCITED ABOUT FITNESS AS WE HEAD INTO THE HOLIDAYS IN 2015, 6,605 MEMBERS PARTICIPATED IN THIS HEALTHY ACTIVITY 6 OLDER ADULTS DAY ALL OLDER ADULTS IN THE COMMUNITY ARE INVITED TO PARTICIPATE IN YMCA ACTIVITIES, SUCH AS HEALTH SEMINARS, BLOOD PRESSURE AND OTHER HEALTH SCREENINGS, WATER EXERCISE, GROUP EXERCISE CLASSES, CRAFTS AND MORE THE GOAL OF THIS ANNUAL CELEBRATION IS TO GET ADULTS AGES 65 AND OLDER ACTIVE, BOTH SOCIALLY AND PHYSICALLY 7 CLINICAL EXERCISE FITNESS PROGRAM - IN PARTNERSHIP WITH SENTARA HEALTH CARE SYSTEMS, THIS SPECIALIZED PROGRAM FOR INDIVIDUALS RELEASED FROM PHYSICIANS CARE BUT STILL NEED THE GUIDANCE AND SUPPORT FROM AN EXERCISE PHYSIOLOGIST IS OFFERED AT THE HILLTOP AND MT TRASHMORE LOCATIONS 172 INDIVIDUALS PARTICIPATED IN THIS PROGRAM IN 2015 8 DIABETES PREVENTION PROGRAM, WHICH IS PART OF THE CDC-LED NATIONAL DIABETES PREVENTION PROGRAM HELPS THOSE AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES ADOPT AND MAINTAIN HEALTHY LIFESTYLES BY EATING HEALTHIER, INCREASING PHYSICAL ACTIVITY AND LOSING A MODEST AMOUNT OF WEIGHT IN ORDER TO REDUCE THEIR CHANCES OF DEVELOPING THE DISEASE THE PROGRAM IS A LIFESTYLE BEHAVIOR INTERVENTION DELIVERED OVER THE COURSE OF ONE YEAR IN 2015, THE YMCA PARTNERED WITH HEALTH CARE PROVIDERS, LOCAL DEPARTMENTS OF HEALTH, GRANT FUNDERS, AND OTHER COMMUNITY BASED ORGANIZATION TO DELIVER THE PROGRAM TO 107 PARTICIPANTS 9 IN ADDITION TO ASSOCIATION WIDE EVENTS, EACH FAMILY CENTER (18 LOCATIONS) SCHEDULED, PROMOTED, AND CONDUCTED VARIOUS WELLNESS SPECIAL EVENTS, OFF AND ON SITE HEALTH FAIRS, AND MEMBER FITNESS INCENTIVE PROGRAMS TO PROMOTE A HEALTHY LIFESTYLE IN ADDITION, THE YMCA FITQUEST PROGRAM PROVIDES INCENTIVE AWARDS TO MEMBERS FOR ACHIEVING FITNESS BENCHMARKS THE YMCA USES A FITNESS TRACKING SOFTWARE (ACTIVTRAX), TO PROVIDE MEMBERS THE TOOLS TO MANAGE THEIR WELLNESS PROTOCOLS AND PROVIDE NUTRITIONAL AND HEALTHY LIFESTYLE RESOURCES</p>				

4c	(Code)	(Expenses \$ 1,404,977	including grants of \$)	(Revenue \$ 1,023,391)
<p>AQUATICS YMCA AQUATIC PROGRAMS ARE PART OF THE YMCA'S FITNESS AND HEALTH ENHANCEMENT OBJECTIVE IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, YMCA AQUATIC PROGRAMS PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE PROGRAMMING ALSO PROMOTES TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP YMCA AQUATICS PROGRAMS ARE ALSO PART OF THE YMCA'S OVERALL GOAL OF YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY AQUATIC PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT-LARGE, WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CAN'T AFFORD THE FULL FEE DURING 2015, WE PROVIDED INDOOR AND OUTDOOR AQUATIC FACILITIES FOR ALL YMCA MEMBERS AQUATIC FACILITIES WERE UTILIZED FOR A MIX OF PROGRAMS THAT INCLUDE LAP SWIMMING, EXERCISE CLASSES, INSTRUCTIONAL CLASSES, AND AQUATIC SOCIAL, CERTIFICATION, AND TEAM BUILDING PROGRAMS THE YMCA ENROLLED 16,396 PEOPLE IN YMCA SWIM LESSON CLASSES, AND AN ESTIMATED 25,000 PEOPLE PARTICIPATED IN WATER EXERCISE PROGRAMS OVER 1,300 CHILDREN AND ADULTS WERE ENROLLED IN SPECIAL AQUATIC PROGRAMS SUCH AS ADAPTIVE AQUATICS, SCUBA, WATER ARTHRITIS, AND CERTIFICATIONS, ETC IN ADDITION THE YMCA PROVIDED AQUATIC FACILITIES FOR PHYSICAL THERAPY PARTNERS TO USE IN PHYSICIAN REFERRAL TREATMENT APPROXIMATELY 200 TEENS LEARNED LIFE GUARDING SKILLS IN OUR LIFEGUARD AND SWIM INSTRUCTOR CLASSES, HELPING THEM TO DEVELOP CONFIDENCE, RESPONSIBILITY, AND A SKILL THAT CAN GIVE THEM GAINFUL EMPLOYMENT ON THEIR SUMMER BREAKS OVER 700 CHILDREN PARTICIPATED IN ORGANIZED SWIM TEAM PROGRAMS THROUGH THE Y AND Y TEAM PARTNERS THE YMCA ALSO MADE THEIR FACILITIES AVAILABLE TO OUTSIDE SWIM TEAMS FOR PRACTICE AND OUR FACILITIES WERE UTILIZED FOR REGIONAL SWIM MEETS THE YMCA OF SOUTH HAMPTON ROADS ALSO CONDUCTED "LEARN TO SWIM (ALSO KNOWN AS SPLASH)" AND "WATER SAFETY WEEKS" AT LOCAL ELEMENTARY SCHOOLS THROUGHOUT THE YMCA SERVICE AREA THOUSANDS OF CHILDREN BENEFITED FROM THIS PROGRAM FUNDS TO CONDUCT THESE WATER SAFETY PROGRAMS WERE GENERATED THROUGH YMCA ANNUAL GIVING CAMPAIGN AND LOCAL GRANTS</p>				

See Additional Data

4d	Other program services (Describe in Schedule O)	(Expenses \$ 984,889	including grants of \$ 167	(Revenue \$ 1,212,451)
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4e	Total program service expenses	42,856,970		
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-1b, 2-7b, 8-9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a-16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,290,573	0	204,453	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUSSEX DEVELOPMENT CORP 1604 HILLTOP W EXECUTIVE CTR VIRGINIA BEACH, VA 23451	GENERAL CONTRACTOR	8,794,685
MID ATLANTIC COMPANIES 1640 DONNA DRIVE VIRGINIA BEACH, VA 23451	BUILDING MAINTENANCE	749,053
VIRGINIA BEACH CITY PUBLIC SCHOOLS 2512 GEORGE MASON DRIVE VIRGINIA BEACH, VA 23456	JANITORIAL AND TRANSPORTATION	388,750
RICHARD E CONNOR 1328 Holland Road Suffolk, VA 23434	LANDSCAPE SERVICES	199,960
PENSKE TRUCK LEASING LP PO Box 532658 Atlanta, GA 30353	VEHICLE REPAIR SERVICES	186,226

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	296,187				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	141,034				
	d	Related organizations 1d	0				
	e	Government grants (contributions) 1e	5,982,594				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,724,893				
	g	Noncash contributions included in lines 1a-1f \$	76,692				
	h	Total. Add lines 1a-1f	10,144,708				
Program Service Revenue			Business Code				
	2a	Membership Revenue	624100	26,377,825	26,377,825		
	b	Childcare Revenue -- School Age	624410	6,112,643	6,112,643		
	c	Day Camp Revenue	624410	2,225,385	2,225,385		
	d	Resident Camp Revenue	624100	1,671,823	1,671,823		
	e	Childcare Revenue -- Infant/Toddler/Preschool	624410	443,275	443,275		
	f	All other program service revenue		2,890,953	2,890,953	0	
g	Total. Add lines 2a-2f		39,721,904				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	54,950	0	16	54,934	
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0	
	5	Royalties	0	0	0	0	
	6a	(i) Real		(ii) Personal			
		Gross rents	587,517	0			
		b Less rental expenses	0	0			
		c Rental income or (loss)	587,517	0			
	d	Net rental income or (loss)	587,517	0	0	587,517	
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory	1,319,817	124,717			
		b Less cost or other basis and sales expenses	1,343,139	382,733			
		c Gain or (loss)	-23,322	-258,016			
	d	Net gain or (loss)	-281,338	0	0	-281,338	
	8a	Gross income from fundraising events (not including \$ 141,034 of contributions reported on line 1c) See Part IV, line 18					
	a		153,158				
	b	Less direct expenses b		118,126			
	c	Net income or (loss) from fundraising events	35,032		0	35,032	
9a	Gross income from gaming activities See Part IV, line 19						
a		0					
b	Less direct expenses b		0				
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a		234,000					
b	Less cost of goods sold b		37,577				
c	Net income or (loss) from sales of inventory	196,423	0	0	196,423		
		Business Code					
11a	Miscellaneous Revenue miscellaneous revenues	624100	208,812	208,812	0		
b			0	0	0		
c			0	0	0		
d	All other revenue		0	0	0		
e	Total. Add lines 11a-11d		208,812				
12	Total revenue. See Instructions		50,668,008	39,930,716	16	592,568	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,267	12,267		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,000	1,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	759,849		569,887	189,962
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	329,497	32,950	263,597	32,950
7	Other salaries and wages	21,770,138	19,288,550	2,081,500	400,088
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,457,558	1,239,069	179,134	39,355
9	Other employee benefits	1,281,070	1,032,979	201,469	46,622
10	Payroll taxes	1,668,206	1,431,378	199,308	37,520
11	Fees for services (non-employees)				
a	Management				
b	Legal	62,918	0	62,918	0
c	Accounting	74,150	0	74,150	0
d	Lobbying	14,000	14,000	0	0
e	Professional fundraising services. See Part IV, line 17	9,343			9,343
f	Investment management fees	33,690	0	33,690	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	518,296	290,070	211,365	16,861
12	Advertising and promotion	1,088,624	1,062,784		25,840
13	Office expenses	1,683,289	1,427,622	242,429	13,238
14	Information technology	608,086	541,014	64,457	2,615
15	Royalties				
16	Occupancy	5,552,033	5,424,489	122,296	5,248
17	Travel	1,037,616	912,687	107,912	17,017
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	442,356	222,641	178,066	41,649
20	Interest	997,894	897,805	100,089	0
21	Payments to affiliates	365,016	365,016	0	0
22	Depreciation, depletion, and amortization	5,522,169	5,135,617	281,631	104,921
23	Insurance	841,339	784,042	57,297	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Program Supplies	2,432,354	2,432,354		
b	Equipment Maintenance	192,966	167,244	25,722	0
c	Licenses and Dues	86,041	58,846	27,195	0
d	Employee Testing, Vaccines and Record Checks	46,590	39,602	6,988	0
e	All other expenses	86,665	42,944	43,721	0
25	Total functional expenses. Add lines 1 through 24e	48,975,020	42,856,970	5,134,821	983,229
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows 10a, 10b, 10c and 30-32.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,668,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,975,020
3	Revenue less expenses Subtract line 2 from line 1	3	1,692,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,199,495
5	Net unrealized gains (losses) on investments	5	-661
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,891,822

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 54-0445205
Name: Young Men's Christian Association of South Hampton Roads

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 984,889 including grants of \$ 167) (Revenue \$ 1,212,451)

THE PRIMARY PROGRAM OFFERINGS NOT INCLUDED IN HEALTH & WELLNESS, CHILD CARE, AND AQUATICS ARE ADULT AND YOUTH SPORTS, AND PERSONAL TRAINING IN 2015, 9,875 YOUTH PARTICIPATED IN SPORTS PROGRAMS WHERE THEY LEARNED SELF CONFIDENCE, TEAMWORK, SKILLS AND CHARACTER VALUES OF CARING, HONESTY, RESPECT, RESPONSIBILITY AND FAITH THE YMCA ALSO PROVIDES THE FIRST TEE PROGRAM FOR OUR COMMUNITY OVER 24,000 YOUTH HAVE LEARNED LIFE SKILLS THROUGH THE GAME OF GOLF

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM DILLE CHAIR	3 0	X		X				0	0	0
DUDLEY WARE CHAIR ELECT	3 0	X		X				0	0	0
TERRIE EDWARDS VICE CHAIR	3 0	X		X				0	0	0
WILLIAM STULB TREASURER	3 0	X		X				0	0	0
JAKE ALLISON ASSISTANT TREASURER	3 0	X		X				0	0	0
LES WATSON SECRETARY	3 0	X		X				0	0	0
KATHY ABSHIRE DIRECTOR	1 0	X						0	0	0
PETER BASTONE DIRECTOR	1 0	X						0	0	0
STEVE BEST DIRECTOR	1 0	X						0	0	0
EVERETT BIRDSONG DIRECTOR	1 0	X						0	0	0
SANDRA BIRDSONG DIRECTOR	1 0	X						0	0	0
ROBERT BLOXOM DIRECTOR	1 0	X						0	0	0
BILL BRUMSEY DIRECTOR	1 0	X						0	0	0
ANTHONY BROWN DIRECTOR	1 0	X						0	0	0
CHRIS BURNS DIRECTOR	1 0	X						0	0	0
JOSEPH BUSHEY DIRECTOR	1 0	X						0	0	0
WYNN DIXON DIRECTOR	1 0	X						0	0	0
RYAN HARRELL DIRECTOR	1 0	X						0	0	0
WARREN HARRIS DIRECTOR	1 0	X						0	0	0
BRIAN HEDGEPEETH DIRECTOR	1 0	X						0	0	0
MARCUS JONES DIRECTOR	1 0	X						0	0	0
DOUG KENNEDY DIRECTOR	1 0	X						0	0	0
JOE KENNEDY DIRECTOR	1 0	X						0	0	0
STEVE MOBLEY DIRECTOR	1 0	X						0	0	0
RODNEY OLIVER DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRYAN OLSON DIRECTOR	1 0	X						0	0	0
S PAUL ONEAL DIRECTOR	1 0	X						0	0	0
JOHN PADGETT DIRECTOR	1 0	X						0	0	0
WALTER POTTER DIRECTOR	1 0	X						0	0	0
SUZANNE PURYEAR DIRECTOR	1 0	X						0	0	0
STEVE ROMINE DIRECTOR	1 0	X						0	0	0
LINDA SKRIP DIRECTOR	1 0	X						0	0	0
ROB STANTON DIRECTOR	1 0	X						0	0	0
ROB TRAVERS DIRECTOR	1 0	X						0	0	0
ROBERT TRIVETTE DIRECTOR	1 0	X						0	0	0
REGINA TUREMAN DIRECTOR	1 0	X						0	0	0
TODD WILLIAMS DIRECTOR	1 0	X						0	0	0
JANET WINN DIRECTOR	1 0	X						0	0	0
MATT WOOD DIRECTOR	1 0	X						0	0	0
CHER WYNKOOP DIRECTOR	1 0	X						0	0	0
WILLIAM H GEORGE PRESIDENT/CEO	50 0			X				264,209	0	38,499
SUSAN E OHMSEN CHIEF FINANCIAL OFFICER	50 0			X				197,394	0	29,396
THOMAS C FLYNN CHIEF OPERATING OFFICER	50 0				X			201,626	0	28,692
LYNN SKEELE FLYNN SENIOR VICE PRESIDENT	50 0					X		144,271	0	23,341
WILLIAM ZAZYNSKI SENIOR VICE PRESIDENT	50 0					X		137,472	0	24,413
ADAM KAHRL DISTRICT VICE PRESIDENT	50 0					X		121,813	0	21,994
RICHARD MATTHEWS DISTRICT VICE PRESIDENT	50 0					X		114,943	0	20,097
TERRI REEDY VICE PRESIDENT	50 0					X		108,845	0	18,021

SCHEDULE A
(Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Young Men's Christian Association of South Hampton Roads

Employer identification number
54-0445205

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	12,887,548	10,171,064	9,755,535	9,461,369	10,144,708	52,420,224
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	12,887,548	10,171,064	9,755,535	9,461,369	10,144,708	52,420,224
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,122,901
6 Public support. Subtract line 5 from line 4						49,297,323

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	12,887,548	10,171,064	9,755,535	9,461,369	10,144,708	52,420,224
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	506,087	636,047	1,283,054	713,911	642,467	3,781,566
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	153,158	153,158
11 Total support. Add lines 7 through 10						56,354,948
12 Gross receipts from related activities, etc. (see instructions)					12	191,476,514
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	87.48 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	87.73 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

- | | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

Schedule A, Part II, Line 10 Other Income

DESCRIPTION - GROSS INCOME FROM SPECIAL EVENTS FUNDRAISING, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 153158 0, COLUMN F - 153158 0,

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. -Attach to Form 990 or Form 990-EZ.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization: Young Men's Christian Association of South Hampton Roads
Employer identification number: 54-0445205

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	14,000													
c Total lobbying expenditures (add lines 1a and 1b)	14,000													
d Other exempt purpose expenditures	48,961,020													
e Total exempt purpose expenditures (add lines 1c and 1d)	48,975,020													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0												
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	10,000	10,000	14,000	14,000	48,000
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures			0	0	0

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

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

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

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

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Young Men's Christian Association of South Hampton Roads

Employer identification number 54-0445205

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

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

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and revenue/asset amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

- a Board designated or quasi-endowment 0%
b Permanent endowment 84.26%
c Temporarily restricted endowment 15.74%
The percentages on lines 2a, 2b, and 2c should equal 100%

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

Small table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	50,976,068
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-661	
b	Donated services and use of facilities	2b	160,375	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	148,346	
e	Add lines 2a through 2d			2e 308,060
3	Subtract line 2e from line 1			3 50,668,008
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b			4c 0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 50,668,008

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	49,283,741
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	160,375	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	148,346	
e	Add lines 2a through 2d			2e 308,721
3	Subtract line 2e from line 1			3 48,975,020
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 48,975,020

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 1e SCHEDULE D, PART V, LINE 1E	\$112,705 PRIOR YEARS' ADJUSTMENT INCLUDED IN EXPENDITURES FOR FACILITIES AND PROGRAMS
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE YMCA OF SOUTH HAMPTON ROADS ALLOCATES FUNDS FROM THE ENDOWMENT TO SUPPORT FINANCIAL ASSISTANCE FOR THOSE IN NEED IN VARIOUS PROGRAMS DONOR DESIGNATED SCHOLARSHIPS EXIST FOR THE FIRST TEE, RESIDENT CAMP AT CAMP SILVER BEACH, AND VARIOUS PROGRAMS AT THE BLOCKER NORFOLK, EASTERN SHORE, SUFFOLK, AND OUTER BANKS BRANCHES THE BOARD OF DIRECTORS DETERMINES THE PROGRAM AREAS THAT RECEIVE ENDOWMENT FUNDING FOR NON-DONOR DESIGNATED FUNDS FOR 2015, THEY INCLUDED SCHOLARSHIPS AT THE Y ON GRANBY LOCATION
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Management has evaluated the YMCA's tax positions and concluded that the YMCA has taken no uncertain tax positions that require adjustment to the financial statements to comply with the accounting standard on accounting for uncertainty in income taxes The YMCA files an informational Form 990 and exempt organization business income tax return Form 990-T in the U S federal jurisdiction Generally, the YMCA is no longer subject to income tax examinations by the U S federal, state or local tax authorities for years before 2012
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	LOSS ON FIXED ASSET DISPOSALS INCLUDED IN EXPENSES ON FINANCIAL STATEMENTS - 148346
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	LOSSES ON FIXED ASSET DISPOSALS IN REVENUE ON FORM 990 - 148346

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Young Men's Christian Association of South Hampton Roads

Employer identification number 54-0445205

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Golf Tournament (event type)	Corporate Golf Tournament (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	117,617	94,080	82,495	294,192
	2 Less Contributions	41,037	67,787	32,210	141,034
	3 Gross income (line 1 minus line 2)	76,580	26,293	50,285	153,158
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	11,277	11,002	892	23,171
	6 Rent/facility costs	13,000	5,000	1,743	19,743
	7 Food and beverages	18,197	9,329	5,663	33,189
	8 Entertainment	400	600	600	1,600
	9 Other direct expenses	12,075	1,582	26,766	40,423
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					35,032

Part III Gaming.

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

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

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

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

b If "No," explain _____

.....

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

b If "Yes," explain _____

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization Young Men's Christian Association of South Hampton Roads

Employer identification number 54-0445205

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains data for YMCA Blue Ridge Assembly.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	On an annual basis, the YMCA receives reports that substantiates the use of funds

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Young Men's Christian Association of South Hampton Roads

Employer identification number
54-0445205

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a	Yes	
5b		No
6a	Yes	
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM H GEORGE PRESIDENT/CEO	(i)	233,436	21,157	9,616	31,800	6,699	302,708	0
	(ii)	0	0	0	0	0	0	0
2 SUSAN E OHMSEN CHIEF FINANCIAL OFFICER	(i)	173,055	15,388	8,951	24,400	4,996	226,790	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS C FLYNN CHIEF OPERATING OFFICER	(i)	178,050	14,931	8,645	24,224	4,468	230,318	0
	(ii)	0	0	0	0	0	0	0
4 LYNN SKEELE FLYNN SENIOR VICE PRESIDENT	(i)	125,215	11,549	7,507	18,127	5,214	167,612	0
	(ii)	0	0	0	0	0	0	0
5 WILLIAM ZAZYNSKI SENIOR VICE PRESIDENT	(i)	130,806	765	5,901	18,202	6,211	161,885	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	IN ADDITION TO BASE PAY, THE YMCA OF SOUTH HAMPTON ROADS HAS AN INCENTIVE VARIABLE PAY MATRIX BASED ON SPECIFIC BENCHMARKED PERFORMANCE GOALS. THE BENCHMARKS ARE BASED ON BUDGETED GOALS FOR SEVERAL CRITERIA, INCLUDING MEMBERSHIP REVENUE, NET EARNINGS, FUNDRAISING GOALS, AND ON SEVERAL OTHER GOALS INCLUDED IN THE STRATEGIC AND OPERATIONAL PLANS. ANNUALLY, THE COMPENSATION COMMITTEE REVIEWS AND APPROVES ACTUAL PERFORMANCE VERSUS THE BENCHMARKS AND ESTABLISHES THE AMOUNTS OF INCENTIVE PAY FOR EACH GOAL WITHIN THE PRE-ESTABLISHED SET OF ACHIEVEMENT RANGES.
Schedule J, Part I, Line 6a Compensation contingent on net earnings of the organization	SEE ANSWER TO QUESTION 5A

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Young Men's Christian Association of South Hampton Roads

Employer identification number 54-0445205

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Economic Development Authority of Accomack County, Virginia Small Business Financing Authority, and JOINT INDUSTRIAL DEVELOPMENT AUTHORITY.

Part II Proceeds

Table with 13 rows and 8 columns (A-D) for amounts and 4 columns (Yes/No) for questions 14-17. Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, and questions about current/advance refunding issues and final allocation.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D) for Yes/No answers. Questions: Was the organization a partner in a partnership...? Are there any lease arrangements that may result in private business use of bond-financed property?.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC							0 %	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column (f) Issuer Name Economic Development Authority of Accomack County	THE LOAN PROCEEDS UTILIZED TO PURCHASE, RENOVATE, AND EQUIP A NEW CORPORATE HEADQUARTERS FOR THE YMCA OF SOUTH HAMPTON ROADS (LINE A)

Return Reference	Explanation
Schedule K, Part I, Column (f) Issuer Name Virginia Small Business Financing Authority	THE LOAN PROCEEDS UTILIZED FOR BUILDING RENOVATIONS AND EQUIPMENT PURCHASES AND INSTALLATION OF IMPROVEMENTS IN THE HAMPTON ROADS AREA AND FOR REFINANCING OBLIGATIONS ISSUED BY VIRGINIA INDUSTRIAL OR ECONOMIC DEVELOPMENT AUTHORITIES THAT WERE USED TO FINANCE LAND ACQUISITION AND DEVELOPMENT ON THE EASTERN SHORE AND in the Hampton Roads area Also includes financing of issuing costs (LINE B)

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: Young Men's Christian Association of South Hampton Roads; Employer identification number: 54-0445205

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LYNN SKEELE-FLYNN	LYNN SKEELE-FLYNN IS SPOUSE OF THOMAS C FLYNN, YMCA KEY EMPLOYEE	167,611	COMPENSATION PAYMENTS TO A FAMILY MEMBER OF KEY EMPLOYEE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Young Men's Christian Association of South Hampton Roads

Employer identification number
54-0445205

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	42,598	Selling cost
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PROGRAM SUPPLIES</u>)	X	58	23,726	Opinions of experts
26 Other ▶ (<u>Office Software</u>)	X	8	6,168	Opinions of experts
27 Other ▶ (<u>Office Furniture</u>)	X	2	4,200	Opinions of experts
28 Other ▶ (_____)				

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

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

Part III Supplemental Information.

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

Return Reference	Explanation
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	THE YMCA EMPLOYED INVESTMENT BROKER TO SELL DONATED PUBLIC SECURITIES
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded Number of Contributions Other Program Supplies Number of Items Received Other Office Software Number of Items Received Other Office Furniture Number of Items Received

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.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Young Men's Christian Association of South Hampton Roads

Employer identification number

54-0445205

Return Reference	Explanation
Form 990, Part III, Line 1 Organization's mission	<p>THE YMCA OF SOUTH HAMPTON ROADS (YMCA) IS A POSITIVE FORCE IN OUR COMMUNITY, TAKING ON THE REAL CHALLENGES THAT WE FACE EVERY DAY THE YMCA MAKES ACCESSIBLE THE SUPPORT AND OPPORTUNITIES THAT EMPOWER PEOPLE AND COMMUNITIES TO LEARN, GROW AND THRIVE WITH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY, THE YMCA NURTURES THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVES THE NATION'S HEALTH AND WELL BEING, AND PROVIDES OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS THE VISION OF THE YMCA OF SOUTH HAMPTON ROADS IS TO STRENGTHEN THE FOUNDATIONS OF OUR COMMUNITY BY INCREASING THE NUMBER OF HEALTHY FAMILIES THE YMCA IS COMMITTED TO PRODUCING SIGNIFICANT, MEASURABLE RESULTS FOR OVER 250,000 PEOPLE ANNUALLY THROUGHOUT HAMPTON ROADS, FRANKLIN, THE EASTERN SHORE AND NORTHEASTERN NORTH CAROLINA USING THREE STRATEGIC PRIORITIES AS OUR GUIDE COMMUNITY HEALTH AND WELL-BEING, ACADEMIC PERFORMANCE AND LEADERSHIP, AND SERVICE TO OTHERS AS A LEADING NON PROFIT ORGANIZATION, THE YMCA OF SOUTH HAMPTON ROADS PROVIDES A LASTING IMPACT, VITAL PROGRAMS AND SERVICES FOR ALL THAT ARE FUNDED THROUGH OUR ANNUAL CAMPAIGN FROM TACKLING THE ACHIEVEMENT GAP TO TEACHING HEALTHY HABITS, EMPOWERING CHILDREN TO SWIM, TO TAKING ON NEW CHALLENGES AT SUMMER CAMP, OR GIVING PEOPLE THE CHANCE TO STRENGTHEN OUR COMMUNITY THROUGH VOLUNTEERING, EVERYTHING THE YMCA DOES IS IN SERVICE OF BUILDING A BETTER US BY HELPING KIDS, ADULTS, FAMILIES AND SENIORS IMPROVE THEIR HEALTH AND WELL-BEING, WE BUILD A STRONGER COMMUNITY EVERY DAY WITH OUR DOORS OPEN TO ALL, THE YMCA BRINGS TOGETHER PEOPLE FROM ALL BACKGROUNDS, AND SUPPORTS THOSE WHO NEED US THE MOST WE TAKE ON THE MOST URGENT NEEDS IN OUR COMMUNITY AND INSPIRE A SPIRIT OF SERVICE IN RETURN</p>

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 984,889 including grants of \$ 167)(Revenue \$ 1,212,451) THE PRIMARY PROGRAM OFFERINGS NOT INCLUDED IN HEALTH & WELLNESS, CHILD CARE, AND AQUATICS ARE ADULT AND YOUTH SPORTS, AND PERSONAL TRAINING IN 2015, 9,875 YOUTH PARTICIPATED IN SPORTS PROGRAMS WHERE THEY LEARNED SELF CONFIDENCE, TEAMWORK, SKILLS AND CHARACTER VALUES OF CARING, HONESTY, RESPECT, RESPONSIBILITY AND FAITH THE YMCA ALSO PROVIDES THE FIRST TEE PROGRAM FOR OUR COMMUNITY OVER 24,000 YOUTH HAVE LEARNED LIFE SKILLS THROUGH THE GAME OF GOLF

Return Reference	Explanation
Form 990, Part VI, Line 16b WRITTEN POLICY TO EVALUATE PARTICIPATION IN JOINT VENTURE	THE YMCA DOES NOT HAVE A WRITTEN POLICY OR PROCEDURE TO EVALUATE ITS PARTICIPATION UNDER JOINT VENTURE ARRANGEMENTS. HOWEVER, THE YMCA DOES CONSULT WITH LEGAL COUNSEL AND TAX ACCOUNTANTS TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS WITH RESPECT TO SUCH ARRANGEMENTS. ALL JOINT VENTURE ARRANGEMENTS ARE REVIEWED AND APPROVED BY THE BOARD.

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>The Executive Committee shall consist of the elected officers of the Association (the Chairman of the Board, two Vice-Chairmen, one of whom may be designated a Chairman-Elect, Treasurer, Assistant Treasurer, and Secretary), the immediate Past-Chairman of the Board, the Chairman of each of the Board's standing committees, and a minimum of three representative of the Branch Operating Committee. The Chairman of the Board shall be the Chairman of the Executive Committee. The Executive Committee is delegated all power and authority of the Board of Directors and shall have general charge of the affairs of the Association when the Board of Directors is not in session, the primary focus of the Executive Committee shall be setting and defining the strategic goals and policies of the Association and allocating the funds of the Association. Action taken by the Executive Committee shall bind the Association without any further action by the Board of Directors except that the Executive Committee alone cannot amend the By-Laws or approve the annual operating budget for the Association. The Executive Committee shall report to the Board of Directors at the Board's regularly scheduled meetings all actions taken by the Executive Committee.</p>

Return Reference**Explanation**

Form 990, Part VI, Line 2 Family/business relationships amongst interested persons

THOMAS FLYNN AND LYNN SKEELE FLYNN - Family relationship

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A COMPLETE COPY OF THE FORM 990 IS E-MAILED TO EACH MEMBER OF THE BOARD OF DIRECTORS, FINANCE COMMITTEE, AND AUDIT COMMITTEE PRIOR TO ITS FILING

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE CONFLICT OF INTEREST POLICY IS MONITORED ON AN ONGOING BASIS BY REVIEW OF TRANSACTIONS WITH RELATED PARTIES IN ADDITION, ON AN ANNUAL BASIS, THE POLICY AND A DETAILED QUESTIONNAIRE IS SENT TO EACH EXEMPT STAFF MEMBER AND VOLUNTEER MEMBERS OF THE BOARD OF DIRECTORS, EXECUTIVE COMMITTEE, FINANCE COMMITTEE, PROPERTY COMMITTEE, AUDIT COMMITTEE, AND ENDOWMENT TRUSTEES RESULTS ARE SUMMARIZED AND PRESENTED TO THE AUDIT COMMITTEE, AND FOLLOW UP IS CONDUCTED AS DEEMED NECESSARY

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The following process was undertaken in 2015 for William George, President and CEO, Thomas Flynn, Chief Operating Officer, Susan Ohmsen, Chief Financial Officer, William Zazynski, Senior Vice President and Lynn Skeele Flynn, Senior Vice President THE YMCA OF SOUTH HAMPTON ROADS UTILIZES A FORMAL REVIEW AND APPROVAL PROCESS FOR THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND ALL OTHER DISQUALIFIED PERSONS THE INDEPENDENT COMPENSATION COMMITTEE ADMINISTERS THE PROCESS, WHICH IS GUIDED BY AN EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY EVERY OTHER YEAR, AN OUTSIDE CONSULTANT, SMITH PILOT INC, IS ENGAGED TO CONDUCT A COMPETITIVE EXECUTIVE TOTAL CASH COMPENSATION ANALYSIS, TO CONDUCT COMPETITIVE TOTAL COMPENSATION AND EXECUTIVE BENEFITS ANALYSES RELATIVE TO COMPARABLE NON-PROFIT ORGANIZATIONS, AND TO PROVIDE GUIDANCE AND COUNSEL TO THE COMPENSATION COMMITTEE IN MATTERS RELATED TO EXECUTIVE COMPENSATION, REGULATORY COMPLIANCE, BOARD GOVERNANCE, AND RELATED BEST PRACTICES ULTIMATELY, THE CONSULTANT ISSUES A COMPETITIVE ASSESSMENT AND REASONABLENESS OPINION OF EXECUTIVE COMPENSATION, AND COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS DATA, DISCUSSION, AND DECISIONS ARE DOCUMENTED IN MINUTES THE LAST YEAR A CONSULTANT WAS USED WAS IN 2015

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The YMCA of South Hampton Roads utilized a formal review and approval process for all disqualified employees. The independent Compensation Committee administers the process, which is guided by a board approved executive compensation philosophy and strategy. Compensation and executive benefits are approved by the Compensation Committee and reported to the Board of Directors. Data, discussion and decisions are documented in minutes.

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	ALL DOCUMENTS ARE AVAILABLE UPON WRITTEN OR VERBAL REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(d), BUT ARE NOT WIDELY MADE AVAILABLE TO THE PUBLIC THE 990 IS AVAILABLE ON THE INTERNET VIA POSTING BY GUIDESTAR

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 2890953, Related or Exempt Function Revenue 2890953, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Residence Revenue - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,