#### \*\* PUBLIC DISCLOSURE COPY \*\*

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.

2015
Open to Public Services

Form 990 (2015)

2016 A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, D Employer identification number C Name of organization Check if YOUNG WOMEN'S CHRISTIAN ASSOCIATION Address change OF UTAH, DBA YWCA UTAH 87-0212467 Name change Doing business as Number and street (or P.O. box if mail is not delivered to street address) lishlal return Room/sulte E Telephone number 537-8604 (801)Final 322 EAST 300 SOUTH 7,068,546. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended 84111-2605 H(a) Is this a group return SALT LAKE CITY, UT F Name and address of principal officer: ANNE BURKHOLDER for subordinates? \_\_\_\_ Yes X No Applica-H(b) Are all subordinates included? Yes No SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No." attach a list, (see instructions) J Website: WWW.YWCAUTAH.ORG H(c) Group exemption number Association Other L Year of formation: 1906 M State of legal domicile: UT K Form of organization; X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: YWCA UTAH IS DEDICATED TO ELÍMINATING RACISM, EMPOWERING WOMEN, AND PROMOTING PEACE, Governance 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 150 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 2401 6 Total number of volunteers (estimate if necessary)  $\overline{0}$ . 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō, b Net unrelated business taxable Income from Form 990-T, line 34 **Prior Year Current Year** 3,463,920 5,533,679. 8 Contributions and grants (Part VIII, line 1h) 945,237. 1,116,848. Program service revenue (Part VIII, line 2g) 193,450. 280,533. 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 35,334. 200,203. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 6,879,311. 4,889,893. 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 10,849,378. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,131,763 3,514,916. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,865,402 2,034,026. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16,398,320. 4,997,165 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ...... -107,272-9,519,009, 19 Revenue less expenses, Subtract line 18 from line 12 ...... Beginning of Current Year End of Year 12,068,911. 23,581,663. 20 Total assets (Part X, line 16) 589,535. 524,231. 21 Total liabilities (Part X, line 26) ,544,680. 22.992.128. Net assets or fund balances, Subtract line 21 from line 20 ..... Part II Signature Block Under penalties of perjury, declare that I have examinad this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declaration of preparer tother than officer is based on all information of which preparer has any knowledge. Sign ANNE BURKHOLDER, CEO Here Type or print name and title Date Check Preparer's signature Print/Type preparer's name P00097426 TED L. HILL CPA Paid Firm's name EIDE BAILLY LLP 45-0250958 Firm's EIN 🛌 Preparer 5 TRIAD CENTER STE 600 Firm's address Use Only Phone no, 801-532-2200 SALT LAKE CITY, UT 84180-1128 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

4c	(Code: ) (Expenses \$ 782,167. Including grants of \$	) (Revenue \$	22,625.
-70	CHILDREN'S ADVOCACY AND INTERVENTION - AGE-APPROL	RIATE, TRAUMA	-INFORMED_
	SERVICES FOR CHILDREN AND TEENAGERS IN RESIDENCE	(AGES SIX TO	19) WHO
	DDD 1 01 011 111 111 1111	NCLUDE MATERN	
	FAMILY SUPPORT, ACADEMIC ASSISTANCE, AFTER-SCHOOL	JAND SUMMER C	AMP
		ALTZED INTERV	ENTTON.
		VITTUED TRIBLE	111111111
	DROP-IN CHILD CARE WAS AVAILABLE FOR INFANTS AND	YOUNG CHILDRE	N TN
	RESIDENCE. LAST YEAR, 408 CHILDREN BEGAN TO OVER	COME THEIR DI	FFICULT
	RESIDENCE. DASI IEAR, 400 CHIEBRES PROPERTY	TELEVISION OF THE PARTY OF THE	22 2//
	EXPERIENCES THROUGH 6,899 HOURS OF CHILD-CENTEREI	ADVOCACY AND	33,344
	HOURS OF ONSITE AFTER-SCHOOL, SUMMER CAMP, AND TH	EN PROGRAMMIN	G. OF
	HOURS OF ONSITE AFTER-SCHOOL, BOMBER CHAIL,	HO KEED BILDIN	CHT THO
	THOSE OLDER THAN SIX, 98% STATED THEY HAD LEARNEL	) TO KEEP THEM	SELVED
	AND OTHERS SAFE WHILE STAYING AT THE YWCA. LAST	YEAR, RESIDEN	TIAL
	AND UTHERS SAFE WILLIE STATEMENT OF SHAPE	CADE WEDE DOO	סיי מינדע
	DROP-IN CHILD CARE OFFERED 26,072 HOURS OF CHILD	CARE WERE PRO	ATDED TO

4d Other program services (Describe in Schedule O.) 65,164.10,849,378.) (Revenue \$ 12,362,480 · including grants of \$ (Expenses \$

15,613,156. 4e Total program service expenses

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Par	t IV Checklist of Required Schedules	<del></del>		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		<u> </u>	
•	If *Yes * complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
~	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			$\overline{}$
8		8		X
	Schedule D, Part III	<u> </u>		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			İ
	amounts not fisted in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
	If "Yes," complete Schedule D, Part IV	۲		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	X	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	3000		<b>FEETN</b>
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	装置		
	as applicable.	YWAY	Litida	EMSTY)
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	- 21	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		х	
	assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII	11c		
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		Ì	х
	Part V line 167 If "Yes." complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If *Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u>~</u>	ļ <b></b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D. Parts XI and XII	12a		X.
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		.,	
	If "Yes." and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	- 77
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
140	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes " complete Schedule F. Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes." complete Schedule F, Parts II and IV	15	↓	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,	1		
17	column (A) lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes." complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			]
13	complete Schedule G, Part III	19	<u> </u>	X
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Part IV Checklist of Required Schedules (continued) Yes Nσ Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 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? If "Yes," complete Х 23 Schedule J 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? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L, Part I 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? If "Yes," X 26 complete Schedule L, Part II Old 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 Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions); X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b 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? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity Х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O . Form 990 (2015)

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r.aı	Check if Schedule O contains a response or note to any line in this Part V					
<del></del>	CHOIR II CONDUITO O OFFICIAL STORES				Yes	No
	Enter the number reported in Box 8 of Form 1096. Enter -0- If not applicable	1a	37			NAME OF
1a	Enter the number of Forms W-2G Included In line 1a. Enter -0- if not applicable	1b	O			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and re		ole gaming			
G	(gambling) winnings to prize winners?	<b>, po</b> , to,		10	X	1,22, 17.
	(gambling) Winnings to prize writers?				<b>建筑建</b>	N. W.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	150		43.48	(144.00) (40.144
	filed for the calendar year ending with or within the year covered by this return		·, · · · · · · · · · · · · · · · · · ·	2b	X	*****
b	If at least one is reported on line 2a, did the organization file all required received to get its foreign that received to get its foreign to the control of the the control o	, ,	*************			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3a	**********	X
3a				3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	uthori	trovar a	<del>"</del>	$\neg \neg$	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	2000110	19 OVC1, ti	4a		X
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun		Taxa I		ela liv
b	If "Yes," enter the name of the foreign country:	0001164				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar	CCOUIII	is (roan).	5a	Carland or pa	Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	GROLLS.		5c		
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			96		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	Misagoti solicir	6.		X.
	any contributions that were not tax deductible as charitable contributions?			6a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut			Gh.		ĺ
	were not tax deductible?		,,	6b	X2250	unitari Mariente
7	Organizations that may receive deductible contributions under section 170(c).		Oscaro adá sa bacina		X	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	LOARDER TO THE DAYOU L	7a	X	<del></del>
b	If "Yes," dld the organization notify the donor of the value of the goods or services provided?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7b		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ilrea	[		х
	to file Form 8282?			7¢		
đ	If "Yes," Indicate the number of Forms 8282 filed during the year	7d	10	<u></u>		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac		7e	<b></b>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f	<del> </del>	
g	if the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as requireo?	7g	<del> </del>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation III	e a Form 1088-07	7h	742.54	28420777
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				THE	差別
	Shousoulld ordanization trate execus promises trainings to any since any			8	5245	预料
9	Sponsoring organizations maintaining donor advised funds.				इस्ट्रिक्	7,444.1
а				9a		
b			.,,	9b		3042
10	Section 501(c)(7) organizations. Enter:	i I				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			TW//HEAV	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			PARTY.	
11	Section 501(c)(12) organizations. Enter:					
a	Gross Income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				建整	
	amounts due or received from them.)	11b			200	9442
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form	10417	}	12a	17.3 <u>2</u> -07.	
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				43.50	1005
а	Is the organization (Icensed to issue qualified health plans in more than one state?		*	13a	मुहार व	
	Note. See the instructions for additional Information the organization must report on Schedule O.			SOA.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, 1	1	雑雑		
-4	organization is licensed to issue qualified health plans	13b				
e	Enter the amount of reserves on hand	130		<b>THE</b>	No.	1
14-	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<b> .</b>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O <u></u>		14b	L	10011
				Forn	1 990	(2015)

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OF UTAH, DBA YWCA UTAH

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

				1 XY 1
	Check If Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		V	T N
	17	TANK	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			MANAGE TO A
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			32434
b	Enter the humber of voiling members included in the ra, above, who are independent			Nation
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	######################################	X
	officer, director, trustee, or key employee?	-	<b> </b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		$\frac{\hat{x}}{x}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
6	Did the organization have members or stockholders?	.0	<del></del>	
7a		70	x	
	more members of the governing body?	7a		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	712	Х	
	persons other than the governing body?	7b	130141-1	Wileli
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3250	X	.WE.W.G
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	77
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\.	Na
		10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	_	X	
11a	Has the organization provided a complete copy of this Form 890 to all members of its governing body before filing the form?	11a	- A.	-Milio
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	Service.
12a	Did the organization have a written conflict of interest policy? If *No, * go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	x	
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	Agent	18770	-ENLY
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	X	Were
a	The organization's CEO, Executive Director, or top management official	15a 15b	- 23	X
þ	Other officers or key employees of the organization	150	and the same	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		72-2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	X	Himm
	taxable entity during the year?	16a	23	2002
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	X. I.		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401	X	
	exempt status with respect to such arrangements?	16b	1 2	
Sec	ction C, Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed UT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avanat	)(B	
	for public inspection, indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)	J 6	اعادا	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinar	iciai	
	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:			
	ANNE BURKHOLDER - (801) 537-8604			
	322 EAST 300 SOUTH, SALT LAKE CITY, UT 84111-2605		000	10045

#### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OF UTAH, DBA YWCA UTAH

87-0212467

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Form 990 (2015) Part VIII 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	7-1101-11-11-11-11-11-11-11-11-11-11-11-1	<u> </u>
1121 1 10		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

are about the paying the presentation per any related organization compensated any current officer, director, or trustee.

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						rsat	ed any current officer,	director, or trustee.			
(A) (B)			(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one					оле	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an Compensation					•	compensation from related	amount of other	
	week				 		<i>-</i> -	from the	organizations	compensation	
	(list any hours for	Individual trustee or director				_		organization	(W-2/1099-MISC)	from the	
	related	90	Stee Stee			sate		(W-2/1099-MISC)	(., _,	organization	
	organizations	臣	a) trus		퓛	n)pe		, , ,		and related	
	below	idtsal	nsitutional trustee	<b>5</b> 5	Key em ployee	est or Joyee	<u>50</u>			organizations	
	line)	츌	İnsti	Office:	桑	Highest compensated employes	돈				
(1) MARILYNN PAINE	1.00								0.	^	
CHAIR		X	<u> </u>	X		L	<u> </u>	0.	U.	0.	
(2) CHARLOTTE L. MILLER	1.00								0.	0.	
VICE CHAIR		X		X	_	ļ		0.	V •	<u> </u>	
(3) EMMA HOUSTON	1.00	1							_	0.	
SECRETARY		X		Х				0.	0.	υ,	
(4) KRISTINE GODDARD	1.00	ļ							0.	0.	
TREASURER		X		X	<u> </u>	<b> </b> _	<u> </u>	0.	U •	0.	
(5) CHRISTINE ARTHUR	1.00							0.	0.	0.	
BOARD MEMBER	1	X	ļ		<u> </u>	<del> </del>	<u> </u>	V.		U 1	
(6) CHRISTINA LAU BILLINGS	1.00							0.	0.	0.	
BOARD MEMBER	1	X	_	<u> </u>	<u> </u>		ļ		0.	<u> </u>	
(7) KATY BLOMMER	1.00	١.,		ŀ				0.	0.	0.	
BOARD MEMBER	4.00	X	<u> </u>	ļ.,	<u> </u>	<del> </del>	-	V.	· ·		
(8) GLORIA GARCIA FAULKNER	1.00	١.,						0.	0.	0.	
BOARD MEMBER	1	X	<u> </u>	<u> </u>	ļ	ļ	ļ	0.	V •	V•	
(9) DENEECE HUFTALIN	1.00	١,,,						0.	0.	0.	
BOARD MEMBER	1 00	X	<u> </u>	ļ	$\vdash$	ļ	<u> </u>				
(10) AUDREY JIRICKO	1.00	٠,			ĺ			0.	0.	0.	
BOARD MEMBER	1 00	X	<u> </u>	_	├-	╽	├	0.			
(11) MARIA MARTINEZ	1.00	<b>↓</b>						0.	0.	0.	
BOARD MEMBER	1.00	X	├	├	-	╢	├				
(12) SILVIA NORMAN	1.00	x					1	0.	. 0.	0.	
BOARD MEMBER	1.00	1	-	┢	╟	$\vdash$	┼				
(13) KELLI POLCHA	1.00	x						0.	0.	0.	
BOARD MEMBER	1.00	₽				-	┝	-			
(14) JENNIFER SMITH	1.00	$ \mathbf{x} $						0.	. 0.	0.	
BOARD MEMBER	1.00	1	-	┼	$\vdash$		┼				
(15) KATHLEEN PITCHER TOBEY	1.00	X X						0.	. 0.	0.	
BOARD MEMBER	1.00	12	<del> </del>	$\vdash$	+	╁╌	1-				
(16) KATHERINE VENTI	1.00	X		1				0.	0.	0,	
BOARD MEMBER (17) AMANDA WAGNER	1.00	+==	$\vdash$	╫	$\vdash$	╁┈╴	T				
617) AMANDA WAGNER BOARD MEMBER	- <del></del>	$\mathbf{x}$						0.	. 0.	0.	
NACHUR UNAUG	<u>l</u>	1	٠	1	<u> </u>			<u> </u>		Form 000 (201E)	

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	NONE	(B) Description of services	(C) Compensation
 Manual Manual Ma	,,		
otal number of Independent contractors (including bu	t not limited to those li 0	sted above) who received more than	

Form 990 (2015)

Form 990 (2015)

(18) ANNE BURKHOLDER

CEO

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue 1a 1 a Federated campaigns 18,178. 1b b Membership dues 375,292. 10 c Fundraising events 1,284,941. 1,808,870. 1d 1 d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and If 2,046,398 similar amounts not included above ..... 1,588,965. g Noncash contributions included in lines 1s-1f: \$\_ ,533,679 Total. Add lines ja-if Business Code 1,116,848.1,116,848 2 a PROGRAM SERVICE FEES 900099 f All other program service revenue .116.848. Total. Add lines 2a-2f Investment income (including dividends, interest, and 144,446. 144,446 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 59,292 6 a Gross rents 0. b Less: rental expenses ....... 59,292 c Rental income or (loss) ..... 59,292 59,292 d Net rental income or (loss) . (ii) Other (i) Securities 7 a Gross amount from sales of 49,004. assets other than inventory b Less: cost or other basis 0. and sales expenses ....... 49,004 c Gain or (loss) 49,004 49,004. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ \_\_\_\_ 375,292. of contributions reported on line 1c). See Part IV, line 18 a 266,894 b Less; direct expenses b 189,235 77,659 77,659 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less; cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 31,723 900099 31,723 11 a OTHER REVENUE -25,715. -25,715. 900099 b YWEMPOWERED, LLC -107,625. -107,625, 900099 THE CRITCHLOW, LLC d All other revenue -101,617.e Total. Add lines 11a-11d 330,401. 6,879,311.1,015,231 Total revenue. See instructions. Form 990 (2015)

Form 990 (2015)

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 (D) Fundraising expenses (A) Total expenses Management and general expenses Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 10,849,378. 10,849,378, and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 ........ Benefits paid to or for members Compensation of current officers, directors, 102,465 6,027. 12,055. 120,547. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 182,573. 61,093 2,769,203. 2,525,537. Other salaries and wages ..... Pension plan accruals and contributions (include 4,924 9,364. 121,625. 107,337. section 401(k) and 403(b) employer contributions) 9,749. 11,894. 297,732. 276,089. Other employee benefits 13,335. 4,924. 205,809. 187,550. Payroli taxes 11 Fees for services (non-employees): a Management 3.081. 12,388. 9,307. b Legal ..... 12,100. 522. 5,179. 17,801. c Accounting ..... d Lobbying e Professional fundraising services. See Part IV, line 17 12,879. 11,640. 24,519. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, <u>36,</u>339. 81,480 42,125 159,944 column (A) amount, list line 11g expenses on Sch O.) 5,953. 15,189. 9,236. Advertising and promotion ..... 12 40,706. 2,627. 70,002. 26,669. Office expenses 13 10,042. 79,676. 54,181. 15,453. Information technology 14 Royaltles 15 15,721. 21,524. 365,951. 403,196. Occupancy 16 55. 51. 6,926. 7,032. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,356. 11,101. 32,776. 51,233. Conferences, conventions, and meetings ..... 19 Interest 20 27,201 27,201, Payments to affillates \_\_\_\_\_ 21 20,437. 14,306. 374,000. 408,743. Depreciation, depletion, and amortization \_\_\_\_\_ 22 3,959. 8,590. 66,015. 53,466. Insurance 23 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.) 304,833. 304,833. IN-KIND EXPENSE 127,113. 57,935. 57,463. 57. 1,053. 128,223. FOOD 3,329. 2,072. 63,336. SUPPLIES 3,925. 3,525. 61,699. 311. d ACTIVITIES 14,300. 132,996. 115,171. e All other expenses 416,180. 15,613,156. 368,984. 16,398,320. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here If following SOP 98-2 (ASC 958-720)

irt .		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		1	(m)
			(A) Beginning of year	1	(B) End of year
<u>, .</u>			700.	1	700
	-	Cash - non-Interest-bearing	1,054,189.	2	1,272,459
		Savings and temporary cash investments	647,362.	3	824,464
		Pledges and grants receivable, net	403,338.	4	412,601
	4	Accounts receivable, net	A COLUMN TO A COLU	191809A	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	eminimization for the free free free to the filteriors	5	the state of the s
		Part II of Schedule L		i de pro	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing			
1		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	10,430,500.	7	
		Notes and loans receivable, net		8	,
1		Inventories for sale or use	72,076.	9	110,225
	9	Prepaid expenses and deferred charges			
1	l0a	Land, buildings, and equipment: cost or other		arene Erne	
	_	basis. Complete Part VI of Schedule D  Less; accumulated depreciation  10a 8,732,326.  2,412,182.	6,621,532.	10c	6,320,144
١.		Less; accumulated depreciation Tob 27 2227 222	1,955,618.	11	6,320,144 1,829,679
	11	Investments - publicly traded securities		12	, , , , , , , , , , , , , , , , , , , ,
	2	Investments - other securities. See Part IV, line 11	2,396,348.	13	1,298,639
1	13			14	
- 1	14	Intangible assets		15	
- 1	15	Other assets. See Part IV, line 11	23,581,663.	16	12,068,911
_	16	Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses	335,669.	17	246,813
	17	• •		18	
- 1	18	Grants payable  Deferred revenue	24,666.	19	49,418
- 1	19	Tax-exempt bond liabilities		20	
1	50	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	21	Loans and other payables to current and former officers, directors, trustees,		707.04 527.12	
2	22	key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L.	<u> </u>	22	
١,	20	Secured mortgages and notes payable to unrelated third parties	229,200.	23	228,00
	23	Unsecured notes and loans payable to unrelated third parties		24	
- 1	24 25	Other llabilities (including federal income tax, payables to related third			
1	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
Ι,	26	Total liabilities, Add lines 17 through 25	589,535.	26	524,233
	20	Organizations that follow SFAS 117 (ASC 958), check here X and			74.75.7
İ		complete lines 27 through 29, and lines 33 and 34.			
١,	27	Unrestricted net assets	21,092,554,	27	9,170,12
ĺ,	28	Temporarily restricted net assets	1,518,283.	28	1,993,26
	28 29	Permanently restricted net assets	381,291.	29	381,29
1		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
,	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	22,992,128.	33	11,544,68
	J	Total liabilities and net assets/fund balances	23,581,663.	34	12,068,91

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

	990 (2015) OF UTAH, DBA YWCA UTAH	87-	-0212	467	Pag	e 12
Da	990 (2015) OF UTAH, DBA YWCA UTAH  TXI Reconciliation of Net Assets					
s. cie	Check if Schedule O contains a response or note to any line in this Part XI		,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[	X
	Offect I adhedde o corrains a responde or note to diff into the diff					
	Total revenue (must equal Part VIII, column (A), line 12)	1		,879		
1	Total expenses (must equal Part IX, column (A), line 25)	2		,398		
2	Revenue less expenses, Subtract line 2 from line 1	3	-9	,519	,00	<del>19.</del>
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	,992		
4	Net unrealized gains (losses) on investments	5		-98	3,00	)7.
5		6				
6		7				
7	Investment expenses	8				
8	Prior period adjustments	9	-1	,830	) . 4.	$\overline{32}$ .
9	Other changes in net assets or fund balances (explain in Schedule O)	-		,	- /	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	11	,544	1.68	80.
	column (B))	10		, —		
Pai	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part Xil			T	Yes	No
			ļ	****		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U,		2a	77.77.	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		********	2a	DL.COT	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:		ſ			
	Separate basis Consolldated basis Both consolldated and separate basis			W##2	X	MATER
b	Were the organization's financial statements audited by an independent accountant?		,	2b		20 TUY-12, T
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basi	š,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis		!			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	ť,			1 <del>1,</del> 72,1
	review or compliation of its financial statements and selection of an independent accountant?			2c	X	(Karatan)
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	0.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngie A	.idit	整型	E	With the state of
	Agt and OMB Circular Ad337	.,,		3a	Х	
h	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired at	ıdit		ι, Ι	
N,	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
	O. Abdies Archive Company			Form	<del>2</del> 90 (	(2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenus Service

Name of the organization

### **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.lrs.gov/torm990. YOUNG WOMEN'S CHRISTIAN ASSOCIATION

OMB No. 1546-0047

Open to Public Inspection Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

vci i i	וס טו נו		TAH, DBA Y	NCA UTAH			]	87	7-0212467
5-	rt 🗐	Reason for Public			molete this	s part.) Se	e Instructions.		
		zation is not a private found							
	organi	A church, convention of ch	urches or associatio	n of churches described	in section	170(b)(1	)(A)(I).		
1 2	H	A school described in sect	ion 170/b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 99	0-EZ).)			
3	H	A hospital or a cooperative	hospital service orga	nization described in se	ction 170	(b)(1)(A)(iii	i).		
J A	$\exists$	A medical research organiz	ration operated in cor	lunction with a hospital	described	in section	170(b)(1)(A)(	iii). Enter t	he hospital's name,
7	L1	city, and state:							
5		An organization operated f	or the benefit of a coi	lege or university owner	or operat	ed by a go	overnmental ur	nit describe	ed in
Ü		section 170(b)(1)(A)(iv). (0							
6		A federal, state, or local do	vernment or governm	ental unit described in s	section 17	0(b)(1)(A)(	(v).		
-	X	An organization that norms	ally receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	e general p	public described in
·		section 170(b)(1)(A)(vi). (C							
8		A community trust describ	ed in section 170(b)(	1)(A)(vi). (Complete Par	: II.)				
9		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersi	nip fees, ar	nd gross receipts from
		activities related to its exer	mpt functions · subjec	at to certain exceptions,	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busi	iness taxable income	(less section 511 tax) fr	om busine:	sses acqui	ired by the org	janization a	after June 30, 1976.
		See section 509(a)(2). (Co	mplete Part III.)						
10		An organization organized	and operated exclusi	vely to test for public se	fety. See s	section 50	19(a)(4).		
11		An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes or one or
		more publicly supported o	rganizations describe	d in section 509(a)(1) o	r section t	509(a)(2).	See section o	na(s)(o). O	lieck tile box in
	r	lines 11a through 11d that	describes the type o	f supporting organization	n and com	ibiere illies	onization(e) t	i Fiy. Jolesky by	aidha
a	L	Type I. A supporting org	anization operated, s	upervised, or controlled	Dy its sup	housen old	sanizanonija), v store or trusto	pically by	napotina napotina
		the supported organizati	ion(s) the power to re	gulany appoint of elect a	a majority t	A HIG ORGO	51013 01 111310	55 01 1110 01	apparang
		organization. You must Type II. A supporting org	complete Part IV, Se	l or controlled in control	tion with it	s sunnorte	ed organizatlo	n/s), by ha	vina
b	· L	<ul> <li>Type II. A supporting org control or management</li> </ul>	ganization supervised	or consolied in cornec	ame nersc	ostpatic	ontrol or mana	ae the sup	ported
		control or management	of the supporting orga	gnization vested in the c Spotions A and C	ano poroc	in that ou	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g <sub>1</sub> -	
		organization(s). You must Type III functionally int	st complete rain iv,	o organization operated	in connec	tion with, a	and functional	ly integrate	ed with,
¢	:	its supported organization	egrateu. A supporting	y Organization operated N Vou must complete I	Part IV. Se	ctions A.	D. and E.	,	
_1		Type III non-functional	omenical A paternatural de	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)
C		that is not functionally in	tegrated. The grostili	ration generally must sa	tisfy a dist	ribution re	quirement and	i an attenti	veness
		requirement (see instruc	tions). You must con	nplete Part IV, Section	s A and D,	and Part	V.		
е	. $\Gamma$	Check this box if the org	anization received a	written determination fro	m the IRS	that it is e	a Type I, Type	II, Type III	
•	,	functionally integrated, o	or Type III non-functio	nally integrated support	ing organi	zation.			
ſ	Ente	er the number of supported							
,		vide the following information		ed organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization		rganization n your			(vi) Amount of other support (see
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support instructi		instructions)
					Yes	No	**,		
•									
-									
							· · · · · · · · · · · · · · · · · · ·		
					<b> </b>		<del> </del>		
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						Transfer in			
	_					Series			
Tot	al		TOTAL PROPERTY OF THE PROPERTY		4.534.444.444.45				000 av 000 EZ) 2016

Schedule A (Form 990 or 990-EZ) 2015 OF UTAH, DBA YWCA UTAH 87-02124

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 87-0212467 Page 2

(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.)

Sec	tion A. Public Support						
Cale	ndar 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.")	3,297,438,	3,042,594.	3,461,593.	3,463,920.	5,533,679.	18,799,224.
2	Tax revenues levied for the organ-	,					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			_			
_	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	3,297,438.	3,042,594.	3,461,593,	3,463,920,	5,533,679,	18,799,224.
5	The portion of total contributions	VA AFFANTIAL S					
	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)						156,265.
_							18,642,959.
	Public support. Subtract line 5 from line 4.	Samma Service	23-24-34 (10) (422-42-10) (Table 2)			,	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(t) Total
	Amounts from line 4	3,297,438,	3,042,594.	3,461,593.	3,463,920.	5,533,679.	18,799,224,
				<del></del>	···········		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalities	255 019.	328,770.	334,386.	315,548.	203,738.	1,437,461,
	and income from similar sources	200,0100	52077701	001,000	,		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	-					
10	Other income. Do not include gain						
	or loss from the sale of capital	127 270	107 006	172 3/19	240 480.	266,894.	1 015 108
	assets (Explain In Part VI.)	137,379.	197,000.	エ 1 3 1 3 4 7 1			21,251,793,
	Total support. Add lines 7 through 10		1 TO BOTH ASSESSED.	CALLES AN ENSINEED MODE.	The state of the s	12 4	,262,645.
12	Gross receipts from related activities	, etc. (see instructi	ons)				, HUL , ULU ,
13	First five years. If the Form 990 is fo		s first, second, thii	d, fourth, or fifth to	ax year as a secuo	u on italol	
	organization, check this box and sto	p here	veontage		***************************************		
	ction C. Computation of Pub					14	87.72 %
14	Public support percentage for 2015 (	line 6, column (t) d	ivided by line 11, o	column (1))	*****************	15	87.40 %
15	Public support percentage from 2014	4 Schedule A, Part	II, line 14		4.4 = 00.4 (00/		
16:	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	1418 33 1/3% 011	Hore, check this bo	× X
	stop here. The organization qualifies	as a publicly supp	orted organization	1	r. drt. 00 d (00)	المحمد مسمد	**********
k	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	ine 15 is 33 1/3%	o or more, check u	IIS DOX
	and stop here. The organization qua	lifles as a publicly	supported organiz	ation			
178	10% -facts-and-circumstances tes	it - 2015. If the org	janization did not o	check a box on line	3 13, 168, or 16b,	and line (4 is 10%	UI MOIE,
	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and stop h	iere. Explain in Pa	rt vi now the organ	nobexii
	meets the "facts-and-circumstances"	test. The organiza	atlon qualifies as a	publicly supported	d organization		
ł	10% -facts-and-circumstances tes	it - 2014, If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here, Explair	n in Part VI how the	
	organization meets the "facts-and-clr	cumstances" test.	The organization	qualifies as a publi	cly supported org	anization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	o, check this box a	and see instruction	s
	· · · · — · · · · · · · · · · · · · · ·				Sch	edule A (Form 990	or 990-EZI 2015

14

532022 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 OF UTAH, DBA YWCA UTAH
Part III Support Schedule for Organizations Described in Section 509(a)(2)

1	(Complete only if you checked	the how on the O	of Bort Lor If the o	raanization falled t	o qualify under Pa	rt II. If the organiza	ation falls to
	qualify under the tests listed b	alour ploage com	Orrantionimico Nata Dort II)	I GALIEZATION TOLICG E	o quality altidor i :		
800	ction A. Public Support	elow, piease com	Diete racii.)				.,, .,
	ndar year (or tiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(D) ZO (Z		1	1	
1	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levled for the organ-					1	
·	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge			,			
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that oxceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 8.)						
	ction B. Total Support						1
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						<u> </u>
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  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 radd lines 9, 18c, 11, and 12.)		1	<u> </u>			<u> </u>
14	First five years, if the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u></u>
Se	ction C. Computation of Pub	lic Support Pe	ercentage			···	
15	Public support percentage for 2015	(line 8, column (f)	divided by line 13,	column (f))	********	15	
16	Public support percentage from 201	4 Schedule A, Par	t III, line 15			16	9/
Se	ction D. Computation of Inve	stment Incon	ne Percentage	<u> </u>	, , , , , , , , , , , , , , , , ,		
17	Investment income percentage for 2	015 (line 10c, colu	ımn (f) divided by l	ine 13, column (1)		17	%
	I	2014 Schedule A	Part III. line 17			18	%
10	a 99 1/3% support tests - 2015. If the	e organization did	not check the box	on line 14, and lin	ie 15 ls more than	33 1/3%, and line	17 is not
	more than 22 1/294 chark this hay :	and stop here. Th	ie ordanization dua	illfles as a publicly	supported organi	zation	
,	and a continuous tranta and a lifthy	o organization did	not check a box of	n line 14 or line 19	ia, and line 16 is m	nore than 33 1/3% ,	, and
	fine 18 is not more than 33 1/3% ch	eck this box and :	stop here. The org	ianization qualities	as a publicly sup	borrea ordanisarioi	·
00	Private foundation. If the organizati	on did not check	a box on line 14, 1	9a, or 19b, check	this box and see i	istruçtions	
24	* 1 tanto tonitamenti il ato di Sottiene				-	1.1. 0 6 00	n ~ 000-E7\ 201/

#### Part V Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Dld 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.
- 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 (I) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

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	dule A (Form 990 or 990-EZ) 2015 O1 O 11111 / D 2016		, 4	322
Pai	t IV Supporting Organizations (continued)		Yes	No
	to the state of the following and the state of the state	5969-6976	#25F	Every.
11	Has the organization accepted a gift or contribution from any of the following persons?	10011010101 10011011111111111111111111		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		40.622
	bolow, the governing body of a supported organization?	<u> </u>		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1	
Sec	tion B. Type I Supporting Organizations		- 1	
		112 11 113 114	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			X.A.A.
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1276	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	7.000 (A.C.)		<b>夏</b> 爾
	controlled the organization's activities. If the organization had more than one supported organization,	2507 AV 1547 12 10 10 10 10 10 10 10 10 10 10 10 10 10		
	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.	1		1
	organizations and what conditions to restrictions, it any, appear to desiration of the them the stimperted	1 5% 1000 WI	3575	<b>FAR</b>
2	Did the organization operate for the benefit of any supported organization other than the supported	7-27-27-27-27-27-27-27-27-27-27-27-27-27		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			37457
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	A.1277-2-2	ANET'S
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations	<del></del>	\/	- KI-
		NECT 72	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	12 10002		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	The second secon		
	or management of the supporting organization was vested in the same persons that controlled or managed	7577.572	Jan J	9-313
	the supported organization(s).	1		Ĺ
Soc	etion D. All Type III Supporting Organizations			
000	MON D. All Type III eapperson g . g		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Francisco Facilità de Anthonio Proprieta de Carlos Carlos Proprieta de Carlos Carlos Proprieta de Carlos Carlos Proprieta de Carlos Carlos		
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	organization's tax year, (i) a written notice describing the type and amount of supplier provided dataset with the tax of the data of the filling and (iii) copies of the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	4	<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		war:	in the
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	757777	, distinctive	W. A.S.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	gaggāï.	We have
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<b>3441</b>		
	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	21.12.12.14 44.14.14.14		-172
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sec	tion F. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instruc	tions):		
1	Tent Complete line 2 helpw			
a	The second of th			
þ	— Land to the contract of the property of the part VI how you supported a government entity (s	ee instructions	).	
C	The organization supported a governmental entity. Describe 37 at 17 not just a personal and the second supported a governmental entity.		Yes	No
2	Activities Test. Answer (a) and (b) below.	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	THE REAL PROPERTY.	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		10.5.7	
	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	100 100 100 100 100 100 100 100 100 100	32 E-11	1377
	that these activities constituted substantially all of its activities.	2a	(Valety)	17,457
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	10.000		
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	E-HERALE WARANA		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	activities put for the Creatizations Answer (a) and (b) helow			
3	Parent of Supported Organizations. Answer (a) and (b) below.	100 Table	TARREST.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	"	[
	trustees of each of the supported organizations? Provide details in Part VI.		932	754
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	erweit.	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1 00	<u> —                                   </u>	

Schedule A (Form 990 or 990-EZ) 2015 OF UTAH, DBA YWCA UTAH

Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	tions All
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o mploto '	in Nov. 20, 1970. See instruc Sootlane A through F	GO115.7AII
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	nithiere .	(A) Prior Year	(B) Current Year (optional)
	1		, , , , , , , , , , , , , , , , , , ,
1 Net short-term capital gain	2		
2 Recoveries of prior-year distributions	3		
3 Other gross Income (see instructions)			
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	ļ		
collection of gross income or for management, conservation, or	i.	and the same of th	
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):	Pin		
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	744		
factors (explain in detail in Part VI):			
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		
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
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	<u> </u>		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lv-intea	rated Type III supporting orga	nization (see
instructions).	- *		

Schedule A (Form 990 or 990-EZ) 2015

#### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990 EZ) 2015 OF UTAH, DBA YWCA UTAH

87-0212467 Page 7

9(a)(3) Supporting Orga	anizations (continued)							
<u> </u>	100000,000	Current Year						
empt purposes								
npt purposes of supported								
1.1	1.1							
organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations								
the organization is responsive	<b>)</b>							
_								
(i)	(II)	(111)						
Excess Distributions		Distributable Amount for 2015						
	Pre-2015	Amount for 2015						
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	tempt purposes  Input purposes of supported  Ses of supported organization  the organization is responsive	ses of supported organizations  the organization is responsive  (i) (ii)						

Cabadusa A	(Form 990 or 990-EZ) 2015	YOUN	IG WO	MEN'S	CHR:	ISTIAN UTAH	ASSOCIATION	87-0212467 Page 8
Part VI	Supplemental Information No. 1, Section A, lines 1,	nation 2, 3b, 3	Provide c, 4b, 4c,	the expla	nations a 9b, 9c, 1	required by I I1a, 11b, an	Part II, line 10; Part II, line 17 d 11c; Part IV, Section B, lin 3a and 3b; Part V, line 1; Pa omplete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, rt V. Section B. line 1e: Part V,
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1646-0047

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number

87-0212467

Organiza	ation type (check of	107.
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)( 3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	O-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if Note. O	your organization is nly a section 501(c)	s covered by the General Rule or a Special Rulo. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	For an organization property) from any	a filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the attions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for crueity to children or animals. Complete Parts 1, 11, and 111.
	year, contributions is checked, enter la purpose. Do not contributions	n described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the sectorial contributions, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year
but it m	ust answer "No" or	hat Is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF UTAH, DBA YWCA UTAH

Employer identification number

87-0212467

Part I Contri (a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Hami, addrood and an	\$\$	Person X Payroll Solution Solu
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 116,333.	Person X Payrell Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 124,648.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ 596,359.	Person X Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (20

Name of organization
YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number 87-0212467

AH, DBA YWCA UTAH	07	-0212407
Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u> </u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ 162,778.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$ <u>1,284,941.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$Schedule R (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.    (b)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number

87-0212467

(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	MBERSHIP INTEREST IN YWEMPOWERED,		
9 LLC		\$ 1,284,941.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

Open to Public Inspection

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) organizat	ions: Complete Part III.			.lavayidandiiaaday aray'
	ne of organization YOUNG We	OMEN'S CHRISTIAI	N ASSOCIATIO	N Em	ployer identification number
	OF UTAH	, DBA YWCA UTAH		**************************************	87-0212467
Pa	irt I-A Complete if the org	anization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours				\$
P	irt I-B Complete if the org	anization is exempt un	der section 501(c)	(3).	
4	Enter the amount of any excise tax	incurred by the organization u	nder section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	ingurred by organization mana	gers under section 495	5	Ψ
3	If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?	*************	Yes Wo
4:	Was a correction made?	·		*************	Yes No
	er mer in the described by David IV.				
Pa	art I-C Complete if the org	anization is exempt un	der section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to o	other organizations for s	section 527	
	exempt function activities	******		<b>&gt;</b>	\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120 PO	<u>-</u>	
	line 17b	*************************************			\$
4	Did the filing organization file Form	1120-POL for this year?		.,,	Yes No
5	Enter the names, addresses and en	nployer Identification number (I	EIN) of all section 527 p	olitical organizations to wi	the amount of political
	made payments. For each organiza	tion listed, enter the amount p	aid from the filing organ	entation sunds. Also enter	rate segregated fund or a
	contributions received that were propolitical action committee (PAC). If	omptiy and directly delivered to	o a separate position in Par	ganization, saon as a sope t IV	and obgregated in it is
	political action committee (PAC). If			<del></del>	(e) Amount of political
	(a) Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
<del></del>					
<b></b>					
				7	
			1	1	

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

Schedule C (Form 990 or 990-EZ) 2015

## YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH. DBA YWCA UTAH

	VELLERALISM A	בר דיין	LEVILLE KORMA	, 1100001111111	87-0	212467 Page 2
Schedule C (Form 990 or 990 EZ) 2015  Part II-A Complete if the org	cenization	sexen	nt under section	501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).	,ui,,ız,u.i.v.i		-1			
A Check  if the filing organiza	tion belongs	to an affili	ated group (and list In	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess	lobbying e	xpenditures).			
B Check > if the filing organiza	illon checker	d box A an	d "limited control" pro	visions apply.		
					(a) Filing	(b) Affiliated group
Limi	ts on Lobby	ing Expen	ditures eta pald or incurred l		organization's totals	totals
(The term "expend	anures" me	ans amoui	nts pald or incurred.)		totais	
1a Total lobbying expenditures to infl	uence public	opinion (g	rass roots lobbying)	.,		
b Total lobbying expenditures to infl	uence a legi	slative bod	y (direct lobbylng)			
c Total lobbying expenditures (add I	ines 1a and	1b)				
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add lines	1c and 1d	)			
f Lobbying nontaxable amount. Ent	er the amou	nt from the	following table in both	oclumns.		
If the amount on line 1e, column (a)		The lobb	ying nontaxable ame	ount is:		- The same of the street of the same of th
Not over \$500,000			he amount on line 1e.			
Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		\$175.00	0 plus 10% of the exc	ess over \$1,000,000.		And the second s
Over \$1,500,000 but not over \$17		\$225.00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	1000,000	\$1,000,0				To a series of the series of t
Over \$17,000,000		Ψ1 0 <u>50</u>  0				
g Grassroots nontaxable amount (e	nter 25% of	line 1ft				
h Subtract line 1g from line 1a. If ze	ro or less er	ıter-Ω-				
i Subtract line if from line ic. If zer	n or lose en	ter-O-				
and the second s	oro on elther	line 1h or l	ine 11. dld the organiza	ation file Form 4720		
		mio more	into til dia tila argania		[	Yes No
reporting section 4911 tax for this		Voar Aug	rading Period Under	section 501(h)		
(Some organizations t	that made a	section 5	01(h) election do not	have to complete all	of the five columns b	elow.
(001110 27841114111111	See	the separa	ate instructions for li	nes 2a through 21.)		
	Lobby	ying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year		4.	n > 0046	(=) OO4 (	(d) 2015	(e) Total
(or fiscal year beginning in)	(a) 2	012	(b) 2013	(c) 2014	(4) 2010	(0) 1000
(5) (1002) 3201 (1003)			, , , , , , , , , , , , , , , , , , ,			
2a Lobbying nontaxable amount		Accordance				
b Lobbying celling amount	ENERGY SE					
(150% of line 2a, column(e))	BUREAU					
<ul> <li>Total lobbylng expenditures</li> </ul>						
d Grassroots nontaxable amount	Altremetical	Para Pera M				
e Grassroots ceiling amount				The state of the s		
(150% of line 2d, column (e))				2.44 可能是 (150 mm) 基础是是图像	<u> varioti et et et et et et et et et et et et et </u>	
f Grassroots lobbying expanditures	s		<u> </u>		Cohodula C (Ear	n 990 or 990-EZ) 2015
					Selleanie o feoti	at doctor, poor many more

Schedule C (Form 990 or 990-EZ) 2015 OF UTAH, DBA YWCA UTAH 87-021246

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 1) below, provide in Part IV a detailed description	\{ i	3)	(b)
of the lobbying activity.	Yes	No	Amount
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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?	Х	23	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		Х	
Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		X	4 040
a Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,219.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?	, ,	Х	4 040
j Total. Add lines 1c through 11			1,219
2a Dld the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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			
40d 0 tow did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	)(5), or se	ection
501(c)(6).			
An Halfali			Yes No
Were substantially all (90% or more) dues received nondeductible by members?		1	
the second state of the se		2	
2 Did the organization make only in-house looplying experiorities of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	*************		
	ion 501(c		ection
Rart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," O	R (b) Par	t III-A, line 3, is
answered "Yes."			·····
1 Dues, assessments and similar amounts from members		, 1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical	1777	
expenses for which the section 527(f) tax was paid).		NO.	
a Current year		2a	
b Carryover from last year	,	2b	
		2c	
	**************	3	
the first and the second the amount on line 3, what portion of the 6	xcess	***************************************	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political		
expenditure next year?	•	4	
- the state of the later and a distant avanagitures (see Instructions)			
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 gro	un list): Part	II.A. lines 1	and 2 (see
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-B, line 4, Part I-B,	ap month	,	
instructions); and Part II-B, line 1. Also, complete this part for any additional information,			
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
ACTIVITIES IN 2015/16 INVOLVED LESS THAN 50 HOURS OF	STAFF	TIME,	
PRIMARILY THE CEO'S. NO PUBLIC FUNDS WERE USED TO S	UPPORT	SUCH	
			מזה
ACTIVITIES, WHICH FOCUSED ON STATE AND FEDERAL APPRO	FKTATT	THE GITT	KD.
LEGISLATION AFFECTING THE YWCA'S WORK ON BEHALF OF U	OW HAT	MEN_AN	ID THEIR
DEGISHATION APPROLIMG THE THORSE WAS			
FAMILIES, PARTICULARLY VICTIMS AND SURVIVORS OF FAMI	TA AIO	LENCE .	n 990 or 990-EZ) 20
	Sched	inie 🗠 (Lott	(1 990 OF 980°EA) 20

#### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2015 OF UTAH, DBA YWCA UTAH 87-0212467 Page 4  [Part IV:] Supplemental Information (continued)
ACTIVITIES INCLUDED WRITING LETTERS AND MAKING TELEPHONE CALLS TO
LEGISLATIVE AND CONGRESSIONAL OFFICES AS WELL AS TO GOVERNMENT
OFFICIALS, GIVING TOURS OF THE YWCA, SENDING OCCASIONAL E-MAILS TO
LEADERSHIP VOLUNTEERS AND MEMBERS AS WELL AS TO STATE LEGISLATORS AND
CONGRESSIONAL DELEGATION, PERSONAL VISITS TO OFFICES OF ELECTED
OFFICIALS, SOME MEDIA INTERVIEWS, AND SIGNING LETTERS GENERATED BY
VARIOUS STATE AND NATIONAL COALITIONS.

#### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number 87-0212467

Schedule D (Form 990) 2015

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes impermissible private benefit? Part II Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year, a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (I) Revenue Included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

#### YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

^-b	Jule D (Form 990) 2015 OF UTAH	, DBA YWCA	UTAH			87	-02:	L2467	Page 2
	till Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, c	r Othe	er Similar	Asset	<b>S</b> (continu	ed)
3	details and about any of the following that are a clanificant use of its collection items								
	(check all that apply):	,	,	_					
a	Public exhibition	d	Loan or exc	change progra	ms				
	Scholarly research	e e	Other	٥. ٠					
b	Preservation for future generations								
C	Provide a description of the organization's co	illections and explain	how they further	the organizatio	on's exe	mpt purpose	In Part	XIII.	
4	Provide a description of the organization collect of	receive donations o	fart historical tre	asures, or othe	er simila	r assets			
5	During the year, dld 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?								
Dar	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
1 (4)	reported an amount on Form 990, Par	t X, line 21.							
19	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included								
(1)	on Form 990, Part X?								
h	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
	D II Yes, explain the arrangement are are an and compose the land the second						Amount		
_	c Beginning balance					10			
	Additions during the year								
	Distributions during the year								
e						1f	-+++,,		
1	Ending balance	anii Y fort DOM DOM	21 for secrow or o	rustodial acco	unt liabi	•		Yes	No No
2a	If "Yes," explain the arrangement in Part XIII.	Chook horo if the ev	nlanation has hee	n provided on	Part XII	l			
		the organization and	ewered "Yes" on f	form 990. Part	IV. line	10.			<del></del>
Par	t V Endowment Funds. Complete i		(b) Prior year	(c) Two year	s hack	(d) Three year	s back	(e) Four v	rears back
		(a) Current year 1,955,617.	1,979,043		1,937	1,729			767,557,
	Beginning of year balance	5,813,	47,294		5,925,	•		··	· -
	Contributions		45,472		6,651.	205	,249,		43,085.
C	Net investment earnings, gains, and losses	-9,240.	45,474		3,031.	200	,,		,,
þ	Grants or scholarships								
е	Other expenditures for facilities		- 00 001			120	1.40		60 173
	and programs	97,990.	90,974		2,800,		,140,		60,173, 21,180,
f	Administrative expenses	24,520.	25,218		3,670.		,461,	1 2	729 289
g	End of year balance	1,829,680,	1,955,617		9,043.	1,771	,931,		129,209.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:					
a	Board designated or quasi-endowment	76.72	_%						
	Permanent endowment > 22.32	<u></u> %							
	Temporarily restricted endowment	.96 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administe	ered for	the organizati	lon	_	<del> </del>
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organize	itions listed as requir	ed on Schedule F	?	,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,	3b	
	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	Land, Buildings, and Equipm	ient.							
11.01	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 99	), Part X	ζ, line 10.			
	Description of property	(a) Cost or o		st or other	(c) A	Accumulated		(d) Book	value
	Describtion of broberry	basis (investr		s (other)		epreciation		, .	
			· 1	43,011.			###	443	011
	Land	1		65,718.	1.	755,225	5.		493.
	Buildings			80,173.		57,256			917.
	Leasehold improvements			43,424.		599,703			723.
	Equipment			~~,	<u> </u>		_	<del></del>	<del> </del>
e	Other		V column (B) line	1001		<u> </u>	_	6.320	144.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	A, COLUMN (B), IME	1007			hachile	<del>-</del>	990) 2015
						30	· · · · · · · · · · · · · · · · · · ·	1. 0	

OF:	UTAH.	DBA	YWCA	UTAH

Part VII Investments - Other Securities.		A D. D. D. D. W. Hand	0
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 1	z. st or end-of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Co.	of or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	1-111		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	n oon but the	tta Can Form 800 Bort V line :	3
Complete if the organization answered "Yes"	on Form 990, Pan IV, line (b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(a) Description of Investment	39,413.	COST	
(1) THE CRITCHLOW LLC	1,259,226.	COST	
(2) YWEMPOWERED LLC	1,200,220.	0001	
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	1,298,639.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets.	1,250,0054	Control Contro	V
Part IX Other Assets.  Complete If the organization answered "Yes"	on Form 000 Part IV line	11d See Form 990, Part X. line	15.
Complete if the organization answered ites	Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
	20001154141		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)	<del>, ,                                    </del>		
(9)	ne 15 )		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	e 15.)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) llr Part X: Other Liabilities.			X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X: Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV <u>, line</u>		X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part: X: Other Liabilities. Complete if the organization answered "Yes"  1. (a) Description of ilability	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part: X: Other Liabilities. Complete if the organization answered "Yes"  1. (a) Description of ilability  (1) Federal income taxes	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr  Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes  (2)	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal Income taxes (2) (3)	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of Ilability  (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of ilability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
[9] Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of Ilability  (1) Federal Income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV <u>, line</u>	11e or 11f. See Form 990, Part	X, line 25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr Part X: Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of ilability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.

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 X Schedule D (Form 990) 2015

#### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

87-0212467 Page 4 OF UTAH, DBA YWCA UTAH Schedule D (Form 990) 2015 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. 5,498,162. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -98,007 a Net unrealized gains (losses) on investments 1,799. 2b b Donated services and use of facilities \_\_\_\_\_\_ 2c c Recoveries of prior year grants \_\_\_\_\_ 2d d Other (Describe in Part XIII.) -96,208. 20 e Add lines 2a through 2d 5,594,370. 3 Subtract line 2e from line 1 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 1,284,941 b Other (Describe in Part XIII.) 1,284,941. 40 c Add lines 4a and 4b 6,879,311. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Rart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,550,741. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 1,799 a Donated services and use of facilities \_\_\_\_\_ b Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII.) 1,799. e Add lines 2a through 2d 5,548,942. Subtract line 2e from line 1 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 10,849.378 b Other (Describe in Part XIII.) 10,849,378. c Add lines 4a and 4b 16,398,320. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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. PART V, LINE 4: THE ENDOWMENT FUND (UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED FUNDS) IS INTENDED TO PROVIDE FUNDING FOR EMERGENCY RESERVES, CAPITAL MAINTENANCE, AND LONG-TERM SUPPORT FOR THE ORGANIZATION. PART X, LINE 2: THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH AND YWBUILDING HOPE ARE ORGANIZED AS UTAH NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFYING FOR THE CHARITABLE CONTRIBUTION DEDUCTION

Schedule D (Form 990) 2015

UNDER SECTION 170(B)(1)(A)(VI), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE

632054 09-21-15

Part XIII Supplemental Information (continued)

FOUNDATIONS UNDER SECTION 509(A)(1). THE CRITCHLOW AND YWEMPOWERED ARE
LIMITED LIABILITY COMPANIES. AS SUCH, THE TAX EFFECTS OF THE ENTITIES'

ACTIVITIES ACCRUE DIRECTLY TO THEIR MEMBERS AND NO TAX PROVISION IS

RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE YOUNG
WOMEN'S CHRISTIAN ASSOCIATION OF UTAH AND YWBUILDING HOPE ARE ANNUALLY
REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM

990) WITH THE IRS. IN ADDITION, THESE ENTITIES ARE SUBJECT TO INCOME TAX
ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED
TO THEIR EXEMPT PURPOSES. THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH
AND YWBUILDING HOPE HAVE DETERMINED THEY ARE NOT SUBJECT TO UNRELATED
BUSINESS INCOME TAX AND HAVE NOT FILED AN EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

THE YWCA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE

ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE YWCA WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO

UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH

INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF YWEMPOWERED, LLC MEMBERSHIP INTEREST OF 10%

FROM YWBUILDING HOPE 1,284,941.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

YWBUILDING HOPE DEBT FORGIVENES 10,430,500.

TRANSFER OF THE CRITCHLOW, LLC MEMBERSHIP INTEREST OF 90%

TO YWBUILDING HOPE 418,878.

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION 87-0212467 Page 5 OF UTAH, DBA YWCA UTAH Schedule D (Form 990) 2015 OF UTAH, D Part XIII Supplemental Information (continued) TOTAL TO SCHEDULE D, PART XII, LINE 4B 10,849,378.

#### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. **Employer identification number** YOUNG WOMEN'S CHRISTIAN ASSOCIATION Name of the organization 87-0212467 OF UTAH, DBA YWCA UTAH Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations \_\_\_ In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (III) Did fundralser have custedy or control of contributions? (Iv) Gross receipts (i) Name and address of individual (ii) Activity fundralser from activity organization or entity (fundraiser) listed in col. (i) Yes No 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.

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

Schedule G (Form 990 or 990-EZ) 2015

YOUNG WOMEN'S CHRISTIAN ASSOCIATION 87-0212467 Page 2 Schedule G (Form 990 or 990 EZ) 2015 OF UTAH, DBA YWCA UTAH 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events STRONGER LEADER (add col. (a) through TOGETHER BRE LUNCHEON col. (c)) (total number) (event type) (event type) 642,186. 195,741 112,849 333,596. 1 Gross receipts ..... 375,292. 185,741 189,551 2 Less: Contributions 266,894. 112,849 144,045. 10,000 Gross Income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 66,633. 66,633. 6 Rent/facility costs 96,273. 85,911. 10,362. Food and beverages 17,515. 16,615. 3,736. 900 8 Entertainment 523. 4,259. 9 Other direct expenses 184,680. 10 Direct expense summary, Add lines 4 through 9 in column (d) 82,214. 11 Net Income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Revenue Gross revenue. 2 Cash prizes \_\_\_\_\_ Expenses 3 Noncash prizes \_\_\_\_\_ 4 Rent/facility costs 5 Other direct expenses l Yes Yes Yes No 6 Volunteer labor 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? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION

SAH	edule G (Form 990 or 990 EZ) 2015 OF UTAH, DBA YWCA UTAH	<u>87-02124</u>	<u> 167</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	/es	L. No
11	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
12	to administer charitable gaming?	□ \( \square \)	es/	☐ No
13	Indicate the percentage of gaming activity conducted in:	13a		%
а	The organization's facility	13b		%
Ł	An outside facility	11414-1		761
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	18;		
	Name ►			
	Address >		les	
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		169	140
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
	of gurning roverses the state of the state o			
(	of the same and address of the diagrams.			
	Name >			
	Address >			
16	Gaming manager Information:			
	Name >			<del></del>
	Gaming manager compensation 🕨 \$			
	Description of services provided >			<del></del>
	Director/officer Employee Independent contractor			
	A CONTRACTOR OF THE CONTRACTOR			
17	Mandatory distributions:			
1	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
	retain the state gaming license?	*******		
!	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	BI RIA		
	organization's own exempt activities during the tax year 🕨 \$			
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	Part III, lines 9,	9b, 1	Ob, 15b,
_	Tool (of aim 1) of an abbuseauti the beautiful and an abbuseautiful an abbuseautiful and an abbuseautiful and an abbuseautiful and an abbuseautiful and an abbuseautiful and an abbuseautiful an abbuseautiful and abbuseautiful and abbuseautiful and abbuseautiful and abbuseautiful an abbuseautiful and abbuseautiful and abbuseautiful and abbuseautiful and abbuseautiful and abbuseautiful an abbuseautiful an abbuseautiful an abbuseautiful and abbuseautiful and abbuseautiful and abbuseautiful an abbuseautiful an abbuseautiful and abbuseautiful and abbuseautiful and abbuseautif		. –	_
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Schedule G (Form 990 or 990-EZ)	YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH	87-0212467 Page 4
Schedule G (Form 990 or 990 EZ)  Part IV: Supplemental Infor	mation (continued)	
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047

9 X

► Attach to Form 990.

Employer identification number 87-0212467 Inspection Yes 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 YOUNG WOMEN'S CHRISTIAN ASSOCIATION UTAH criteria used to award the grants or assistance? OF UTAH, DBA YWCA Part | General Information on Grants and Assistance Name of the organization

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

mornions that received more than \$5 000 Part II can be duplicated if additional space is needed.	AS OUT Part II can	he duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XWEUILDING HOPE 322 RAST 300 SOUTH SALT LAKE CITY, UT 84111	26-3747857	501(C)(3)	10,430,500.	0.			RESTRUCTURING OF REAL ESTATE AND INVESTMENT ASSETS
YWBUIIDING ROPB 322 RAST 300 SOUTH SALT LAKE CITY, UT 84111	26-3747857	501(C)(3)	°o	418,878.FMV	A743	MEMBERSTIP INTEREST IN THE CRITCHLOW, LLC	RESTRUCTURING OF REAL BSTATE AND INVESTMENT ASSETS

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

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

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

40

Schedule 1 (Form 990) (2015)

Schedule | (Form 990) (2015)

OF UTAH, DBA YWCA UTAH

| 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.

Page 2

87-0212467

(f) Description of non-cash assistance then;								Schedule I (Form 990) (2015)
(e) Method of valuation (book, FMV, appraisal, other)				additional information.				
(d) Amount of non- cash assistance				ın (b), and any other				_1
(c) Amount of cash grant	I			line 2, Part III, colum				41
(b) Number of recipients				required in Part I,				
(a) Type of grant or assistance	The first of the control of the cont			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				632102 10-28-15

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB Na. 1545-0047

2015

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer Identification number 87-0212467

Types of Property Part I (d) (c) Noncash contribution Method of determining Check If Number of noncash contribution amounts contributions or amounts reported on applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3,295.DONOR DEFINED  $\overline{\mathbf{x}}$ Books and publications ..... 232,417 DONOR DEFINED Х Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded \_\_\_\_\_ 9 Securities - Closely held stock \_\_\_\_\_ 10 Securities · Partnership, LLC, or 1,284,941 FMV Х trust Interests Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures ..... Qualified conservation contribution - Other... 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles ..... 18 47,262. DONOR DEFINED 19 Food inventory 20 Drugs and medical supplies Taxldermy 21 Historical artifacts 22 Scientific specimens ..... 23 Archeological artifacts 24 21,050 DONOR DEFINED (GIFT CARDS 25 Other > 26 Other 27 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for 30a exempt purposes for the entire holding period? b if "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

33

b If "Yes," describe in Part II.

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Cohodula M	(Form 990) (2015)	OF UTAH,	DBA Y	WCA UTAI	H		87-021	<b>⊿407</b> Page 2
Part II	1 (Form 990) (2015) Supplementa Is reporting in Pai this part for any a	I Information. t I, column (b), the dditional informat	Provide the number of o	Information re contributions, i	quired by Part the number of	t I, lines 30b, 32b, ar items received, or a	nd 33, and whether to combination of bot	he organization n. Also complete
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PARTIE DO								

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Note: Provided the Provided HTML Provided H

Employer Identification number 87-0212467

OF UTAH, DBA YWCA UTAH   67-0212407
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FREEDOM AND DIGNITY FOR ALL.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
148 CHILDREN WHO LIVED IN SHELTER AND TRANSITIONAL HOUSING.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SALT LAKE AREA FAMILY JUSTICE CENTER - A COLLABORATIVE PROJECT
INVOLVING POLICE, PROSECUTORS, PROBATION, LAW ENFORCEMENT, VICTIM
ADVOCATES, LEGAL AID SERVICES, CHILD WELFARE AGENCIES AND OTHERS THAT
IS DESIGNED TO DEVELOP A STRONGER, MORE COORDINATED COMMUNITY RESPONSE
TO FAMILY VIOLENCE. THE SLAFJC MODEL OF SERVICE DELIVERY BRINGS
TOGETHER THE EFFORTS AND EXPERTISE OF MULTIPLE AGENCIES IN ONE LOCATION
TO PROVIDE CO-LOCATED, WRAPAROUND SERVICES FOR ADULT FEMALE AND MALE
VICTIMS OF FAMILY VIOLENCE IN SALT LAKE COUNTY. THERE ARE NOW 15
COMMUNITY PARTNERS IN THE SLAFJC. THE SLAFJC SERVED 1,359 INDIVIDUALS
(919 NEW, 440 RETURNING) TOTALING 6,593 VISITS. 287 REQUESTED
PROTECTIVE ORDERS. 1,100 (81%) PARTICIPANTS CREATED SAFETY PLANS, AND
ALL HAD CONVERSATIONS ABOUT SAFETY.
EXPENSES \$ 708,496. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,454.
KRH SUPPORTIVE SERVICES - SAFE, SUPPORTIVE SERVICES FOR HOMELESS
LOW-INCOME MOTHERS AND CHILDREN LIVING IN THE 36-UNIT KATHLEEN ROBISON
HUNTSMAN (KRH) APARTMENTS. KRH IS A RESPECTFUL, EMPOWERING PLACE WHERE
SURVIVORS CAN BEGIN TO HEAL AND CREATE HEALTHIER FAMILIES; STRENGTHEN
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 532211 09:02-15
1 A

Schedule O (Form 990 or 990-EZ) (2015)

EMPOWERS UTAH WOMEN TO PARTICIPATE FULLY IN PUBLIC LIFE AND CIVIC

LEADERSHIP THROUGH ELECTED POLITICAL OFFICE AT ALL LEVELS, APPOINTMENTS

REVENUE \$ 4,095.

EXPENSES \$ 125,562.

INCLUDING GRANTS OF \$ 0.

OF UTAH, DBA YWCA UTAH

YWBUILDING HOPE - THE ORGANIZATION WAS FORMED BY AND FOR THE BENEFIT OF

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH (YWCA UTAH).

USED BY YWCA UTAH FOR ITS PROGRAMS. DURING THE FISCAL YEAR ENDING JUNE

30, 2016 YWCA UTAH TRANSFERRED ASSETS VALUED AT \$10,849,378 TO

YWBUILDING HOPE. THE TRANSFERRED ASSETS CONSISTED OF \$10,430,500 OF

DEBT FORGIVENESS AND A 90% OWNERSHIP INTEREST IN THE CRITCHLOW, LLC

VALUED AT \$418,878. YWCA UTAH OWNS THE REMAINING 10% OF THE CRITCHLOW,

LLC. DURING THE SAME PERIOD YMBUILDING HOPE CONTRIBUTED ASSETS VALUED

AT \$12,849,409 INTO THE NEWLY CREATED ENTITY, YWEMPOWERED, LLC.

CONTRIBUTED ASSETS CONSIST MOSTLY OF REAL ESTATE AND OTHER

MISCELLANEOUS ASSETS. YWBUILDING HOPE THEN TRANSFERRED A 10% OWNERSHIP

INTEREST IN YWEMPOWERED, LLC, VALUED AT \$1,284,941, TO YWCA UTAH.

YWBUILDING HOPE OWNS THE REMAINING 90% OF YWEMPOWERED, LLC.

YWCA UTAH TRANSFERRED NET ASSETS TO YWBUILDING HOPE VALUED AT

\$1,707,151. THIS TRANSFER OF NET ASSETS WAS REPORTED ON THE YWCA UTAH

FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2016, BUT WAS REPORTED IN

THE YWBUILDING HOPE FORM 990 IN A PRIOR PERIOD.

INCLUDING GRANTS OF \$ 10,849,378. REVENUE \$ 0. EXPENSES \$ 10,955,757.

THE CRITCHLOW LLC

INCLUDING GRANTS OF \$ 0. REVENUE \$ -107,625. EXPENSES \$ 0.

YWEMPOWERED LLC

INCLUDING GRANTS OF \$ 0. REVENUE \$ -25,715. EXPENSES \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH	Employer Identification number 87-0212467
WITH LEADERSHIP FROM THE BOARD CHAIR, UNDERTAKES THE CEO	PERFORMANCE REVIEW
AND APPROVES CEO COMPENSATION ARRANGEMENTS WITHOUT THE CE	O PRESENT
(UNDERTAKEN IN 15/16). THE APPROPRIATE DATA AS TO COMPAR	ABILITY OF
COMPENSATION PRIMARILY COME FROM A COMPENSATION SURVEY PU	BLISHED EVERY TWO
YEARS BY THE UTAH NONPROFITS ASSOCIATION, WITH ADDITIONAL	GUIDANCE FROM THE
YWCA SALARY STRUCTURE. YWCA UTAH MAINTAINS WRITTEN RECOR	DS AS CONCURRENT
DOCUMENTATION OF DECISIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE YWCA MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM	990 AVAILABLE TO
THE PUBLIC UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE	ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACQUISITION OF NONCONTROLLING INTEREST	-123,281.
TRANSFER OF NET ASSETS TO YWBUILDING HOPE	-1,707,151.
TOTAL TO FORM 990, PART XI, LINE 9	-1,830,432.
	4,

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

OMB No. 1545-0047

YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF UTAH, DBA YWCA UTAH

2015 Open to Plublic Inspection Employer identification number  $8\,7-0\,21\,24\,6\,7$ 

是部件版 Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and ElN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
טו מוצו פאמימפת פויוויא		ाणबहुत व्यवास्त्र)			7
The state of the s					
				Jahlram	
Paritie Identification of Related Tax-Exempt Organizations in programme organizations during the tax year.	tions Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related tax-exempt	swered "Yes" on Form 990, Pa	↑ IV, Ine 34 becaus	e it had one or more n	elated tax-exempt

(a)	(p)	(c)	(g)	(a)	Œ	(a)	100,7400
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	gui	orthop	led (s)
of related organization		foreign country)	section	status (if section	entity	entî	у?
1		,		501(c)(3))		Yes	2
YWBUILDING HOPE - 26-3747857	HOLDS INTERBERS IN						
322 EAST 300 SOUTH	BNTITIES THAT HOLD TITLE					}	
SALT LAKE CITY, UT 84111	TO PROPERTY USED BY YMCA	UTAH	501(C)(3)	ртме 11А, т	rwca utah	×	
Management of the state of the							
Very property in the second se							
				_			
TOTAL PROPERTY OF THE PROPERTY							

For Paperwork Reduction Act Notice, see the instructions for Form 990. SEE PART VII FOR CONTINUATIONS

532161 09-08-15 LHA

Schedule R (Form 990) 2015

87-0212467

Page 2

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Schedule R (Form 990) 2015

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

Name, address, and EIN						9			3	
of related organization	Primary activity	Legal domicile (state or	trolling y	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionata altocations?	Code V-UBI amount in box	General on managing partner?	General or Percentage managing ownership partner?
		foreign country)		excluded from tax under sections 512-514)		assets	اما	K-1 (Form 1065)	Yes No	
THE CRITCHLOW, DIC -										
87-0574508, 322 EAST 300							<del>,-</del>			
SOUTH, SALT LAKE CITY, UT								£/ £	Þ	d C
84111	REAL ESTATE	ΩŢ	YWCA UTAH	RELATED	-7,182	492,416.	×	N/A	ব	TO-004
YWEMPOWERED LLC - 81-0925606										
322 EAST 300 SOUTH								;		4
SALT LAKE CITY, UT 84111 R	REAL ESTATE	UT	YWCA UTAH	RELATED	-34,663.	1,259,370.	×I	N/A	ঝ	10.00£
							-	<del>.</del>		
	-								,	
							-			
									-	

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

	(b)	(9)	(p)	(a)	Œ	(6)	Ξ		
Name, address, and EIN of related organization	ztívity	a King	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	55CMON 612(b)(13) controlled entity?	÷6,5°
		country)		or trust)		asseis		Yes	S <sub>Z</sub>
								· <u>-</u>	
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THE PROPERTY OF THE PROPERTY O									
532152 09-02-15		t s				Sch	Schedule R (Form 990) 2015	າ 990) ໃ	2015

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# YOUNG WOMEN'S CHRISTIAN ASSOCIATION Schedule R (Form 990) 2015 OF UTAH, DBA YWCA UTAH

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

***************************************				-	Ի
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		:		Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-107	s with one or mare rela	ited organizations listed if	<u> </u>	- F	×
<ul> <li>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> </ul>			***************************************	+	+
b Gift, grant, or capital contribution to related organization(s)	***************************************	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		۹ 9	
				다 전	_
Control of the second of the s				1d X	
	***************************************	***************************************	***************************************	ē	×
e Loans or loan guarantees by related organization(s)					1,000
			2002		17.
f Dividends from related organization(s)	***************************************	***************************************		*	4
q Sale of assets to related organization(s)	***************************************			1g	×
Purchase of assets from related organization		***************************************		护	4
Exchange of assets with related organization(s)				Ţį.	×
				₹.	M
Leaded or reconnection of the control of the contro	***************************************			¥ X	
R. Lease of Tabilities, equipment, of outer assets from teract organization (s)	anization(s)			=	M
	nization(s)			шL	M
Charles of footietes an inment melling lists or other assets with related organization(s)	ion(s)			դե	×
1. Statute of veix employees with related organization(s)		***************************************		10	M
o Stadilig of paid eliptoyees with related organization (%)		** ** ** * * * * * * * * * * * * * * * *		THE RESERVE	1,162,52 Elst
and the second of the second property of the second second of the second			<del>~</del>	4	<b>M</b>
		***************************************		1g X	
d Remoursement paid by related organization by lot expenses	**************************		53	では、一般を表	高級
(a) Antique in the second of t					3
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	# 4 4 * . * * * * * * * * * * * * * * * *		15	M
2 If the answer to any of the above is "Yes." see the instructions for information on v	who must complete th	s for information on who must complete this line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) YWBUILDING HOPE	X	106,379.	FMV		
(2) THE CRITCHLOW, LLC	А	380,000.FMV	FMV		
(3) THE CRITCHLOW, LLC	O)	159,390. FMV	FMV	***************************************	
(4) YWBUILDING HOPB	щ	10,430,500.	FMV OF DEBT FORGIVENESS		
(s) YWBUILDING HOPE	Д	418,878.	FMV OF THE CRITCHLOW, LLC		EQUITY
(a) YWBUILDING HOPE	ບ	1,284,941.	. EMV OF YWEMPOWERED, ILC	LLC RQUITY	Ľζ
532183 09-08-15	52		Schedule R (Form 990) 2015	A (Form 9	90) 201

87-0212467

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YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Part. Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

tage ship				2015
(K) Percent owners				 m 990)
General or managing partner? Yes No				R (For
Code V-UBI General of Percentage amount in box 20 managing ownership of Schedule K-1 percent				Schedule R (Form 990) 2015
(h) Dispropor- tionate allocations? Yes No				
(g) Share of B end-of-year all assets Y				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) ords:? Yes No				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Schedule R (Form 990) 2015 OF UTAH, DBA YWCA UTAH	87-0212467 Page 5									
Part VII Supplemental Information										
Provide additional information for responses to questions on Schedule R (see instructions).										
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZAT	IUNS!									
NAME OF RELATED ORGANIZATION:										
YWBUILDING HOPE										
PRIMARY ACTIVITY: HOLDS INTERESTS IN ENTITIES THAT HOLD	TTTLE TO PROPERTY									
PRIMARY ACTIVITY: HOLDS INTERESTS IN ENTITIES THAT HOLD										
USED BY YWCA UTAH										
Opin 11 11102 Daniel										
•										

... .....

Form 886	88 (Rev. 1-2014)					Page 2			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		X			
Note. On	ly complete Part II if you have already been granted an a	utomatic	3-month extension on a previously f	led Form 8	868.				
• If you	are filling for an Automatic 3-Month Extension, complet	te only Pa	ert I (on page 1).						
Part II		xtensio	n of Time. Only file the origin	al (no co	pies needed)				
			Enter filer's	identifying	g number, see i	nstructions			
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification nu	mber (EIN) or			
print	YOUNG WOMEN'S CHRISTIAN ASSO								
la by the	OF UTAH, DBA YWCA UTAH	87-0212467		467					
due date for	Number, street, and room or sulte no. If a P.O. box, so	Social security number (SSN)							
filling your return. See	322 EAST 300 SOUTH								
nstructions									
	SALT LAKE CITY, UT 84111-26	505				<del></del>			
						1877			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 1			
						<del></del>			
Applicat	ion	Return	Application			Return Code			
ls For		Code	Is For						
	O or Form 990-EZ	01							
Form 99		02	Form 1041-A						
	20 (individual)	03	Form 4720 (other than individual)	er than individual)					
Form 99		04	Form 5227	227					
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	O.T (trust other than above)	06	Form 8870			12			
STOP! D	o not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	/iously file	d Form 8868.				
	ANNTE BITERROLDE	₹							
• The h	cooks are in the care of > 322 EAST 300 SC	HTUC	- SALT LAKE CITY,	UT 84	111-2605				
Telen	hone No. ► (801) 537-8604		Fax No. 🕨						
<ul> <li>If the</li> </ul>	organization does not have an office or place of busines	s in the Ui	nited States, check this box			<b>▶</b> ∐			
m if this	in for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	rthe whole grou	p, check this			
hox 🕨	. If it is for part of the group, check this box	and atte	ach a list with the names and EiNs o	f all memb	ers the extensio	n is for.			
A 1 x	arriget an additional 3-month extension of time until	MAY	15, ZUII .						
5 Fo	r calendar year, or other tax year beginning	JUL 1	, 2015 , and endlr	NUC g	30, 201	<u>6                                    </u>			
6 lf 1	he tax year entered in line 5 is for less than 12 months, o	heck reas	son: initial return	Final re	eturn				
Ï	Change in accounting period								
7 St	-4- in detail whereou need the extension			<u></u>					
A	DDITIONAL TIME REQUIRED TO G	ATHER	FINANCIAL INFORMA	TION					
_									
-									
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0			
nc	nrefundable credits. See instructions.			8a	\$	0.			
b 1f	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter ar	ny refundable credits and estimated						
ta	x payments made, include any prior year overpayment a	llowed as	a credit and any amount paid	TRANSPORT PARTOR		0			
ħ	reviously with Form 8868.			d8	\$	0.			
C B	alance due. Subtract line 8b from line 8a. Include your p	ith this form, if required, by using			0				
EETDS (Electronic Federal Tay Payment System), See instructions.						0.			
	Signature and Verifica	tion mu	st be completed for Part II	only.					
Under pe it is true.	nalties of perjury, I declare that I have examined this form, inclu correct, and complete, and that I am authorized to prepare this f	ling accom	panying schedules and statements, and	to the best o	f my knowledge a	nd belief,			
Signatur		_	_	Date	<b>&gt;</b>				
orgnatur	7				Form 8868	3 (Rev. 1-2014)			