

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , 2017, **and ending** , 20

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

C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES
Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 625 S NEW HAMPSHIRE AVE
 City or town, state or province, country, and ZIP or foreign postal code
 LOS ANGELES, CA 90005-1342

D Employer identification number
95-1644052

E Telephone number
(213) 351-2202

G Gross receipts \$ 137,418,090

F Name and address of principal officer: ALAN C HOSTRUP
SAME AS C ABOVE

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

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

J Website: ▶ WWW.YMCALA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1882

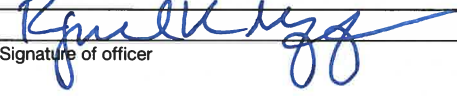
M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE YMCA OF METROPOLITAN LOS ANGELES IS A NON-PROFIT ORGANIZATION DEDICATED TO PUTTING JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE AND ENRICHING THE LIVES OF ALL PEOPLE IN SPIRIT, MIND AND BODY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	56
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	55
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3,685
	6 Total number of volunteers (estimate if necessary)	6	9,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	21,754,274	24,059,615
	9 Program service revenue (Part VIII, line 2g)	70,445,631	72,309,390
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,681,154	3,113,615
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,209,493	1,114,575
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,090,552	100,597,195
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000	51,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	51,657,497	52,136,570
	16a Professional fundraising fees (Part IX, column (A), line 11e)	166,093	214,837
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,571,423		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,217,231	40,244,795
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	94,042,821	92,647,202	
19 Revenue less expenses. Subtract line 18 from line 12	1,047,731	7,949,993	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	208,734,518	226,623,075
	21 Total liabilities (Part X, line 26)	70,698,653	75,031,998
	22 Net assets or fund balances. Subtract line 21 from line 20	138,035,865	151,591,077

Part II Signature Block

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

Sign Here

Signature of officer:  Date: 6/14/18

Type or print name and title: RAY GRIFFIN, EVP / CFO

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN:

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.:

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2017)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

THE MISSION OF THE YMCA IS TO STRENGTHEN COMMUNITIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. THE YMCA OF METROPOLITAN LOS ANGELES ("YMCA" OR "LA Y" OR "THE Y") IS ONE OF THE OLDEST, LARGEST, AND HIGHEST-IMPACT Y ASSOCIATIONS IN THE WORLD. FOUNDED IN 1882 - WHEN LA HAD (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 44,651,466 including grants of \$) (Revenue \$ 47,564,460)

PROGRAMS FOR HEALTHY LIVING:

BY EMPOWERING ALL PEOPLE TO LEAD FULLER LIVES, THE LA Y OFFERS THE RESOURCES, SUPPORT AND GUIDANCE TO IMPROVE THE HEALTH AND WELLNESS OF EVERY MEMBER OF THE COMMUNITY.

THE LA Y OFFERS AN ARRAY OF PROGRAMS THAT ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS AND SHARED INTERESTS, INCLUDING:

* HEALTH, WELL-BEING AND WELLNESS PROGRAMS WITH 2,000 GROUP EXERCISE CLASSES, PERSONAL ASSISTANCE FROM CERTIFIED HEALTHY LIFESTYLE COACHES, DIABETES PREVENTION PROGRAM, CHRONIC DISEASE PREVENTION, ARTHRITIS AND DISABILITIES, AND WEIGHT LOSS PROGRAMS.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 23,260,277 including grants of \$) (Revenue \$ 17,575,973)

PROGRAMS FOR YOUTH DEVELOPMENT:

COMMITTED TO CULTIVATING THE GROWTH AND DEVELOPMENT OF OUR YOUNGEST MEMBERS, THE LA Y OFFERS AFFORDABLE, QUALITY PROGRAMS THAT SUPPORT AND NURTURE THE POTENTIAL OF EVERY INFANT, CHILD AND TEEN. IN A SAFE AND STRUCTURED ENVIRONMENT, CHILDREN LEARN SKILLS AND DEVELOP RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIOR, BUILD ON EDUCATIONAL ACHIEVEMENT AND DEVELOP HEALTHY HABITS THAT WILL CARRY THEM THROUGHOUT THEIR LIVES.

WITH SO MANY DEMANDS ON TODAY'S FAMILIES, PARENTS NEED ALL THE SUPPORT THEY CAN GET. THE Y'S INFANT, TODDLER, PRESCHOOL AND AFTER SCHOOL PROGRAMS ARE ABOUT MORE THAN LOOKING AFTER KIDS, BUT PROVIDING A RESOURCES IN THE CHILD'S DEVELOPMENT AND GROWTH. THE Y'S SWIM, SPORTS AND PLAY, YOUTH AND LEADERSHIP AND YOUTH CAMPS PROVIDE A FUN EXPERIENCE WHILE SUPPORTING A HEALTHY AND ACTIVE LIFESTYLE ALONG WITH (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 13,630,904 including grants of \$) (Revenue \$ 7,168,957)

PROGRAMS FOR SOCIAL RESPONSIBILITY:

THE LA Y ACTS AS A LEADER IN CREATING POSITIVE CHANGES IN OUR NEIGHBORHOODS AND RESPONDING TO ISSUES THAT AFFECT THE QUALITY OF LIFE FOR KIDS AND FAMILIES. THE Y BELIEVES IN GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS BY DEVELOPING VOLUNTEER LEADERS THROUGH FUNDRAISING ACTIVITIES, COMMUNITY PARTNERSHIPS AND COLLABORATING WITH POLICYMAKERS, COMMUNITY LEADERS AND PRIVATE AND PUBLIC ORGANIZATION TO BUILD HEALTHIER COMMUNITIES THROUGHOUT LOS ANGELES.

THE LA Y ALSO OFFERS EDUCATION AND LEADERSHIP PROGRAMS THAT DEVELOP KNOWLEDGE AND CHARACTER, WHILE GIVING GUIDANCE AND ENCOURAGEMENT TO HELP REALIZE THEIR POTENTIAL AND GIVING BACK TO THEIR COMMUNITY.

(CONTINUED ON SCHEDULE O)

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

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

4e Total program service expenses **81,542,647**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 310		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 3,685		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	✓	
b	If "Yes," enter the name of the foreign country: ▶ <u>CJ</u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 56 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 55		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 RAY GRIFFIN, 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005-1342, (213) 351-2203, FAX: (213) 251-9724

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK HELM CHAIRMAN OF THE BOARD	1.0 1.0	✓		✓			0	0	0	
(2) CRISTINA ROSE IMMEDIATE PAST CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(3) WJ ELLISON PAST CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(4) ROBERT J LOWE PAST CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(5) AVEDICK B POLADIAN (TO 01-17) PAST CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(6) BRYAN PALBAUM TREASURER	1.0 1.0	✓		✓			0	0	0	
(7) STEPHEN C MEIER SECRETARY	1.0 1.0	✓		✓			0	0	0	
(8) JOHN W ALDEN, JR VICE CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(9) CARL BALLTON VICE CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(10) CARLA CHRISTOFFERSON VICE CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(11) ANDREW E CROWELL VICE CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(12) TODD M KATZ VICE CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(13) PATRICK J NIEMANN VICE CHAIRMAN	1.0 1.0	✓		✓			0	0	0	
(14) RICHARD G NEWMAN VICE CHAIRMAN	1.0 1.0	✓		✓			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN POWER VICE CHAIRMAN	1.0 1.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) ALAN C HOSTRUP PRESIDENT & CEO	50.0 1.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				422,012	0	41,873
(17) ROBERT J ABERNETHY BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) LINDA ALVAREZ BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) BILL APPLGATE BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) KELLY CHEESEMAN BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) WHITLEY C COLLINS BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) RICHARD D CORDOVA BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) NEHAL A DESAI BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) R TODD DONEY BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								422,012	0	41,873
c Total from continuation sheets to Part VII, Section A								2,580,330	0	385,009
d Total (add lines 1b and 1c)								3,002,342	0	426,882

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 40

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OLTMANS CONSTRUCTION CO INC, 10005 MISSION MILL ROAD, WHITTIER, CA 90601	CONSTRUCTION	7,018,549
BOMEL CONSTRUCTION COMPANY INC, 8195 E. KAISER BLVD, ANAHEIM HILLS, CA 92808	CONSTRUCTION	3,578,912
KOHL BUILDING MAINTENANCE, 9538 TOPANGA CANYON BLVD, CHATSWORTH, CA 91311	BUILD MAINT	1,768,371
DR VIC AND SONS CONSTRUCTION LLC, 17808 BLACKBRUSH DR, CANYON COUNTRY, CA 91387	CONSTRUCTION	1,193,842
QUEST BUILDING SERVICES, 12106 1/2 PARK STREET, CERRITOS, CA 90703	BUILD MAINT	853,900

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 25

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 14,583					
	b Membership dues	1b 0					
	c Fundraising events	1c 1,948,762					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 2,974,846					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,121,424					
	g Noncash contributions included in lines 1a-1f: \$	1,564,163					
	h Total. Add lines 1a-1f	▶	24,059,615				
Program Service Revenue	Business Code						
	2a HEALTHY LIVING		47,564,460	47,564,460			
	b YOUTH DEVELOPMENT		17,575,973	17,575,973			
	c SOCIAL RESPONSIBILITY		7,168,957	7,168,957			
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f	▶	72,309,390					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	885,242			885,242	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties	▶					
	6a Gross rents	(i) Real					
		(ii) Personal	862,555				
		b Less: rental expenses	0				
	c Rental income or (loss)	0	862,555				
	d Net rental income or (loss)	▶	862,555			862,555	
	7a Gross amount from sales of assets other than inventory	(i) Securities	36,143,218				
		(ii) Other	2,011,000				
		b Less: cost or other basis and sales expenses	34,747,377	1,178,468			
	c Gain or (loss)	1,395,841	832,532				
	d Net gain or (loss)	▶	2,228,373			2,228,373	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	752,814				
		b Less: direct expenses	b 860,632				
		c Net income or (loss) from fundraising events . ▶		(107,818)			(107,818)
	9a Gross income from gaming activities. See Part IV, line 19	a	38,313				
b Less: direct expenses		b 34,418					
c Net income or (loss) from gaming activities . . ▶			3,895			3,895	
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less: cost of goods sold	b 0					
	c Net income or (loss) from sales of inventory . . ▶		0			0	
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS FEES	900099	157,199			157,199		
b INSURANCE SETTLEMENT	900099	2,550			2,550		
c RETURNED PAYMENT FEES	900099	6,527			6,527		
d All other revenue	900099	189,667	0	0	189,667		
e Total. Add lines 11a-11d	▶	355,943					
12 Total revenue. See instructions.	▶	100,597,195	72,309,390	0	4,228,190		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,000	35,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	16,000	16,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,550,522	1,287,551	998,820	264,151
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	40,271,971	35,366,294	3,834,476	1,071,201
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,479,709	2,062,308	347,855	69,546
9 Other employee benefits	1,984,473	1,728,649	208,717	47,107
10 Payroll taxes	4,849,895	4,251,699	441,855	156,341
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	141,717	1,959	139,758	
c Accounting	185,764	0	185,764	0
d Lobbying	7,444	7,444		
e Professional fundraising services. See Part IV, line 17	214,837			214,837
f Investment management fees	209,171		209,171	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,454,470	3,082,251	246,136	126,083
12 Advertising and promotion	1,348,633	1,134,431	74,131	140,071
13 Office expenses	2,223,817	2,076,065	66,482	81,270
14 Information technology	657,333	420,413	236,920	0
15 Royalties	0	0	0	0
16 Occupancy	10,997,939	10,891,104	105,004	1,831
17 Travel	2,080,047	1,895,142	127,082	57,823
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,934,206	1,532,035	226,621	175,550
20 Interest	1,107,665	1,089,684	17,981	0
21 Payments to affiliates	585,945	585,945	0	0
22 Depreciation, depletion, and amortization	7,859,936	7,730,410	129,526	
23 Insurance	1,940,498	1,794,168	146,330	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	3,144,091	2,925,237	58,234	160,620
b <u>EQUIPMENT RENTAL & MAINTENANCE</u>	764,331	670,360	93,971	
c <u>OTHER</u>	1,601,788	958,498	638,298	4,992
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	92,647,202	81,542,647	8,533,132	2,571,423
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,183,567	1	6,264,077
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	7,515,952	3	5,270,975
	4 Accounts receivable, net	1,208,619	4	1,572,163
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	14,027	8	13,679
	9 Prepaid expenses and deferred charges	2,149,428	9	2,512,296
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	260,128,339		
	b Less: accumulated depreciation	113,423,020		
	11 Investments—publicly traded securities	43,906,140	11	54,603,051
	12 Investments—other securities. See Part IV, line 11	4,408,786	12	5,629,744
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	4,759,302	15	4,051,771
16 Total assets. Add lines 1 through 15 (must equal line 34)	208,734,518	16	226,623,075	
Liabilities	17 Accounts payable and accrued expenses	14,306,002	17	12,595,404
	18 Grants payable	0	18	0
	19 Deferred revenue	3,460,604	19	3,682,135
	20 Tax-exempt bond liabilities	27,785,000	20	26,390,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	424,030	21	402,337
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	13,450,030	23	13,150,030
	24 Unsecured notes and loans payable to unrelated third parties	0	24	6,650,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,272,987	25	12,162,092
	26 Total liabilities. Add lines 17 through 25	70,698,653	26	75,031,998
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	78,350,311	27	92,823,775
	28 Temporarily restricted net assets	32,256,784	28	22,703,743
	29 Permanently restricted net assets	27,428,770	29	36,063,559
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	138,035,865	33	151,591,077
34 Total liabilities and net assets/fund balances	208,734,518	34	226,623,075	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,597,195
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,647,202
3	Revenue less expenses. Subtract line 2 from line 1	3	7,949,993
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	138,035,865
5	Net unrealized gains (losses) on investments	5	5,326,355
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	278,864
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	151,591,077

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) ROLAND FARGO ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(26) ANTON C GARNIER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(27) ANTONIA JIMENEZ ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(28) STEPHEN M KADENACY (TO 01-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(29) ALAN KREDITOR ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(30) ROBERT LAUGHLIN (TO 06-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(31) PETER W LEE (TO 09-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(32) TONY LEE ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(33) MELVIN D LINDSEY ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(34) JOHN F LLEWELLYN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(35) GLENVILLE A MARCH, MD ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(36) JERRY MARCIL ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(37) JIM MCDONNELL ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(38) ALLEN MILLER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(39) PATRICK MONROE ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(40) JUDITH ANDERSON MUNZIG ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(41) STEVEN A NISSEN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(42) WILLIAM M PETMECKY ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(43) GARY C PETROSINO ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(44) CHESTER (CHET) PIPKIN ----- BOARD MEMBER	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) TONY POTTS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(46) JOHN H SANDERS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(47) JOHN H SEMCKEN, III ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(48) HUGO SIBRIAN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(49) STEVE SILK ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(50) KEITH TERASAKI, MD ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(51) LES YBARRA ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(52) EARL E GALES, JR ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(53) EMILY LUDMIR AVIAD (FROM 03-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(54) DANA DEBEL (FROM 01-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(55) JOSE GOMEZ (FROM 03-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(56) DANA KRAVETZ (FROM 01-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(57) BRIAN ULF (FROM 06-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(58) JOSEPH VALDES (FROM 03-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(59) DAVID MISCH (FROM 11-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(60) FABIAN NUNEZ (FROM 11-17) ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(61) M DENGLER ----- EVP COO	50.0 ----- 1.0			✓				286,551	0	38,753
(62) D LIPMAN ----- EVP HUMAN RESOURCES	50.0 -----			✓				260,108	0	11,223
(63) V DOMINGUEZ ----- EVP CHIEF MISSION ADVANCEMENT OFFICER	50.0 -----			✓				236,774	0	27,377
(64) R GRIFFIN ----- EVP CFO	50.0 ----- 1.0			✓				227,494	0	36,110
(65) R CORONA ----- SVP BRANCH OPERATIONS	50.0 -----				✓			177,812	0	36,041

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(66) J STANTON ----- EXECUTIVE DIRECTOR AND VP	50.0 -----				✓			173,119	0	27,015
(67) D POWELL ----- SVP BRANCH OPERATIONS	50.0 -----				✓			168,287	0	22,750
(68) S MACALLER ----- EXECUTIVE DIRECTOR	50.0 -----				✓			143,080	0	35,017
(69) S MARASCO ----- SVP BRANCH OPERATIONS	50.0 -----				✓			153,524	0	25,603
(70) J CHAN ----- SVP CONTROLLER	50.0 -----					✓		155,215	0	32,818
(71) K NAKAMURA ----- SVP MARKETING & COMMUNICATIONS	50.0 -----					✓		156,467	0	26,736
(72) A SAMSON ----- EXECUTIVE DIRECTOR	50.0 -----					✓		159,724	0	25,383
(73) D PRICE ----- SVP INFORMATION TECHNOLOGY	50.0 -----					✓		141,621	0	31,089
(74) J DE LA CRUZ ----- SVP COMMUNITY DEVELOPMENT	50.0 -----					✓		140,554	0	9,094

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	Employer identification number 95-1644052
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,777,272	18,125,412	26,826,411	21,754,274	24,059,615	108,542,984
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	17,777,272	18,125,412	26,826,411	21,754,274	24,059,615	108,542,984
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						108,542,984

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	17,777,272	18,125,412	26,826,411	21,754,274	24,059,615	108,542,984
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,644,566	1,782,087	1,649,480	1,512,665	1,747,797	8,336,595
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,075,154	1,086,232	1,007,461	1,471,900	989,247	5,629,994
11 Total support. Add lines 7 through 10						122,509,573
12 Gross receipts from related activities, etc. (see instructions)					12	331,784,102
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	88.60 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	86.99 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

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

Return Reference - Identifier	Explanation						
	Description	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	INSURANCE SETTLEMENT	70,238	117,823	898	375,000	2,550	566,509
	GROSS INCOME SPECIAL EVENTS	679,997	641,249	670,327	755,732	791,127	3,538,432
	RETURNED PAYMENT FEES	57,696	16,321	7,962	8,561	6,527	97,067
	OTHER	267,223	310,839	328,274	332,607	189,043	1,427,986
	Total	1,075,154	1,086,232	1,007,461	1,471,900	989,247	5,629,994

Schedule of Contributors

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	Employer identification number 95-1644052
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	Employer identification number 95-1644052
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,984,512	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 7,200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,033,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 856,760	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	Employer identification number 95-1644052
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	Employer identification number 95-1644052
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) organizations: Complete Part III.

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	Employer identification number 95-1644052
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?	✓		7,444
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			7,444
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PAYS CALIFORNIA STATE ALLIANCE OF YMCAS AN ANNUAL STIPEND, WHICH INCLUDES LOBBYING ACTIVITIES WHICH FURTHER THE GOALS AND MISSION OF THE YMCA, INCLUDING LETTERS OF SUPPORT OF LEGISLATION, TESTIMONY BEFORE LEGISLATIVE COMMITTEES AND SPEAKING TO LEGISLATORS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES
Employer identification number: 95-1644052

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values. Rows 5-6 for donor and grantee notification questions.

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

Form with multiple rows for conservation easement details, including purpose, acreage, and monitoring information. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with rows for reporting on collections of art and historical treasures, including revenue and asset values.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	44,821,617	48,419,607	42,438,763	40,037,855	47,010,181
b Contributions	13,371,815	2,430,346	8,513,410	2,698,381	875,186
c Net investment earnings, gains, and losses	7,540,734	2,614,320	(316,384)	1,227,926	5,173,576
d Grants or scholarships					
e Other expenditures for facilities and programs	3,769,094	8,469,540	2,028,309	1,341,220	12,851,989
f Administrative expenses	202,708	173,116	187,873	184,179	169,099
g End of year balance	61,762,364	44,821,617	48,419,607	42,438,763	40,037,855

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

- a** Board designated or quasi-endowment **▶ 21.90 %**
- b** Permanent endowment **▶ 56.70 %**
- c** Temporarily restricted endowment **▶ 21.40 %**

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,663,958		20,663,958
b Buildings		216,118,536	101,344,471	114,774,065
c Leasehold improvements		384,774	384,774	0
d Equipment		19,644,937	11,693,775	7,951,162
e Other		3,316,134		3,316,134
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				146,705,319

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) INSURANCE CLAIMS - CURR	1,605,000	
(3) OBLIG UNDER CAPITAL LEASES - CURR	1,856,000	
(4) INSURANCE CLAIMS PAYABLE - NON CURR	4,345,793	
(5) OBLIG UNDER CAPITAL LEASES - NON CURR	2,619,362	
(6) OBLIG UNDER INTEREST RATE SWAP AGREEMENT	557,681	
(7) OBLIG UNDER SPLIT- INT AGREEMENT	1,178,256	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	12,162,092	

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

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	THE ASSOCIATION SERVES AS THE CUSTODIAN FOR FUNDS HELD INDEPENDENTLY OF THE ASSOCIATION FOR CLUBS, YOUTH SPORTS TEAMS AND SPECIALIZED PROGRAMS, WHEN THESE OUTSIDE GROUPS DO NOT HOLD BANK ACCOUNTS.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ASSOCIATION'S ENDOWMENT FUNDS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD AND PURPOSE, AS WELL AS UNRESTRICTED FUNDS FUNCTIONING AS ENDOWMENT. THE ASSOCIATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ASSETS THAT ATTEMPT TO PROVIDE SUFFICIENT INCOME TO SUSTAIN FUNDING TO PROGRAMS SUPPORTED BY ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT. THE ASSOCIATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR A PERCENTAGE OF THE THREE YEAR TRAILING AVERAGE OF THE FAIR VALUE OF THE ENDOWMENT AS OF JUNE 30 OF THE PRIOR YEAR. THE DISTRIBUTION RATE FOR THE PERIOD ENDING DECEMBER 31, 2017 WAS 4.5%. ADDITIONAL TERM ENDOWMENT DISTRIBUTIONS MAY BE MADE IN ACCORDANCE WITH DONOR RESTRICTIONS. ADDITIONAL DISTRIBUTIONS OF UNRESTRICTED FUNDS FUNCTIONING AS ENDOWMENT MAY BE MADE IN ACCORDANCE WITH ASSOCIATION NEEDS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ASSOCIATION WAS ORGANIZED PURSUANT TO THE GENERAL NONPROFIT CORPORATION LAW OF THE STATE OF CALIFORNIA. THE ASSOCIATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ASSOCIATION HAS ALSO BEEN RECOGNIZED BY THE CALIFORNIA FRANCHISE TAX BOARD AS EXEMPT FROM CALIFORNIA FRANCHISE TAXES AND CERTAIN GENERAL COUNTY REAL AND PERSONAL PROPERTY TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. HOWEVER, THE ASSOCIATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE COMBINED FINANCIAL STATEMENTS TAKEN AS A WHOLE.</p> <p>TAX POSITIONS TAKEN RELATED TO THE ASSOCIATION'S TAX EXEMPT STATUS, UNRELATED BUSINESS ACTIVITIES TAXABLE INCOME, AND DEDUCTIBILITY OF EXPENSES, AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE ASSOCIATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, THE ASSOCIATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES

Employer identification number

95-1644052

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS,		4,437,978
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			4,437,978
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			4,437,978

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶ 1**

3 Enter total number of other organizations or entities **▶ 0**

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part II**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(0)		SUB-SAHARAN AFRICA	SUPPORT YS IN DEVELOPING COUNTRIES WITH FOCUS ON LEADERSHIP AND PROGRAMS	16,000				

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: OTHER, BOOK VALUE
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	SUB-SAHARAN AFRICA: ACCRUAL

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES

Employer identification number

95-1644052

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 FIREFLY INC 1736 ROTARY DRIVE, LOS ANGELES, CA 90026	GRANT WRITING		✓	1,097,480	127,080	970,400
2 PGCALC 129 MOUNT AUBURN STREET, CAMBRIDGE, MA 02138	PLANNED GIVING CONSULTING		✓	862,571	17,495	845,076
3 ENDOWMENT HORIZONS INC 27525 PUERTA REAL STE# 100-461, MISSION VIEJO, CA 92691	PLANNED GIVING CONSULTING		✓	0	15,800	(15,800)
4 MONTY WARNER 5805 W. 8TH STREET #212, LOS ANGELES, CA 90036	ENDOWMENT STRATEGY		✓	0	38,962	(38,962)
5 CORRAL CONSULTING 1125 EAST BROADWAY #258, GLENDALE, CA 91205	GRANT WRITING		✓	0	15,500	(15,500)
6						
7						
8						
9						
10						
Total				1,960,051	214,837	1,745,214

- 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.

CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>STAIR CLIMB</u> (event type)	<u>NV DINNER</u> (event type)	<u>27</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	780,481	329,241	1,591,855	2,701,577
	2 Less: Contributions	777,680	309,612	861,471	1,948,763
	3 Gross income (line 1 minus line 2)	2,801	19,629	730,384	752,814
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes				0
	6 Rent/facility costs	41,295	1,000	68,733	111,028
	7 Food and beverages	839	15,589	192,579	209,007
	8 Entertainment	1,775	2,007	15,564	19,346
	9 Other direct expenses	102,050	49,951	369,250	521,251
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				860,632
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(107,818)	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			38,313
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes			34,418	34,418
	4 Rent/facility costs				0
5 Other direct expenses				0	
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				34,418	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				3,895	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES

Employer identification number

95-1644052

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	✓	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	✓	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		✓
c Participate in, or receive payment from, an equity-based compensation arrangement?		✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		✓
b Any related organization?		✓
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		✓
b Any related organization?		✓
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	✓	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ALAN C HOSTRUP PRESIDENT & CEO	(i) 389,236	30,400	2,376	33,436	8,437	463,885	0
	(ii)	0	0	0	0	0	0	0
2	M DENGLER EVP COO	(i) 285,003	0	1,548	30,856	7,897	325,304	0
	(ii)	0	0	0	0	0	0	0
3	D LIPMAN EVP HUMAN RESOURCES	(i) 259,280	0	828	10,136	1,087	271,331	0
	(ii)	0	0	0	0	0	0	0
4	V DOMINGUEZ EVP CHIEF MISSION ADVANCEMENT OFFICER	(i) 236,458	0	316	26,458	919	264,151	0
	(ii)	0	0	0	0	0	0	0
5	R GRIFFIN EVP CFO	(i) 225,972	0	1,522	25,875	10,235	263,604	0
	(ii)	0	0	0	0	0	0	0
6	R CORONA SVP BRANCH OPERATIONS	(i) 176,630	0	1,182	20,849	15,192	213,853	0
	(ii)	0	0	0	0	0	0	0
7	J STANTON EXECUTIVE DIRECTOR AND VP	(i) 171,312	0	1,807	19,423	7,592	200,134	0
	(ii)	0	0	0	0	0	0	0
8	D POWELL SVP BRANCH OPERATIONS	(i) 167,874	0	413	19,122	3,628	191,037	0
	(ii)	0	0	0	0	0	0	0
9	S MACALLER EXECUTIVE DIRECTOR	(i) 142,580	0	500	17,302	17,715	178,097	0
	(ii)	0	0	0	0	0	0	0
10	S MARASCO SVP BRANCH OPERATIONS	(i) 152,585	0	939	17,356	8,247	179,127	0
	(ii)	0	0	0	0	0	0	0
11	J CHAN SVP CONTROLLER	(i) 155,004	0	211	18,343	14,475	188,033	0
	(ii)	0	0	0	0	0	0	0
12	K NAKAMURA SVP MARKETING & COMMUNICATIONS	(i) 156,128	0	339	17,848	8,888	183,203	0
	(ii)	0	0	0	0	0	0	0
13	A SAMSON EXECUTIVE DIRECTOR	(i) 153,774	5,000	950	17,484	7,899	185,107	0
	(ii)	0	0	0	0	0	0	0
14	D PRICE SVP INFORMATION TECHNOLOGY	(i) 141,153	0	468	16,645	14,444	172,710	0
	(ii)	0	0	0	0	0	0	0
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	SOCIAL CLUB EXPENSES OF PRESIDENT/CEO ARE REIMBURSED BY ASSOCIATION AS BUSINESS EXPENSES UNDER ACCOUNTABLE PLAN.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	CERTAIN EMPLOYEES LISTED IN SCHEDULE J, PART II RECEIVED DISCRETIONARY INCENTIVE COMPENSATION TO REWARD FOR OUTSTANDING OR EXCEPTIONAL SERVICE TO THE ASSOCIATION. SUCH INCENTIVE COMPENSATION PROVIDED TO OFFICERS COVERED UNDER THE INTERMEDIATE SANCTION RULES AS DISQUALIFIED PERSONS WAS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. INCENTIVE COMPENSATION PROVIDED TO OTHER EMPLOYEES WAS DETERMINED AT THE DISCRETION OF THE CEO AND APPROVED BY THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES

Employer identification number

95-1644052

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA I-BANK	68-0304653		04/13/2012	33,000,000	SEE SUPPLEMENTAL INFORMATION		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired		0						
2	Amount of bonds legally defeased		0						
3	Total proceeds of issue		33,000,000						
4	Gross proceeds in reserve funds		0						
5	Capitalized interest from proceeds		0						
6	Proceeds in refunding escrows		0						
7	Issuance costs from proceeds		414,999						
8	Credit enhancement from proceeds		0						
9	Working capital expenditures from proceeds		0						
10	Capital expenditures from proceeds		3,764,485						
11	Other spent proceeds		28,820,516						
12	Other unspent proceeds		0						
13	Year of substantial completion		2015						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	✓							
15	Were the bonds issued as part of an advance refunding issue?		✓						
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✓						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		%		%		%		%
6 Total of lines 4 and 5		0.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?	✓							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?								
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	✓							
b Name of provider	UNION BANK, N.A.							
c Term of hedge	20.0							
d Was the hedge superintegrated?		✓						
e Was the hedge terminated?		✓						

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	THE PROCEEDS OF THE 2012 REVENUE BONDS WERE USED TO (I) DEFEASE AND REFUND ITS 2001 REVENUE BONDS AND (II) FUND A PORTION OF THE ASSOCIATION'S COSTS OF ACQUISITION, CONSTRUCTION, REFURBISHMENT, INSTALLATION, AND EQUIPPING OF CERTAIN OF ITS FACILITIES.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	Employer identification number 95-1644052
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDERSON MUNGER YMCA INC.	RELATED DIRECTORS AND OFFICERS	\$225,000	PROPERTY LEASE		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization: **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES**
 Employer identification number: **95-1644052**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	13	323,537	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATTACHMENT 1)	✓	1,862	1,240,625	OTHER
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I, LINE 25 - ATTACHMENT 1	DESCRIPTION / # OF CONTRIBUTIONS / REVENUES / METHOD PLEDGES RECEIVABLE & CHANGE IN VALUE SPLIT INTEREST / 1,629 / \$1,206,207 / NPV MULTI & NEW PLEDGES & EST. NRV RAFFLE ITEMS / 233 / \$34,418 / FMV ON RECEIPT DATE

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

Department of Treasury Internal Revenue Service

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the Organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES

Employer Identification Number
95-1644052

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	FEWER THAN 20,000 INHABITANTS - THE LA Y NOW OFFERS A WIDE SPECTRUM OF PROGRAMMING THAT ADDRESSES THE NEEDS OF YOUTH AND FAMILIES ACROSS THE REGION THROUGH 26 LOCAL BRANCHES, 3 CAMP SITES, AND OVER 170 PROGRAM LOCATIONS THAT BENEFIT OVER 400,000 MEMBERS AND PROGRAM PARTICIPANTS.
FORM 990, PART III, LINE 4 - EXEMPT PURPOSE	<p>WITH MORE THAN 140 CULTURES AND AS MANY AS 224 LANGUAGES, ANGELENOS ARE AS DIVERSE AS IT GETS. THE Y'S 26 BRANCHES STRETCH ACROSS 150 MILES OF LOS ANGELES, FROM THE OCEAN TO THE MOUNTAINS, EACH REMARKABLY UNIQUE TO REFLECT THE VIBRANCY OF THE COMMUNITY IT SERVES.</p> <p>BY OFFERING AFFORDABLE PROGRAMS AND INITIATIVES, THE Y ENABLES KIDS TO REALIZE THEIR POTENTIAL, PREPARES TEENS FOR COLLEGE OR CAREER, OFFERS WAYS FOR FAMILIES TO HAVE FUN TOGETHER, EMPOWERS PEOPLE TO BE HEALTHIER IN SPIRIT, MIND AND BODY, WELCOMES AND EMBRACES NEWCOMERS AND NURTURES COMMUNITY INVOLVEMENT. BY FOCUSING ON THE POTENTIAL OF EACH PERSON AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, WE EMPOWER MORE THAN A HALF MILLION PEOPLE EACH YEAR TO FEEL HEALTHY, CONFIDENT, CONNECTED AND SECURE. AT THE LA Y, WE ARE PROUD TO NOT JUST PROMISE, BUT DELIVER POSITIVE CHANGE.</p> <p>IN 2017 ALONE, WE CAN REPORT: *400,000 MEMBERS AND PROGRAM PARTICIPANTS CONNECTED, *118,000 YOUTH SERVED IN PROGRAMMING, *53,000 WATER SAFETY AND SWIM LESSONS, *17,000 ACTIVE SENIORS IN PROGRAMMING, *9,000 VOLUNTEERS SHARING EXPERIENCES OF GIVING BACK, AND *\$4.5 MILLION IN DIRECT ASSISTANCE GRANTED TO COMMUNITY MEMBERS.</p> <p>THE Y'S PROGRAMS AND SERVICES ARE AVAILABLE TO EVERYONE AND OFFER FINANCIAL AID TO THOSE FAMILIES AND INDIVIDUALS THAT NEED HELP FOR AFFORDING PROGRAMS AND MEMBERSHIPS. THE LA Y'S FINANCIAL ASSISTANCE PROGRAM IS FUNDED BY DONORS AND FUNDRAISING EFFORTS THROUGH THE YMCA OF METROPOLITAN LOS ANGELES BOARD OF DIRECTORS AND THE INDIVIDUAL BOARD OF MANAGERS OF ALL 26 LA Y BRANCHES.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>* FAMILY PROGRAMS TO BUILD STRONGER BONDS AND ACHIEVE GREATER WORK/LIFE BALANCE, SUCH AS ADVENTURE GUIDES, FAMILY CAMP, AND FAMILY FITNESS AND ACTIVITIES.</p> <p>* SPORTS AND RECREATION PROGRAMS FOR ADULTS AND SENIORS WITH A SHARED INTEREST IN ACTIVITIES AND SPORTS LEAGUES.</p> <p>THIS YEAR, THE LA Y: * OFFERED COMMUNITY AND WELLNESS PROGRAMS TO OVER 332,000 MEMBERS THROUGH 26 BRANCHES, WITH NEARLY HALF OF ALL MEMBERS WITHIN LOW-INCOME COMMUNITIES.</p> <p>* PROVIDED OVER \$3.5 MILLION IN FINANCIAL ASSISTANCE TO ENABLE PEOPLE TO BECOME MEMBERS OR PARTICIPATE IN PROGRAMS.</p> <p>* THROUGH THE P.L.A.Y. PROGRAM, PROVIDED FITNESS AND WELLNESS OPPORTUNITIES TO 23,000 STUDENTS AT 59 SCHOOL CAMPUSES.</p> <p>* OFFERED MORE THAN 45,000 YOUTH SWIM LESSONS IN 34 Y COMMUNITY POOLS, THE LARGEST SINGLE SOURCE OF SWIM INSTRUCTION IN GREATER LOS ANGELES.</p> <p>* SERVED OVER 17,000 SENIORS THROUGH OLDER AND ACTIVE ADULT PROGRAMS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>BUILDING CHARACTER AND LEADERSHIP.</p> <p>THE LA Y CONTINUES TO GROW PROGRAMS BY PROVIDING NECESSARY RESOURCES TO BUILD STRONG CHILDREN, STRONG FAMILIES AND STRONG COMMUNITIES.</p> <p>THIS YEAR, THE LA Y:</p> <ul style="list-style-type: none"> * SERVED MORE THAN 118,000 YOUTH THROUGH OUR PROGRAMS AND SERVICES. * PROVIDED CHILD CARE TO 17,000 CHILDREN ACROSS LOS ANGELES AND OVER \$962,000 IN FINANCIAL ASSISTANCE THROUGH REDUCED FEES FOR CHILDREN IN CHILD CARE AND DAY CAMP PROGRAMS. * OFFERED 10 PRESCHOOL SITES IN A NURTURING ENVIRONMENT, TAUGHT BY ACCREDITED FACULTY AND WITH CURRICULUM ALIGNED WITH THE STATE OF CALIFORNIA'S EDUCATION STANDARDS. * THROUGH OUR BEFORE AND AFTER SCHOOL PROGRAMS THAT ARE AVAILABLE IN 73 LOCATIONS, KEPT KIDS IN SCHOOL AND ENGAGED, WHILE BUILDING CHARACTER AND CREATING FRIENDSHIPS. * SUPPORTED CHILDREN IN LOW-INCOME FAMILIES IN INCREASING SCHOOL READINESS THROUGH OUR EARLY LEARNING READINESS (ELR) PROGRAM, WHICH IS A GRANT-BASED FREE PROGRAM. * PROVIDED STUDENTS IN GRADES 5TH-8TH WITH A HANDS ON LEARNING EXPERIENCE IN THE AREAS OF LAND, SEA AND SKY THROUGH OUR EXCEL WITH STEM PROGRAM.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>THIS YEAR, THE LA Y:</p> <ul style="list-style-type: none"> * INVOLVED OVER 9,000 VOLUNTEERS IN GOVERNANCE AND PROGRAM DEVELOPMENT. * SECURED DONATIONS FROM MORE THAN 16,000 DONORS. * GAVE MORE THAN 13,000 INDIVIDUALS THE EXPERIENCE OF CAMP AT OUR 3 RESIDENT CAMPS. * IN A CONTINUED PARTNERSHIP WITH THE JR. CLIPPERS BASKETBALL PROGRAM, INVOLVED NEARLY 3,000 PARTICIPANTS IN THE YEAR-ROUND LEAGUE. THROUGH POSITIVE COACHING, OUR JR. CLIPPERS YOUTH BASKETBALL PROGRAM TEACHES YOUNG ATHLETES THE FUNDAMENTALS OF THE GAME WHILE BUILDING THEIR CONFIDENCE, GETTING THEM ACTIVE, AND HELPING THEM LEARN VALUABLE LESSONS IN TEAMWORK, SPORTSMANSHIP AND LEADERSHIP. * REMAINED THE LARGEST YOUTH & GOVERNMENT (Y&G) DELEGATION IN CALIFORNIA WITH 1,551 JUNIOR HIGH AND HIGH SCHOOL STUDENTS PARTICIPATING IN THE YEAR-ROUND CURRICULUM ABOUT DEMOCRACY, THE PROCESS OF STATE GOVERNMENT, AND INTERNATIONAL AFFAIRS. CULMINATING WITH A 5-DAY MODEL LEGISLATURE SESSION IN SACRAMENTO, FOR THE FIFTH YEAR IN A ROW, A YMCA OF METROPOLITAN LOS ANGELES TEEN WAS ELECTED CALIFORNIA YOUTH GOVERNOR BY PEER DELEGATES FROM THROUGHOUT THE STATE. * IN JUNE AND JULY, PROVIDED 5,300 TEENS, AGES 12-17, WITH FREE ACCESS TO THE Y, INCLUDING USE OF FACILITY AMENITIES, SUCH AS FITNESS CENTERS AND SWIMMING POOLS, AS WELL AS ENRICHMENT CLASSES AND HEALTHY ACTIVITIES CREATED EXCLUSIVELY FOR THEM. AS PART OF THE INITIATIVE, IN PARTNERSHIP WITH THE LOS ANGELES UNIFIED SCHOOL DISTRICT, 13,750 FREE, NUTRITIOUS MEALS WERE SERVED, WHILE A COLLABORATION WITH THE CITY OF LOS ANGELES AND COUNTY OF LOS ANGELES RESULTED IN 89 SUMMER JOBS FOR TEENS AND YOUNG ADULTS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>A COPY OF THE DRAFT FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW. FOLLOWING THIS REVIEW, A COMPLETE DRAFT WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW. IT WAS SUBSEQUENTLY FILED WITH THE INTERNAL REVENUE SERVICE.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>UNDER THE TERMS OF THE ASSOCIATION'S COMPREHENSIVE CONFLICT OF INTEREST POLICY, ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES AND EXECUTIVE DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THE DISCLOSURE FORMS ARE COMPLETED ELECTRONICALLY AND THE RESPONSES ARE COMPILED IN A REPORT THAT IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE REPORTS ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS. ALL INDIVIDUALS WHO ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST FORM ARE ALSO REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST PRIOR TO ANY TRANSACTION ON AN ONGOING BASIS.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE ASSOCIATION'S PERSONNEL AND STAFF DEVELOPMENT COMMITTEE, UNDER THE AUTHORITY OF THE BOARD OF DIRECTORS, CONDUCTS AN ANNUAL INDEPENDENT REVIEW OF THE TOTAL COMPENSATION FOR SENIOR EXECUTIVES. THE COMMITTEE, MADE UP OF INDEPENDENT VOLUNTEERS, REVIEWS COMPARABLE DATA FOR THE COMPENSATION PACKAGE OF ALL OFFICERS AND KEY EMPLOYEES TO THE COMPENSATION PROVIDED TO INDIVIDUALS IN SIMILAR POSITIONS AT OTHER DIRECT SERVICE PROVIDERS AND YMCAS WITH SIMILAR REVENUE, MEMBERSHIP, NUMBER OF EMPLOYEES AND SERVICE AREAS, AND PREPARES A PROPOSED COMPENSATION PACKAGE FOR EACH OFFICER AND KEY EMPLOYEE. PROPOSED SALARY ADJUSTMENTS ARE REVIEWED AND APPROVED BY THE PERSONNEL AND STAFF DEVELOPMENT COMMITTEE, AND ARE THEN APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	<p>SEE FORM 990, PART VI, LINE 15A</p>

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND INTERNAL REVENUE SERVICE FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE CORPORATE OFFICE AT 625 S. NEW HAMPSHIRE AVENUE, LOS ANGELES, CA 90005.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="451 237 1304 279">(a) Description</th> <th data-bbox="1304 237 1528 279">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="451 279 1304 323">UNREALIZED GAIN ON INTEREST RATE SWAP OBLIGATION</td> <td data-bbox="1304 279 1528 323">278,864</td> </tr> </tbody> </table>		(a) Description	(b) Amount	UNREALIZED GAIN ON INTEREST RATE SWAP OBLIGATION	278,864
	(a) Description	(b) Amount				
UNREALIZED GAIN ON INTEREST RATE SWAP OBLIGATION	278,864					

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES

Employer identification number

95-1644052

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ANDERSON MUNGER YMCA, INC. (46-0553184) 625 S. NEW HAMPSHIRE AVENUE, LOS ANGELES, CA 90005	SPECIAL PURPOSE ENTITY	CA	501(C)(3)	11	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN LOS ANGELES	✓	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)	✓	
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
SEE PART VII SUPPLEMENTAL INFORMATION FOR DETAILS			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST #1 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		17,246	35%		
(2) CHARITABLE REMAINDER TRUST #2 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		18,776	7%		
(3) CHARITABLE REMAINDER TRUST #3 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		1,151	2%		
(4) CHARITABLE REMAINDER TRUST #4 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		13,187	60%		
(5) CHARITABLE REMAINDER TRUST #5 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		85,280	56%		
(6) CHARITABLE REMAINDER TRUST #6 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		143,260	95%		
(7) CHARITABLE REMAINDER TRUST #7 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		31,720	69%		
(8) CHARITABLE REMAINDER TRUST #8 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		40,850	48%		
(9) CHARITABLE REMAINDER TRUST #9 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		40,052	50%		
(10) CHARITABLE REMAINDER TRUST #10 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		2,618	41%		
(11) CHARITABLE REMAINDER TRUST #11 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		59,072	70%		
(12) CHARITABLE REMAINDER TRUST #12 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		36,145	69%		
(13) CHARITABLE REMAINDER TRUST #13 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		112,585	35%		
(14) CHARITABLE REMAINDER TRUST #14 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		1,805	17%		
(15) CHARITABLE REMAINDER TRUST #15 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		32,080	52%		
(16) CHARITABLE REMAINDER TRUST #16 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		29,593	48%		
(17) CHARITABLE REMAINDER TRUST #17 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		2,814	14%		
(18) CHARITABLE REMAINDER TRUST #18 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		2,380	7%		
(19) CHARITABLE REMAINDER TRUST #19 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		2,944	11%		
(20) CHARITABLE REMAINDER TRUST #20 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		39,511	30%		
(21) CHARITABLE REMAINDER TRUST #21 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	CRUT	CA	YMCA METRO LA	TRUST		19,596	62%		
(22) POOLED INCOME FUND 625 S NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	POOLED INC FD	CA	YMCA METRO LA	TRUST		1,759	79%		

Part VII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE R, PART V, LINE 2 - RELATED ORGANIZATION TRANSACTION DETAILS</p>	<p>THE YMCA EXECUTED A NEW MARKETS TAX CREDIT TRANSACTION IN 2012. UNDER THE REQUIRED STRUCTURE OF THE TRANSACTION, A SPECIAL PURPOSE ENTITY WAS CREATED, ENTITLED ANDERSON MUNGER YMCA, INC. (AMY). AMY HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE AS A SUPPORTING ORGANIZATION AND IS A CONTROLLED ENTITY FOR REPORTING PURPOSES. ITS OPERATIONS ARE INCLUDED IN THE CONSOLIDATED REPORTING OF THE YMCA.</p> <p>PURSUANT TO THE TERMS OF THE TRANSACTION, THE YMCA ISSUED A LOAN AND ALSO PROVIDED CAPITAL OF APPROXIMATELY \$1.1 MILLION. AMY PURCHASED LAND FROM THE YMCA AND CONCURRENTLY EXECUTED A LEASEBACK TO THE YMCA.</p>