

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**


Applicant/Program: Young Men's Christian Association of Greater Louisville/ Back to School Bash & Fall Family Festival

Executive Summary of Request:

The Southwest YMCA requests \$5,000 for programming costs associated with their Back to School Bash & Fall Family Festival. These events serve Southwest Louisville children and families by providing a safe and fun atmosphere to constructively celebrate these respective events.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>25</u>		<u>\$2,500</u>	<u>7/16/15</u>
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

_____ Date
Appropriations Committee Chairman

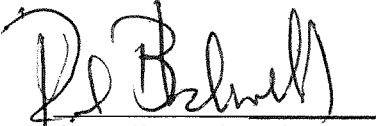
Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

<u>12</u> District #	<u></u> Council Member Signature	<u>\$2500</u> Amount	<u>7/14/15</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Young Men's Christian Association of Greater Louisville		
Program Name: YMCA Back To School Bash & Fall Family Festival	Request Amount: \$5,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
Request form: Is the funding proposed less than or equal to the request amount?		Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?		Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		N/A
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?		Yes
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		N/A
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		N/A
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
Operating Budget: Is the organization's current fiscal year operating budget included?		Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		No
Board Members: Is the entity's board member list (with term length/term limits) included?		Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?		N/A
Rent Requests: Is a copy of signed lease included?		N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Yes
IRS Form W-9: Is the IRS Form W-9 included?		Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		N/A
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
Prepared by: Brian Boles		Date: 7/16/15



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Young Men's Christian Association of Greater Louisville <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 545 South 2nd Street, Louisville, KY 40202			
Website: www.ymcalouisville.org			
Applicant Contact:	R. Stephen Tarver	Title:	President
Phone:	502-587-9622	Email:	starver@ymcalouisville.org
Financial Contact:	Jenifer Roberts	Title:	Adult Day Director
Phone:	502-632-5305	Email:	jmroberts@ymcalouisville.org
Organization's Representative who attended NDF Training: Jenifer Roberts & Melanie Cox			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Southwest Family YMCA, 2800 Fordhaven Road, Louisville, KY 40214		
Council District(s):	12 & 25	Zip Code(s):	40214
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Back to School Bash & Fall Family Festival			
Total Request: (\$)	\$5,000	Total Metro Award (this program) in previous year: (\$)	N/A
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	CDBG - Safe Place Services	Amount: (\$)	\$40,000
Source:	CDBG - Safe Place Services	Amount: (\$)	\$37,000
Source:	CDBG - Safe Place Services	Amount: (\$)	\$23,700
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

YMCA of Greater Louisville Mission:

To Put Christian principles into practice through programs that build healthy spirit, mind and body for all

Our Cause:

At the Y strengthening the community is our cause. We believe that lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. Everyday, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. That's why we focus our work in three areas:

Youth Development - Nurturing the potential of every child and teen

Healthy Living - Improving the nation's health and well-being

Social Responsibility - Giving Back and providing support for our neighbors

Our Values:

Character Development gives us the ability to meet our mission by holding ourselves accountable and building character around our core values - Caring, Honesty, Respect, Responsibility - we build healthy spirit, mind and body for all.

Caring- to demonstrate a sincere concern for others, for their needs and well-being.

Honesty- to tell the truth, to demonstrate reliability and trustworthiness through actions that are keeping within my stated positions and beliefs.

Respect- to treat others as I would want them to treat me, to value the worth of every person, including myself.

Responsibility- to do what is right - what I ought to do, to be accountable for my choices of behavior and actions and my promises.

With the Y, you're not just a member of the facility; you're part of a cause. With a shared commitment to nurturing the potential of kids, improving health and well-being, and giving back and supporting our neighbors, involvement at the YMCA gives you and your community the opportunity to learn, grow and thrive. As a result, millions of youth, adults and families are receiving the support, guidance and resources needed to achieve greater health and well-being paid for their spirit, mind and body.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Back To School Bash: Friday, August 21st, 2015 - 6pm-8pm

Provide a fun family atmosphere for celebrating school children going back to school with free Pizza, Inflatable Bounce Houses, Swimming, Health information, Juice and Cookies.

Fall Family Festival: Saturday, October 17th, 2015 - 5pm-7pm

Provide a fun family atmosphere for celebrating free Fall activities such as Pumpkin Painting, Bounce Houses, Face Painting, Fitness Class Demonstrations, Games, Activities, Hot Dogs & Water.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Back To School Bash:

3 Inflatable Bounce House (Specific to age groups): \$350

Face Painting: \$250

Pizza: \$500

Drinks: \$500

Plates, Napkins, Cups, etc: \$150

Sugar Cookies: \$250

Ice: \$150

Miscellaneous: \$350

Total: \$2,500

Fall Family Festival:

3 Inflatable Bounce House (Specific to age groups): \$350

Gagel Pumpkins: \$1,500

Face Painting: \$250

Hot Dogs & Buns: \$150

Water: \$100

Ice: \$150

Total: \$2,500

Grand Total: \$5,000



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Each year the Southwest YMCA works to bring the District 25 & 12 areas together to celebrate the unique residents of Southwest Louisville. This Community Event allows for residents of different neighborhoods to meet and make new friends between parents and children alike. The diverse population of Southwest Louisville collides in a free recreational safe environment during both the Back to School Bash and Fall Family Festival. Each event is designed to promote fun healthy activities that make children think, work and play.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Both Harbor House and Southwest Center organizations attend the YMCA on a regular basis to use our facility. They are given fliers to our events and their participants attend the events on occasion.

The event information is given to the Dixie Area & Riverport Business Associations to distribute throughout the community.

We also have organizations from the community that attend including Street Heat, Valley Dairy Freeze and Mad Science.

Fliers are distributed to YMCA Before & After School Program participants, Adult Day participants, Onsite Childcare participants, swim lesson participants and youth sports participants.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	\$5,000	0	\$5,000
J: Small Equipment	0	0	0
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)	0	0	0
*TOTAL PROGRAM/PROJECT FUNDS	\$5,000	0	\$5,000
% of Program Budget	100 %	0 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	


*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
3-5 Back To School Bash Volunteer 	3 Hours	Nothing Received for Service
3-5 Fall Festival Volunteers	3 Hours	Nothing Received for Service
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	18 - 30 Volunteer Hours	Nothing Received for Service

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: January 1st

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

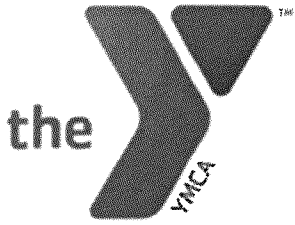
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	<i>R. Stephen Tarver</i>	Date:	16 July 2015
Legal Signatory: (please print):	R. Stephen Tarver	Title:	President
Phone:	502-587-9622	Extension:	
Email:	starver@ymcalouisville.org		



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BACK TO SCHOOL BASH

SPONSORED BY
LOUISVILLE METRO COUNCIL
COUNCILMAN RICK BLACKWELL &
COUNCILMAN DAVID YATES

FRIDAY, AUGUST 22nd
6-8PM

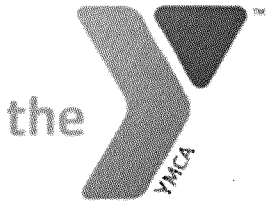
Southwest Family YMCA
2800 Fordhaven Road 40214

**FREE Activities for the entire
community include:**

- Swimming
- Pizza (first come, first served)
- Inflatables
- Health Information Activities
- Mad Science Activities (\$1 per activity)

Required Swim Wear & Safety Rules

- Family appropriate swim wear must be worn in the swimming pool.
- A white t-shirt can be worn on top of suit for women & as a shirt for men.
- Cut off's or shorts will not be permitted as swim wear in the pool.
- Minimum of one adult per child in the pool for children 7 & under.
- One parent required to stay on the pool deck for children 7 & older.
- A swim safety test will be performed on anyone who wants to swim in the deep end.
- This is a family event-an adult must stay with all children-no drop offs allowed.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTHWEST YMCA FALL FAMILY FESTIVAL

**SATURDAY,
OCTOBER 18th
5:00 – 7:00 PM**

**FREE TO THE ENTIRE
COMMUNITY**

ACTIVITIES INCLUDE:

Pumpkin Painting
Fitness Class Demos
Face Painting
Games & Activities
Mad Science (\$1 per activity)
Hot Dogs and Water

**2800 Fordhaven Road
Louisville, KY 40214
(502) 933-9622**



OFFICE OF COUNCILMAN
RICK BLACKWELL
DISTRICT 12



OFFICE OF COUNCILMAN
DAVID YATES
DISTRICT 25

THE YMCA OF GREATER LOUISVILLE

General Information

Organization Number 0056860
Name THE YMCA OF GREATER LOUISVILLE
Company Type ASC - Assumed Name Corporation
Status A - Active
State KY
File Date 4/9/2001
Expiration Date 4/9/2016
Renewal Date 10/9/2005
Principal Office 545 SOUTH SECOND ST
 LOUISVILLE, KY 40202

Current Officers

Individuals / Entities listed at time of formation

Director PAUL ALSTEDT
Director WM. KENDRICK EWING
Director LEO K. BROECKER
Director J. CALVIN HIEB
Director DAVE LAWRENCE
Incorporator HELM BRUCE
Incorporator EMMET O'NEAL
Incorporator H. I. SCHEIRICH
Incorporator DAVID A. KELLER
Incorporator JAMES D. JACOBS

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	1/23/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/7/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/13/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/4/2011	1 page	<u>PDF</u>	
<u>Name Renewal</u>	11/3/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	11/3/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	11/3/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/29/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/6/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/21/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/8/2007	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/14/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Name Renewal</u>	11/2/2005	1 page	<u>tiff</u>	<u>PDF</u>

<u>Name Renewal</u>	11/2/2005	1 page	tiff	PDF
<u>Name Renewal</u>	11/2/2005	1 page	tiff	PDF
<u>Annual Report</u>	2/28/2005	1 page	PDF	
<u>Annual Report</u>	4/29/2003	1 page	tiff	PDF
<u>Annual Report</u>	4/11/2002	1 page	tiff	PDF
<u>Annual Report</u>	4/17/2001	1 page	tiff	PDF
<u>Certificate of Assumed Name</u>	4/9/2001	1 page	tiff	PDF
<u>Certificate of Assumed Name</u>	4/9/2001	1 page	tiff	PDF
<u>Certificate of Assumed Name</u>	4/9/2001	1 page	tiff	PDF
<u>Statement of Change</u>	7/14/2000	1 page	tiff	PDF
<u>Annual Report</u>	5/17/2000	6 pages	tiff	PDF
<u>Annual Report</u>	6/3/1999	5 pages	tiff	PDF
<u>Annual Report</u>	4/22/1998	6 pages	tiff	PDF
<u>Annual Report</u>	7/1/1997	5 pages	tiff	PDF
<u>Annual Report</u>	7/1/1996	5 pages	tiff	PDF
<u>Annual Report</u>	7/1/1995	5 pages	tiff	PDF
<u>Annual Report</u>	4/7/1994	1 page	tiff	PDF
<u>Annual Report</u>	3/23/1993	1 page	tiff	PDF
<u>Annual Report</u>	3/18/1992	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1991	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1990	3 pages	tiff	PDF
<u>Annual Report</u>	7/1/1989	1 page	tiff	PDF

Assumed Name of

<u>THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE</u>	Active
<u>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE AND JEFFERSON COUTNY, KENTUCKY</u>	Inactive
<u>THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE, KENTUCKY</u>	Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Renewal of assumed name	11/3/2010 11:47:10 AM	11/3/2010	
Renewal of assumed name	11/2/2005 9:06:31 AM	11/2/2005	
Add	4/9/2001 2:26:43 PM	4/9/2001	

Microfilmed Images

501(c)3

Address any reply to:

P. O. Box 176, Cincinnati, Ohio 45201

Department of the Treasury

Phone: (513) 684-2826

District Director

Internal Revenue Service

Date:

MAR 1 1972

In reply refer to:

442-22:JAN



> Young Men's Christian Association
of Greater Louisville
231 West Broadway
Louisville, Kentucky 40202

Gentlemen:

We recently received from you an application for exemption from Federal income tax under section 501(c)(3) of the 1954 Internal Revenue Code.

Our records disclose that you are already exempt from Federal income tax under the provisions of section 501(c)(3) of the code, by virtue of our determination dated January 27, 1943.

Contributions to you are deductible by the donor as provided in section 170 of the code.

Any changes in your purposes, character or method of operation must be reported to your District Director so he may consider the effect on your status.

In view of the above, further consideration will not be given to your new application.

Very truly yours,

Janet Neltner
BOMF Clerk

Internal Revenue Service

Date: August 19, 2004

Young Men's Christian Association
of Greater Louisville
545 S. 2nd St.
Louisville, KY 40202

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

John Kennedy ID 31-07927
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:



Dear Sir or Madam:

This is in response to your request of August 19, 2004, regarding your organization's tax-exempt status.

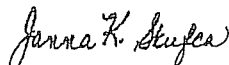
In January 1945 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in cursive script that reads "Janna K. Skufca".

Janna K. Skufca, Director, TE/GE
Customer Account Services

YMCA OF GREATER LOUISVILLE
 BRANCH PLANNING AUDIT
 FOR BUDGET YEAR 2016

FORM 2
 5/07/2015
 12.40.52

BRANCH 6 SOUTHWEST

ACCOUNT DESCRIPTION	ACTUAL	ACTUAL	BUDGET	ESTIMATED	PROPOSED	VARIANCE	
	2014	TO DATE 4/30/2015	2015	ACTUAL 2015	BUDGET 2016	\$	%
0110 CONTRIBUTIONS	6,415	0	800	400	0	400-	100.00-
0130 ANNUAL GIVING	60,914	41,168	66,000	60,622	0	60,622-	100.00-
0131 DESIGNATED ANN'L GIVING	0	200	0	200	0	200-	100.00-
0810 METRO UNITED WAY	35,774	11,934	35,800	35,800	0	35,800-	100.00-
0811 UNITED WAY-SPECIAL ALLO	6,847	3,333	10,000	9,999	0	9,999-	100.00-
0812 MOW CHILDCARE K SUBSIDY	35,839	0	0	0	0	0	.00
1010 PURCH.OF SERVICE-COUNTY	29,030	0	0	0	0	0	.00
1011 PURCH. OF SERVICE-FED.	4,412	10,578	50,556	52,290	0	52,290-	100.00-
1014 FOOD CREDITS-STATE INC.	66,437	14,853	66,000	64,831	0	64,831-	100.00-
1050 GOV'T GRANTS-FEDERAL	182,078	51,782	180,414	172,202	0	172,202-	100.00-
1051 GOV'T GRANT-STATE	28,746	4,040	7,480	6,220	0	6,220-	100.00-
1058 GOV'T GRANT-VET.ADMIN.	72,189	20,576	68,200	65,522	0	65,522-	100.00-
1101 JOINER FEES	34,607	6,631	30,254	26,422	0	26,422-	100.00-
1110 MEMBERSHIP	2,025,709	570,191	1,922,012	1,883,050	0	1,883,050-	100.00-
1160 GROUP MEMBERSHIP	5,760	420	0	420	0	420-	100.00-
1180 DAILY FEES	1,903	328	2,000	1,695	0	1,695-	100.00-
1199 JOIN FEE CALYPSO COVE	1,956	1,012	1,800	2,712	0	2,712-	100.00-
1303 TRANSPORTATION FEE	108,777	35,865	100,340	101,978	0	101,978-	100.00-
1314 PERSONAL TRAINING	1,415	805	1,500	1,725	0	1,725-	100.00-
1322 COMMUNITY INSTRUCTION	6,591	1,250	4,895	4,513	0	4,513-	100.00-
1323 T - BALL	13,735	9,412	13,930	11,151	0	11,151-	100.00-
1328 ADULT PROGRAM FEE	8,250	3,744	8,290	9,189	0	9,189-	100.00-
1330 YOUTH PROGRAM FEES	120,891	1,648	121,800	118,500	0	118,500-	100.00-
1331 COMMUNITY PROGRAM	44,000	10,868	42,032	39,752	0	39,752-	100.00-
1332 PRESCHOOL	102-	0	0	0	0	0	.00
1334 ADULT PROGRAM AQUATICS	11,774	2,591	11,016	9,118	0	9,118-	100.00-
1337 YOUTH PROGRAM AQUATICS	49,040	15,956	48,221	47,049	0	47,049-	100.00-
1339 AFTER SCHOOL	238,780	0	0	0	0	0	.00
1340 USE OF FACILITIES	9,577	3,305	8,500	8,971	0	8,971-	100.00-
1349 LEAGUES - BASKETBALL	7,424	0	7,080	7,080	0	7,080-	100.00-
1365 COMMUNITY LEARN TO SWIM	5,046	500	5,660	1,680	0	1,680-	100.00-
1366 SOCCER - YOUTH	61,804	30,158	63,239	59,651	0	59,651-	100.00-
1367 BASKETBALL - YOUTH	23,421	1,669	26,838	26,858	0	26,858-	100.00-
1375 REGISTRATION FEES	1,090	2,107	2,125	2,457	0	2,457-	100.00-
1376 Y WEIGHT LOSS	2,535	330	2,500	1,970	0	1,970-	100.00-
1378 PRESCH'L CHILD CARE FEE	4,200	95,015	252,500	262,515	0	262,515-	100.00-
1391 RETURNED CHECKS	4,280	720	3,500	2,834	0	2,834-	100.00-
1392 VISA	39,668-	13,166-	38,300-	39,428-	0	39,428	100.00-
1410 COMMISSIONS (NON TXBLE)	988	280	1,200	1,180	0	1,180-	100.00-
1421 MERCHANDISE SALES-TAXBEL	2,958	618	2,880	2,238	0	2,238-	100.00-
1809 SPECIAL ENDOWMT ALLOCAT	7,000	0	10,000	6,666	0	6,666-	100.00-
TOTAL REVENUE	3,292,422	940,721	3,141,062	3,070,032	0	3,070,032-	100.00-
2110 PROFESSIONAL SALARIES	360,888	111,298	385,733	387,815	0	387,815-	100.00-
2120 PROGRAM SALARIES	75,168	21,773	78,100	77,680	0	77,680-	100.00-
2121 LIFEGUARD SALARIES	56,864	16,745	60,148	59,283	0	59,283-	100.00-
2122 CHILD CARE SALARIES	390,389	94,190	295,263	298,624	0	298,624-	100.00-
2123 SPECIALIST SALARIES	2,428	0	1,385	923	0	923-	100.00-
2125 SWIM INSTRUCTOR SALARY	21,106	4,030	21,638	19,247	0	19,247-	100.00-

YMCA OF GREATER LOUISVILLE
 BRANCH PLANNING AUDIT
 FOR BUDGET YEAR 2016

FORM 2
 5/07/2015
 12.40.52

BRANCH 6 SOUTHWEST

ACCOUNT DESCRIPTION	ACTUAL	ACTUAL	BUDGET	ESTIMATED	PROPOSED	VARIANCE	
	2014	TO DATE 4/30/2015	2015	ACTUAL 2015	BUDGET 2016	\$	%
2126 YOUTH PROGRAM SALARIES	57,311	7,827	55,665	52,612	0	52,612-	100.00-
2127 ADULT PROGRAM SALARIES	97,706	28,937	96,738	99,124	0	99,124-	100.00-
2128 FITNESS SALARIES	69,134	21,554	69,013	70,740	0	70,740-	100.00-
2129 INSTRUCTOR SALARY	0	1,174	2,021	2,855	0	2,855-	100.00-
2132 Y WEIGHT LOSS SALARIES	1,333	349	1,528	1,262	0	1,262-	100.00-
2133 TRAINING SALARIES	43-	0	0	0	0	0	.00
2134 KIDS CLUB SALARIES	0	21,892	80,750	82,387	0	82,387-	100.00-
2150 CLERICAL SALARIES	160,964	37,201	158,362	154,492	0	154,492-	100.00-
2160 MAINTENANCE SALARIES	13,138	5,678	20,383	20,567	0	20,567-	100.00-
2165 HOUSEKEEPING SALARIES	19,435	4,365	17,575	16,778	0	16,778-	100.00-
2179 COOK SALARIES	0	4,208	18,900	17,664	0	17,664-	100.00-
2190 OTHER SALARIES	44,724	11,804	45,495	44,357	0	44,357-	100.00-
2195 HEALTH INCENTIVE SALARY	218	33	0	33	0	33-	100.00-
2210 GROUP HEALTH INSURANCE	57,109	23,518	80,761	78,687	0	78,687-	100.00-
2220 RETIREMENT FUND	71,066	22,249	84,822	83,887	0	83,887-	100.00-
2230 GROUP LIFE INSURANCE	658	244	1,146	1,046	0	1,046-	100.00-
2310 SOCIAL SECURITY	102,590	29,277	108,112	107,358	0	107,358-	100.00-
2320 UNEMPLOYMENT INSURANCE	3,733	2,594	11,235	10,726	0	10,726-	100.00-
2330 WORKER COMP INSURANCE	15,427	5,776	19,298	19,298	0	19,298-	100.00-
2431 LEGAL FEES	0	0	1,000	1,000	0	1,000-	100.00-
2440 CONTRACT SERVICES	48,697	11,054	49,754	45,288	0	45,288-	100.00-
2480 COMPUTER SERVICES	5	0	0	0	0	0	.00
2510 OFFICE SUPPLIES	9,100	2,605	10,000	9,367	0	9,367-	100.00-
2516 INK JET CARTRIDGES	98	0	100	0	0	0	.00
2520 MAINTENANCE SUPPLIES	2,714	1,269	4,000	3,991	0	3,991-	100.00-
2521 HOUSEKEEPING SUPPLIES	24,894	8,232	24,000	24,219	0	24,219-	100.00-
2522 POOL SUPPLIES	11,559	1,008	10,940	8,576	0	8,576-	100.00-
2530 MEDICAL SUPPLIES	3,369	652	2,325	2,122	0	2,122-	100.00-
2540 PROGRAM SUPPLIES	110,007	35,461	102,883	107,142	0	107,142-	100.00-
2541 CLASS SUPPLIES	339	499	675	836	0	836-	100.00-
2543 SUPPLIES	544	0	0	0	0	0	.00
2550 FOOD SUPPLIES	125,645	33,544	126,846	119,425	0	119,425-	100.00-
2551 FOOD SUPPLY-CHILD CARE	2,380	1,859	1,500	2,609	0	2,609-	100.00-
2552 CHILDCARE PAPER PRODUCT	9	0	0	0	0	0	.00
2565 UNIFORMS	1,131	1,269	3,052	3,405	0	3,405-	100.00-
2570 MERCHANDISE RESALE EXP	2,365	878	2,500	2,577	0	2,577-	100.00-
2580 SUBSCRIPTIONS	527	174	576	558	0	558-	100.00-
2590 OTHER SUPPLIES	0	0	1,000	0	0	0	.00
2600 TELEPHONE	10,424	3,472	10,510	10,584	0	10,584-	100.00-
2601 TELEPHONE/DATA COMMUNIC	0	0	500	500	0	500-	100.00-
2610 TELEPHONE EQUIPM'T/MINE	224	0	500	250	0	250-	100.00-
2620 TELEPHONE/CELL	5,945	2,502	8,320	8,193	0	8,193-	100.00-
2700 POSTAGE	17,246	5,969	15,563	15,330	0	15,330-	100.00-
2810 RENT	260,110	91,181	278,324	272,768	0	272,768-	100.00-
2830 LICENSE & PERMITS	4,312	1,626	3,250	2,191	0	2,191-	100.00-
2831 ELECTRIC	78,811	24,290	77,000	77,720	0	77,720-	100.00-
2832 GAS	33,283	17,319	42,371	34,337	0	34,337-	100.00-
2836 WATER/SEWER	29,961	8,711	26,926	26,661	0	26,661-	100.00-
2840 BLDG & GROUNDS MAINTEN.	14,237	5,416	27,600	27,300	0	27,300-	100.00-
2842 BLDG & GROUNDS PROJECTS	5,614	10,255	9,345	13,679	0	13,679-	100.00-

YMCA OF GREATER LOUISVILLE
 BRANCH PLANNING AUDIT
 FOR BUDGET YEAR 2016

FORM 2
 5/07/2015
 12.40.52

BRANCH 6 SOUTHWEST

ACCOUNT DESCRIPTION	ACTUAL	ACTUAL	BUDGET	ESTIMATED	PROPOSED	VARIANCE	
	2014	TO DATE 4/30/2015	2015	ACTUAL 2015	BUDGET 2016	\$	%
2843 BLDG & GROUNDS REPAIRS	34,171	16,777	46,000	49,210	0	49,210-	100.00-
2845 BLDG & GROUNDS CONTRACT	44,711	12,685	43,000	40,685	0	40,685-	100.00-
2846 MECHANICAL-NON CONTRACT	10,760	2,302	8,000	6,748	0	6,748-	100.00-
2849 PLUMBING MINE & REPAIR	11,179	1,972	10,000	9,171	0	9,171-	100.00-
2850 SNOW REMOVAL	8,195	5,644	5,000	7,501	0	7,501-	100.00-
2910 EQUIPMENT LEASE/RENTAL	10,793	3,323	14,938	13,512	0	13,512-	100.00-
2940 EQUIP MAINT/CONTRACTS	10,004	284	10,972	7,596	0	7,596-	100.00-
3110 PRINTING	16,800	3,132	18,063	18,523	0	18,523-	100.00-
3120 PROMOTION/CREATIVE SERV	4,205	543	4,170	3,473	0	3,473-	100.00-
3121 ADVERTISING/MEDIA BUY	28	0	0	0	0	0	.00
3150 ANN'L SUPPORT PROMO MAT	1,098	864	3,000	3,864	0	3,864-	100.00-
3210 TRAVEL & LOCAL EXPENSE	16,544	3,973	16,302	17,244	0	17,244-	100.00-
3250 VEHICLE OPERATION	25,077	7,756	28,480	28,522	0	28,522-	100.00-
3314 STAFF RECOGNITION	3,068	121	3,100	2,921	0	2,921-	100.00-
3315 STAFF TRAINING	5,341	3,785	6,390	8,475	0	8,475-	100.00-
3316 CERTIFICATIONS	27	0	0	0	0	0	.00
3317 COMMITTEE EXP	229	0	0	0	0	0	.00
3318 VOLUNTEER TRAINING	0	0	1,000	1,000	0	1,000-	100.00-
3510 FAIR SHARE Y-USA	22,727	9,570	28,709	28,709	0	28,709-	100.00-
3530 INDIVIDUAL'S DUES	1,407	179	1,140	679	0	679-	100.00-
3810 INSURANCE PREMIUMS	39,000	13,000	39,000	39,000	0	39,000-	100.00-
3820 AUTO INSURANCE PREMIUM	1,914	1,500	4,500	4,500	0	4,500-	100.00-
3900 MISCELLANEOUS	24	12	0	12	0	12-	100.00-
3901 OVER/SHORT	189-	0	0	0	0	0	.00
4801 MGMT SERV FEE-FROM ASO	395,655	132,000	396,000	396,000	0	396,000-	100.00-
4802 BRANCH ADMIN-WITHIN BR.	0	0	0	12-	0	12	100.00-
4804 BRANCH MAINT-WITHIN BR.	0	0	0	3-	0	3	100.00-
4806 SACC TO PRESCHOOL ASSIN	45,000-	15,000-	45,000-	45,000-	0	45,000	100.00-
4809 ADMINISTR-CEP TO BRANCH	92,000-	29,000-	87,000-	87,000-	0	87,000	100.00-
5350 SMALL EQUIP'M'T PURCHASE	9,243	0	5,525	3,525	0	3,525-	100.00-
5351 CAPITAL PURCHASES	15,843	0	50,000	32,000	0	32,000-	100.00-
5355 OPERATING LEASE PMT EQM	130,453	39,656	138,712	138,711	0	138,711-	100.00-
5398 OPERATING RESERVE	79,095	24,082	72,244	72,244	0	72,244-	100.00-
5399 MAINTENANCE RESERVE	131,000	43,668	131,000	131,000	0	131,000-	100.00-
TOTAL EXPENSES	3,316,298	1,028,789	3,508,676	3,460,883	0	3,460,883-	100.00-
NET GAIN/LOSS (-)	23,876-	88,068-	367,614-	390,851-	0	390,851	

**Southwest Family YMCA
Board of Directors Roster
Updated: 5-7-15**

First	Last	Address	City	Zip	Home Phone	Cell Phone	Work Phone	E-mail
Tiffany	Baxter	3416 Southmeade Circle	Louisville	40214	749-2996			tbaxter27@insightbb.com
Naomi	Brown	4500 Greenwood Ave	Louisville	40211	778-5763	821-1429	852-1804	nmarie.brown@insightbb.com
Randy	Corpus	7517 Merlyn Circle	Louisville	40214	724-5413	751-0560		rtochujo@aol.com
Adam	Dozier	3107 Pine Trace Court	Louisville	40272	377-2861			adamdozier1122@gmail.com
Kim	Gasaway	4521 Swako Lane	Louisville	40216	368-1112	299-3577	3181400	kgasaway@humana.com
Kevin	Goben	700 Gagel Ave	Louisville	40216	368-8439	640-2014	366-7386	gobenchiro@aol.com
Stephen	James	7901 Princess Wood Court	Louisville	40214	933-2912	905-5338	254-8506	sames@mfdc.net
Michael	Kurtsinger	9707 Secretariat Drive	Louisville	40214	935-0058			mikekurtsinger@aol.com
Robin	Miller	3202 Rolling Oak Blvd	Louisville	40214	749-7326	533-0103	810-0431	robin.miller@bbandt.com
Gwen	Paul	7100 Austinwood Road	Louisville	40214	367-7684	435-6701		gpaul@twc.com
Marie	Sensabaugh	5011 S. 2nd Street	Louisville	40214	716-9175			msensa@hotmail.com
Glenda	Smith	2523 Windsor Forest Dr.	Louisville	40272	937-8585	314-7996	584-5223	glendasmith@insightbb.com
George	Soteriou	1601 Clarice Way	Louisville	40216	396-9135			qksoteriou@gmail.com
Shelley	Spragens	4913 Valley Station Road	Louisville	40272	417-6073			sspragens@mfdc.net
Alejandro	Stewart	4515 Shelvis Drive	Louisville	40216	619-4714			alestew3@yahoo.com
Linda	Thompson	7802 Oswego Circle	Louisville	40214	364-0451			linda.thompson@hsmh.org
Andrea	Trujillo	5373 New Cut Road	Louisville	40214	436-5594			atrudream81@yahoo.com
Joan	Way	1802 Timber Haven Trace	Louisville	40214	361-4267	741-0353		way@aye.net
Eddie	Weaver	7903 Westbrook Road	Louisville	40258	937-5199			eddie.weaver@bbandt.com
Jessica	Wilkett	4322 Haney Way	Louisville	40272	813-838-0382			igwilkett@gmail.com
Dwan	Williams	2334 Embassy Lane	Louisville	40216	449-0777			dwanmwilliams@bellsouth.net

ACCT	DESCRIPTION	ACTUAL TO DATE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YOUR ESTIMATE	COMPUTER ESTIMATE	ANNUAL BUDGET
0100	CONTRIBUTION	41,607	5,535	19,012	9,958	6,863	220	19	597	550	19,627	129	4,496	6,680-	60,326	60,326	66,800
0800	UNITED WAY	22,900	3,817	3,816	3,817	3,816	3,816	3,817	3,816	3,818	3,816	3,816	3,816	3,816	45,798	45,798	45,800
1000	GOV'T GRANTS	161,155	22,517	23,517	24,857	30,938	26,007	33,319	29,932	29,764	28,377	28,987	27,218	34,130	339,593	355,365	372,650
1100	MEMBERSHIP	854,943	147,192	147,195	145,233	138,962	140,092	136,269	137,373	135,431	130,516	126,780	122,874	122,874	1,865,485	1,889,890	1,956,066
1300	PROGRAM FEES	348,099	47,852	60,207	47,016	47,702	50,387	94,935	109,030	43,212	35,187	43,327	36,649	43,369	658,873	671,916	685,666
1400	MERCH. SALES	1,622	161	202	457	78	53	671	172	471	473	152	155	452	3,497	3,497	4,080
1800	INTRA Y ALLOCA.	0	0	0	0	0	0	0	833	834	833	833	833	833	4,999	4,999	10,000
	TOTAL REVENUE	1,430,326	227,074	253,950	231,337	228,360	220,575	269,030	281,753	214,100	218,829	204,034	196,041	433,488	2,978,571	3,081,791	3,141,062
2100	SALARIES	612,926	80,222	103,989	103,795	105,042	107,603	112,265	181,183	114,765	105,861	106,169	104,956	173,785	1,399,645	1,409,058	1,408,697
2200	BENEFITS	70,998	9,944	11,781	11,938	12,348	12,626	12,361	16,449	13,582	13,922	13,886	13,899	20,069	162,805	163,039	166,729
2300	PAVROLL TAXES	58,407	8,220	9,770	9,787	9,870	10,146	10,614	15,691	10,810	10,093	10,166	10,091	17,245	132,503	136,602	138,645
2400	PROFESSIONAL	21,186	2,270	1,664	3,975	3,145	4,347	5,785	2,422	2,757	3,526	2,392	4,768	4,718	41,769	45,889	50,754
2500	SUPPLIES	130,776	23,571	13,660	24,226	26,003	21,794	21,532	25,555	28,773	18,007	18,982	19,636	32,998	274,727	277,414	290,397
2600	TELEPHONE	8,883	1,327	1,955	1,241	1,451	1,442	1,467	1,792	1,549	1,513	1,713	1,548	2,160	19,158	19,158	19,830
2700	POSTAGE	9,616	4,732	46	640	551	3,248	399	74	60	834	531	58	4,487	15,660	15,660	15,563
2800	OCCUPANCY	290,985	47,674	38,362	59,507	52,635	50,299	42,508	57,183	39,778	41,331	43,125	41,946	56,107	570,455	570,455	576,816
2900	EQUIPMENT	6,388	316	1,159	1,063	1,069	1,365	1,416	2,154	2,157	2,154	2,157	2,154	2,387	19,551	19,569	25,910
3100	FRNT & FRONTIN	7,653	1,840	886	1,245	588	388	2,726	678	1,625	1,847	300	1,650	11,022	24,775	24,695	25,233
3200	TRAVEL/LOCAL EX	18,254	4,179	2,473	2,889	2,188	2,823	3,702	5,124	2,731	2,474	2,125	2,124	11,392	44,224	44,902	44,782
3300	ASSOC'N EVENTS	1,045	201	2,496	750	459	1,430	4,291-	175	1,575	1,075	1,075	1,575	1,365	7,885	7,885	10,490
3500	MEMBERSHIP DUES	14,713	2,571	2,393	2,392	2,393	2,392	2,572	2,682	2,393	2,392	2,683	2,392	2,392	29,567	29,567	29,849
3800	MISCELLANEOUS	147-	0	30	0	18-	15	174-	0	0	0	0	0	0	147-	147-	0
3900	MISCELLANEOUS	132,000	22,000	22,000	22,000	22,000	22,000	22,000	21,995	22,003	21,994	22,002	21,994	21,994	263,982	263,982	264,000
4800	INTRA Y ALLOCA.	161,109	26,851	26,852	26,851	26,852	26,851	26,852	36,294	26,852	32,850	26,851	26,850	46,674	357,480	357,480	372,481
5300	F/A P & RESERVE																
	TOTAL EXPENSE	1,566,542	239,543	243,141	275,924	270,181	272,394	265,359	373,036	275,035	263,498	257,742	259,266	412,420	3,407,539	3,628,708	3,508,676
	TOTAL BRANCH LOSS (-)	136,216-	12,469-	10,809	44,587-	41,821-	51,819-	3,671	91,283-	60,935-	44,669-	53,708-	63,225-	21,068	428,968-	396,917-	367,614-

FOOT NOTE:
ACTUAL TO DATE = Actual through last month closed of the current year.
COMPUTER ESTIMATE = Sum of the actuals from closed months and remaining months of the original budget for current year.
YOUR ESTIMATE = COMPUTER ESTIMATE plus changes or revisions you make to the open months for the current year.

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE		D Employer identification number [REDACTED]
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 502-587-9622
	545 SOUTH SECOND STREET		G Gross receipts \$ 43,525,464.
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: KAY MANNING SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.YMCALOUISVILLE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1853 M State of legal domicile: KY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O ATTACHED			
	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) 30		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 29		
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 2634		
	6	Total number of volunteers (estimate if necessary) 8572		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 195,067.		
7b	Net unrelated business taxable income from Form 990-T, line 34 -38,171.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 8,315,390.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 32,537,757.	8,315,390.	6,636,023.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 472,836.	32,537,757.	33,987,675.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,352,689.	472,836.	348,159.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 42,678,672.	1,352,689.	1,481,580.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 32,700.	42,678,672.	42,453,437.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	32,700.	62,200.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 20,856,100.	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	20,856,100.	21,049,249.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 418,454.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,598,899.	418,454.	17,904,468.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,487,699.	17,598,899.	17,904,468.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 4,190,973.	38,487,699.	39,015,917.
	20	Total assets (Part X, line 16) 72,125,155.	4,190,973.	3,437,520.
	21	Total liabilities (Part X, line 26) 27,166,234.	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20 44,958,921.	72,125,155.	74,839,577.
			27,166,234.	26,442,144.

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 <i>Kay Manning</i>	Date 6-12-2015
	Type or print name and title KAY MANNING, VICE PRESIDENT OF FINANCE	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY K MCCAFFREY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00938853
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN ▶ 61-1064249	Firm's address ▶ 9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187		
	Phone no. (502) 426-9660				

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

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE YMCA OF GREATER LOUISVILLE IS ESSENTIALLY A MEMBERSHIP ORGANIZATION OF PEOPLE OF ALL AGES, FAITHS AND ABILITIES, ALL WORKING SIDE-BY-SIDE TO ENSURE THAT EVERYONE, REGARDLESS OF GENDER, INCOME OR

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 \$ 17,561,357. including grants of \$ 35,500.) (Revenue \$ 17,697,770.)

YOUTH DEVELOPMENT - OR NURTURING THE DEVELOPMENT OF EVERY CHILD AND TEEN MEANS WE BELIEVE THAT ALL CHILDREN DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND TO FOSTER GROWTH AND DEVELOPMENT OF NOT ONLY THE CHILD BUT ALSO THE FAMILY. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE SKILLS, VALUES AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS SUCH AS BEFORE/AFTER SCHOOL CHILD CARE, CHILD WATCH, PRESCHOOL CHILD DEVELOPMENT CENTERS, YOUTH & BLACK ACHIEVERS, YOUTH SPORTS & SWIM LESSONS, DAY & RESIDENT CAMPS, YOUTH & GOVERNMENT AND MODEL UN AND INTERNATIONAL PROGRAMS OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. EXPENSES INCLUDE

4b (Code:) (Expenses \$ 15,218,283. including grants of \$) (Revenue \$ 15,336,495.)

HEALTHY LIVING-OR IMPROVING THE NATION'S, OR MORE SPECIFICALLY GREATER LOUISVILLE'S, HEALTH AND WELL BEING MEANS BUILDING A HEALTHY SPIRIT MIND AND BODY FOR ALL. THE YMCA IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. YMCA HEALTH ENHANCEMENT PROGRAMS ARE MEDICALLY BASED AND STRESS THE VALUE OF PREVENTION THROUGH BALANCED EFFORTS OF GOOD EXERCISE HABITS, AND OVERALL HEALTH INCLUDING PROPER NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR

4c (Code:) (Expenses \$ 946,061. including grants of \$ 26,700.) (Revenue \$ 953,410.)

SOCIAL RESPONSIBILITY-OR GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS MEANS THE YMCA HAS BEEN LISTENING AND RESPONDING TO THE LOUISVILLE COMMUNITY MOST CRITICAL SOCIAL NEEDS FOR 160 YEARS. YMCA PROGRAMS SUCH AS HOUSING FOR RUNAWAY AND HOMELESS YOUTH AT OUR YMCA SAFE PLACE BRANCH, TRANSITIONAL HOUSING FOR MEN TRYING TO BREAK OUT OF THE CYCLE OF HOMELESSNESS AT OUR CHESTNUT STREET YMCA BRANCH AND INTERNATIONAL RELATIONSHIPS AND EXCHANGES FOR TEENS OR THE ENGAGEMENT OF COMMUNITY LEADERS IN POLICY MAKING ROLES OR AS PROGRAM VOLUNTEERS AND MENTORS ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO PRODUCE CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 33,725,701.

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

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

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Form 990 (2014)

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Part IV Checklist of Required Schedules (continued)

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

Form 990 (2014)

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

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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	114		
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?	X	
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	2634		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7h			
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?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
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?	12a	
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.	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2014)

**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

Form 990 (2014)

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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 30 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 29		
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? 2		X
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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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? 10a	X	
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? 10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
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 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
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 15a	X	
b Other officers or key employees of the organization 15b	X	
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? 16a		X
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? 16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ KY**
- 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: **▶**
YMCA OF GREATER LOUISVILLE, INC. - 502-587-9622
545 SOUTH SECOND ST., LOUISVILLE, KY 40202

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Form 990 (2014)

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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 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) BRAD SMITH BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) JAMES R ALLEN DIRECTOR	1.00	X						0.	0.	0.
(3) BARRY BARKER DIRECTOR	1.00	X						0.	0.	0.
(4) BILLY BREWER DIRECTOR	1.00	X						0.	0.	0.
(5) TRICIA BURKE SECRETARY	1.00	X		X				0.	0.	0.
(6) J. MCFERRAN BARR DIRECTOR	1.00	X						0.	0.	0.
(7) HARLEY BUTLER DIRECTOR	1.00	X						0.	0.	0.
(8) CHARLES H. CASSIS DIRECTOR	1.00	X						0.	0.	0.
(9) TRAY COCKERELL DIRECTOR	1.00	X						0.	0.	0.
(10) NIELS O. EWING DIRECTOR	1.00	X						0.	0.	0.
(11) GREG DEMUTH DIRECTOR	1.00	X						0.	0.	0.
(12) LEE HAMILTON DIRECTOR	1.00	X						0.	0.	0.
(13) COURTNEY GIESEL VICE CHAIR / TREASURER	1.00	X		X				0.	0.	0.
(14) GAYLEE GILLIM DIRECTOR	1.00	X						0.	0.	0.
(15) CHARLIE HAGERTY DIRECTOR	1.00	X						0.	0.	0.
(16) TED HISSEY DIRECTOR	1.00	X						0.	0.	0.
(17) HOWARD HOLLOMAN, JR. DIRECTOR	1.00	X						0.	0.	0.

**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
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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 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			
(18) DAVID HOLOBAUGH DIRECTOR	1.00	X					0.	0.	0.	
(19) ROBERT L. HOOK, JR. DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN W. HUGGINS DIRECTOR	1.00	X					0.	0.	0.	
(21) BARBARA N. LANKFORD DIRECTOR	1.00	X					0.	0.	0.	
(22) STEPHEN JAMES DIRECTOR	1.00	X					0.	0.	0.	
(23) ALEX ROHLEDER DIRECTOR	1.00	X					0.	0.	0.	
(24) JOSEPH A. PARADIS III DIRECTOR	1.00	X					0.	0.	0.	
(25) TRACEE TROUTT DIRECTOR	1.00	X					0.	0.	0.	
(26) MICHELLE PFEFFER DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,015,958.	0.	158,694.	
d Total (add lines 1b and 1c)							1,015,958.	0.	158,694.	

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 11

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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
EXECUTIVE CLEANING GROUP 3700 MURFREESBORO PIKE, ANTIOCH, TN 37013	CLEANING	421,239.
LOUISVILLE MECHANICAL SERVICES 300 HIGH RISE DRIVE, LOUISVILLE, KY 40213	LABOR AND REPAIRS	379,106.
JEFFERSON COUNTY PUBLIC SCHOOLS 3332 NEWBURG ROAD, LOUISVILLE, KY 40218	LEASE PAYMENTS	321,750.
CURRENTMARKETING, 1324 E. WASHINGTON STREET, LOUISVILLE, KY 40206	MARKETING	297,662.
CARDINAL INDUSTRIAL INSULATION 1300 W, MAIN ST, LOUISVILLE, KY 40203	CONSTRUCTION	297,290.

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 18

SEE PART VII, SECTION A CONTINUATION SHEETS

**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

Form 990

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 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			
(27) JIM WILLIAMSON DIRECTOR	1.00	X						0.	0.	0.
(28) THOMAS D. KMETZ DIRECTOR	1.00	X						0.	0.	0.
(29) STEVE LARIMORE DIRECTOR	1.00	X						0.	0.	0.
(30) REBECCA MATHENY DIRECTOR	1.00	X						0.	0.	0.
(31) ROBERT W. ROUNSAVALL, III DIRECTOR	1.00	X						0.	0.	0.
(32) DOUG PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(33) STEVE SEXTON DIRECTOR	1.00	X						0.	0.	0.
(34) WILLIAM M. STREET DIRECTOR	1.00	X						0.	0.	0.
(35) JAMES H. TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(36) SCOTT P. ZOPPOTH DIRECTOR	1.00	X						0.	0.	0.
(37) STEVE TARVER PRESIDENT	45.00 5.00			X				243,115.	0.	35,640.
(38) S. KAY MANNING VICE PRESIDENT FINANCE	45.00 5.00			X				115,499.	0.	24,984.
(39) DAVID HEARD SR.V.PRESIDENT OPERATIONS	50.00			X				178,594.	0.	22,938.
(40) BECKY GAMM VICE PRESIDENT OPERATIONS	50.00					X		151,314.	0.	22,751.
(41) WILLIAM A. PIERCE JR. VICE PRESIDENT PALN & DEV	50.00					X		108,414.	0.	15,731.
(42) LAURIE JACKSON BRANCH EXECUTIVE	5.00 40.00					X		111,896.	0.	18,948.
(43) RONNIE V MC KIERNAN BRANCH EXECUTIVE	50.00					X		107,126.	0.	17,702.
Total to Part VII, Section A, line 1c								1,015,958.		158,694.

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

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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	1 a	Federated campaigns	757,251.				
	b	Membership dues					
	c	Fundraising events	209,959.				
	d	Related organizations					
	e	Government grants (contributions)	2,893,877.				
	f	All other contributions, gifts, grants, and similar amounts not included above	2,774,936.				
	g	Noncash contributions included in lines 1a-1f: \$	33,358.				
	h	Total. Add lines 1a-1f		6,636,023.			
	Program Service Revenue			Business Code			
		2 a	MEMBERSHIP DUES	713990	18,638,941.	18,638,941.	
b		AFTER SCHOOL AND SUMMER FEES	624410	11,270,742.	11,270,742.		
c		ACTIVITIES	711300	4,077,992.	4,077,992.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		33,987,675.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		197,423.		197,423.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a			(i) Real			
				(ii) Personal			
			Gross rents	16,284.			
			Less: rental expenses	0.			
	c	Rental income or (loss)	16,284.				
	d	Net rental income or (loss)		16,284.		16,284.	
	7 a			(i) Securities			
				(ii) Other			
			Gross amount from sales of assets other than inventory	990,540.	82,344.		
			Less: cost or other basis and sales expenses	909,268.	12,880.		
	c	Gain or (loss)	81,272.	69,464.			
	d	Net gain or (loss)		150,736.		150,736.	
	8 a	Gross income from fundraising events (not including \$ 209,959. of contributions reported on line 1c). See Part IV, line 18	a	88,666.			
	b	Less: direct expenses	b	118,267.			
	c	Net income or (loss) from fundraising events			-29,601.		-29,601.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a							
		Gross sales of inventory, less returns and allowances	a	60,706.			
		Less: cost of goods sold	b	31,612.			
c	Net income or (loss) from sales of inventory			29,094.		29,094.	
Miscellaneous Revenue			Business Code				
11 a	CONTRACT SERVICES	561000	1,235,272.			1,235,272.	
b	PARKING LOT	531190	215,851.		195,067.	20,784.	
c	MISCELLANEOUS	900099	14,680.			14,680.	
d	All other revenue						
e	Total. Add lines 11a-11d		1,465,803.				
12	Total revenue. See instructions.		42,453,437.	33,987,675.	195,067.	1,634,672.	

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**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
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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	26,700.	26,700.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	35,500.	35,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	620,770.	128,751.	450,206.	41,813.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,120,958.	14,777,810.	2,210,763.	132,385.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,110,334.	908,139.	186,399.	15,796.
9 Other employee benefits	838,184.	650,175.	178,981.	9,028.
10 Payroll taxes	1,359,003.	1,157,831.	181,501.	19,671.
11 Fees for services (non-employees):				
a Management				
b Legal	25,338.	6,817.	18,521.	
c Accounting	44,896.		44,896.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	926,086.	573,406.	263,257.	89,423.
13 Office expenses	5,243,951.	4,891,671.	349,818.	2,462.
14 Information technology	511,461.	511,461.		
15 Royalties				
16 Occupancy	4,693,384.	4,626,985.	65,928.	471.
17 Travel	540,303.	524,394.	14,947.	962.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	432,557.	251,347.	123,734.	57,476.
20 Interest	649,435.	583,374.	66,061.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,881,932.	2,650,703.	226,729.	4,500.
23 Insurance	570,956.	536,164.	33,792.	1,000.
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 CONTRACT SERVICES	969,076.	542,254.	384,207.	42,615.
b MEMBERSHIP DUES	384,702.	338,737.	45,113.	852.
c MISCELLANEOUS	30,391.	3,482.	26,909.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	39,015,917.	33,725,701.	4,871,762.	418,454.
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 if following SOP 98-2 (ASC 958-720)

**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

Form 990 (2014)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,595.	1	5,595.
	2	Savings and temporary cash investments	17,699,042.	2	18,042,487.
	3	Pledges and grants receivable, net	1,664,429.	3	2,051,642.
	4	Accounts receivable, net	369,642.	4	279,837.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	449,029.	9	432,541.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,092,854.		
	b	Less: accumulated depreciation	10b 36,303,247.		
			47,822,119.	10c	49,789,607.
	11	Investments - publicly traded securities	4,115,299.	11	4,237,868.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	72,125,155.	16	74,839,577.	
Liabilities	17	Accounts payable and accrued expenses	2,153,928.	17	2,177,948.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	20,166,376.	20	19,422,722.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	416,520.	23	621,631.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,429,410.	25	4,219,843.
	26	Total liabilities. Add lines 17 through 25	27,166,234.	26	26,442,144.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	40,389,839.	27	43,479,644.
	28	Temporarily restricted net assets	3,231,949.	28	3,573,506.
	29	Permanently restricted net assets	1,337,133.	29	1,344,283.
	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	44,958,921.	33	48,397,433.	
34	Total liabilities and net assets/fund balances	72,125,155.	34	74,839,577.	

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**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

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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	42,453,437.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,015,917.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,437,520.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,958,921.
5	Net unrealized gains (losses) on investments	5	47,921.
6	Donated services and use of facilities	6	-274,450.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	227,521.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,397,433.

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		X
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	X	
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.	X	
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?	X	
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	X	

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

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

Name of the organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE Employer identification number

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. 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 - 2014. 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 - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7351047.	7365438.	6663320.	6315390.	6636023.	34331218.
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	27799450.	28691790.	29939949.	32565260.	34003452.	152999901
3 Gross receipts from activities that are not an unrelated trade or business under section 513	36,245.	29,569.	33,344.	45,850.	35,464.	180,472.
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	35186742.	36086797.	36636613.	38926500.	40674939.	187511591
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	9,335.	30,688.	27,000.	23,950.	31,100.	122,073.
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						0.
c Add lines 7a and 7b	9,335.	30,688.	27,000.	23,950.	31,100.	122,073.
8 Public support (Subtract line 7c from line 6.)						187389518

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	35186742.	36086797.	36636613.	38926500.	40674939.	187511591
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,083.	211,611.	136,814.	131,857.	197,423.	790,788.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	113,083.	211,611.	136,814.	131,857.	197,423.	790,788.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			11,833.			11,833.
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.)	35299825.	36298408.	36785260.	39058357.	40872362.	188314212

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.51 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.42 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.39 %

19a **33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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? If "Yes" to a, b, or c, provide detail in Part VI.	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? 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.	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? 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.	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)? 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).	1	

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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? 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.	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? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

THE YOUNG MENS CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2014 GREATER LOUISVILLE



Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number



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 33 1/3% 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

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	_____	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE	Employer identification number <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>
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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
7		\$ 89,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 16,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 24,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

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
13	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 34,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

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
19	_____	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____	\$ 10,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

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
25	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 18,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____	\$ 76,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

Employer identification number



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
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

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
37	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	 <hr/> <hr/> <hr/>	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	 <hr/> <hr/> <hr/>	\$ 170,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE	Employer identification number <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>
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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
43		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 727,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 9,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

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
49	_____	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____	\$ 17,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

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
55		\$ 9,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

Employer identification number
XXXXXXXXXX

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
61		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number



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
67		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 46,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 184,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE	Employer identification number <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>
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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
73		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 203,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 217,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 15,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number



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
79		\$ 12,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 8,782.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
		\$ _____	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

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number



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
79	CIRQUE DE SOLEIL - MICHAEL JACKSON THE IMMORTAL TICKETS	\$ 12,000.	04/25/14
80	CLOTHING	\$ 8,782.	04/15/14
		\$	
		\$	
		\$	
		\$	

Name of organization
**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
 GREATER LOUISVILLE**

Employer identification number
XXXXXXXXXX

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

(a) No. from 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 D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE** Employer identification number [REDACTED]

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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" to 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	4,348,824.	3,800,247.	3,543,301.	3,639,737.	3,407,676.
b Contributions	7,150.	2,372.	12,390.		
c Net investment earnings, gains, and losses	315,456.	717,792.	398,922.	43,585.	368,082.
d Grants or scholarships					
e Other expenditures for facilities and programs	185,736.	171,587.	154,366.	140,021.	136,021.
f Administrative expenses					
g End of year balance	4,485,694.	4,348,824.	3,800,247.	3,543,301.	3,639,737.

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

- a Board designated or quasi-endowment 69.98 %
- b Permanent endowment 30.02 %
- c Temporarily restricted endowment %

The percentages in 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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,019,667.		10,019,667.
b Buildings		64,088,813.	29,243,239.	34,845,574.
c Leasehold improvements		189,545.	69,397.	120,148.
d Equipment		9,693,089.	6,990,611.	2,702,478.
e Other		2,101,740.		2,101,740.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				49,789,607.

**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

Schedule D (Form 990) 2014

Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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" to 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) CUSTODIAL LIABILITIES	88,025.
(3) DERIVATIVE FINANCIAL INSTRUMENT	870,264.
(4) DONATED REAL ESTATE HELD FOR	
(5) OTHERS	3,261,554.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,219,843.

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

Schedule D (Form 990) 2014

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,798,642.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	47,921.
b	Donated services and use of facilities	2b	8,550.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	288,734.
e	Add lines 2a through 2d	2e	345,205.
3	Subtract line 2e from line 1	3	42,453,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	42,453,437.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	39,360,130.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	283,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	61,213.
e	Add lines 2a through 2d	2e	344,213.
3	Subtract line 2e from line 1	3	39,015,917.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	39,015,917.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE YMCA'S ENDOWMENT FUNDS CONSIST OF INVESTMENTS HELD IN VARIOUS INSTITUTIONS INVESTMENT ACCOUNTS. THESE INVESTMENTS CONSIST OF BOARD DESIGNATED FUNDS AND PERMANENTLY RESTRICTED FUNDS. THE BOARD DESIGNATED ENDOWMENT FUNDS ARE FOR FUNDING THE FUTURE OPERATIONS OF THE YMCA. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

INCOME TAX STATUS:

Part XIII Supplemental Information (continued)

THE YMCA IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE YMCA FILES AN INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE YMCA TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

AS OF DECEMBER 31, 2014, THE YMCA DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED. TAX YEARS ENDING ON OR AFTER DECEMBER 31, 2011, REMAIN SUBJECT TO IRS REVIEW AND CHANGE. TAX YEARS STILL OPEN UNDER STATE STATUTE OF LIMITATIONS REMAIN SUBJECT TO REVIEW AND CHANGE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	31,612.
CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT	227,521.
SPECIAL EVENT EXPENSES	29,601.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	288,734.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	31,612.
SPECIAL EVENTS	29,601.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	61,213.

THE YOUNG MENS CHRISTIAN ASSOCIATION OF [REDACTED]

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		BLACK ACHIEVER'S BTURF CLASSIC (event type)	SAFE PLACE TURF CLASSIC (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	209,555.	53,244.	35,826.	298,625.
	2	Less: Contributions	164,952.	43,942.	1,065.	209,959.
	3	Gross income (line 1 minus line 2)	44,603.	9,302.	34,761.	88,666.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,524.			1,524.
	7	Food and beverages	35,419.			35,419.
	8	Entertainment	600.			600.
	9	Other direct expenses	36,661.	9,302.	34,761.	80,724.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				118,267.
11	Net income summary. Subtract line 10 from line 3, column (d)				-29,601.	

Part III Gaming. Complete if the organization answered "Yes" to 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		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Schedule G (Form 990 or 990-EZ) 2014

Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ YMCA OF GREATER LOUISVILLE, INC.

Address ▶ 545 SOUTH SECOND STREET - LOUISVILLE, KY 40202

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

PART II, COLUMN C:

THE DATA IN THIS COLUMN REPRESENTS THE FESTIVAL OF RACES FUNDRAISING
EVENT HELD DURING THE YEAR.

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Schedule G (Form 990 or 990-EZ)

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Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

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

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

Name of the organization **THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

Employer id

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIRCLE BLACK MOUNTAIN, NC 28711	56-0532130	501(C)(3)	25,700.	0.			\$25,000 DONATION FOR CAPITAL CAMPAIGN AND \$1,700 FOR SCHOLARSHIP

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2014)

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	80	35,500.	0.		

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

PART I, LINE 2:
 STEVE TARVER, PRESIDENT OF THE YMCA, IS ON THE LEADERS SCHOOL STAFF OF THE YMCA BLUERIDGE ASSEMBLY. HE IS ABLE TO WITNESS PERSONALLY THE EFFECT OF THE ASSISTANCE PROVIDED TO THE ORGANIZATION AND THE AFFILIATED MISSION GROUP.
 THE CRITERIA USED FOR THE SCHOLARSHIP PROGRAM ARE: RECIPIENT MUST HAVE A MINIMUM GPA OF 2.5. MUST BE A HIGH SCHOOL GRADUATE. MUST ATTEND 80% OF CLUSTER ACTIVITIES, AND PREPARE AN ESSAY ON WHAT BLACK ACHIEVERS MEANT TO THEM. THE PACKET IS SUBMITTED TO THE COMMITTEE WHICH IS MADE UP OF

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Schedule I (Form 990)

Page 2

Part IV Supplemental Information

VOLUNTEERS. RECIPIENT IS INTERVIEWED BY THE COMMITTEE AND SELECTION IS
PERFORMED AFTER THE INTERVIEW PROCESS. RECIPIENT IS REQUIRED TO SUBMIT
COLLEGE TRANSCRIPTS FOR TRACKING PURPOSES. THANK YOU LETTERS MUST BE
WRITTEN BY THE RECIPIENT AND PROVIDED TO THE CORPORATION PROVIDING THE
SCHOLARSHIP.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE** Employer identification number [REDACTED]

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes 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 in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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 in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2014

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVE TARVER PRESIDENT	(i) 243,115. (ii) 0. (iii) 0.	0.	0.	29,778.	5,862.	278,755.	0.
(2) DAVID HEARD SR.V.PRESIDENT OPERATIONS	(i) 178,594. (ii) 0. (iii) 0.	0.	0.	21,520.	1,418.	201,532.	0.
(3) BECKY GAMM VICE PRESIDENT OPERATIONS	(i) 151,314. (ii) 0. (iii) 0.	0.	0.	18,322.	4,429.	174,065.	0.
	(i) 0. (ii) 0. (iii) 0.			0.	0.	0.	0.
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

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.

PART I, LINE 6:

ANNUAL PERFORMANCE BASED BONUSES ARE PROVIDED TO THE BRANCH EXECUTIVES AND
THE SENIOR MANAGEMENT TEAM. THE PERCENTAGE RANGES FROM 1 TO 3 PERCENT OF
THE EMPLOYEES SALARY. THE BONUS IS ALSO BASED ON FINANCIAL PERFORMANCE,
COMMUNITY RELATIONSHIPS AND THEIR LEADERSHIP ABILITIES. THE BONUSES ARE
APPROVED IN TOTAL BY THE EXECUTIVE COMMITTEE OF THE BOARD.

Name of the organization: **THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE**
Employer identification number: [REDACTED]

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated (h) On behalf of issuer		(i) Pooled financing						
						Yes	No	Yes	No	Yes	No			
CITY OF LYNDON CULTURAL A AND EDUCATIONAL REVENUE	61-0662393603427647		12/14/07	8,000,000.	INDUSTRIAL REV. BOND WITH PNC BAN			X						
CITY OF LYNDON CULTURAL B AND EDUCATIONAL REVENUE	61-0662393603427624		12/14/07	4,000,000.	INDUSTRIAL REV. BOND WITH PNC BAN			X						
CITY OF LYNDON CULTURAL C AND RECREATIONAL DEVELOP	61-0662393605277551		12/16/11	10000000.	INDUSTRIAL REV. BOND WITH PNC BAN			X						

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		8,000,000.		4,000,000.		10,000,000.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		8,000,000.		4,000,000.		10,000,000.		
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	1999		2008		2013			
14 Were the bonds issued as part of a current refunding issue?		X		X		X		No
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		No
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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?		X		X		X		No
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		No

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Schedule K (Form 990) 2014

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
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		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b Name of provider	PNC BANK		PNC BANK		PNC BANK		PNC BANK	
c Term of hedge	10.0000000		10.0000000		7.0000000		7.0000000	
d Was the hedge superfintegrated?	X		X		X		X	
e Was the hedge terminated?	X		X		X		X	

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

CITY OF LYNDON CULTURAL AND EDUCATIONAL REVENUE DEPARTMENT

(F) DESCRIPTION OF PURPOSE: INDUSTRIAL REV. BOND WITH PNC BANK

(A) ISSUER NAME:

CITY OF LYNDON CULTURAL AND EDUCATIONAL REVENUE DEPARTMENT

(F) DESCRIPTION OF PURPOSE: INDUSTRIAL REV. BOND WITH PNC BANK

(A) ISSUER NAME:

CITY OF LYNDON CULTURAL AND RECREATIONAL DEVELOPMENT REVENUE DEPARTMENT

(F) DESCRIPTION OF PURPOSE: INDUSTRIAL REV. BOND WITH PNC BANK

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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.

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

Open To Public Inspection

Name of the organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE
Employer identification number [REDACTED]

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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BOB HOOK	VOTING BOARD MEMBER	49,677.	INDIVIDUAL		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BOB HOOK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VOTING BOARD MEMBER OF YMCA

(C) AMOUNT OF TRANSACTION \$ 49,677.

(D) DESCRIPTION OF TRANSACTION: INDIVIDUAL IS THE OWNER OF BOB HOOK

CHEVROLET. A CHEVY TAHOE WAS PURCHASED IN DECEMBER 2014 FROM BOB HOOK

CHEVROLET. BOB HOOK DID ABSTAIN FROM ANY BOARD VOTING THAT MAY HAVE

OCCURRED RELATED TO THIS PURCHASE, HOWEVER, THIS ITEM DID NOT REQUIRE A

BOARD VOTE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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

Name of the organization **THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE** Employer identification number XXXXXXXXXX

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	X		21,358.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 (CIRQUE DU SOL)	X	1	12,000.	FAIR MARKET VALUE
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

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

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

Schedule M (Form 990) (2014)

THE YOUNG MENS CHRISTIAN ASSOCIATION OF

Schedule M (Form 990) (2014) GREATER LOUISVILLE

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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the 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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BACKGROUND, HAS THE OPPORTUNITY TO LIVE LIFE TO ITS FULLEST. OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL. WE HAVE THREE AREAS OF FOCUS: YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. WE BELIEVE THAT LASTING PERSONAL AND SOCIAL CHANGE CAN ONLY COME ABOUT WHEN WE WORK TOGETHER TO INVEST IN OUR KIDS, OUR HEALTH AND OUR NEIGHBORS. AT THE ROOT OF OUR MOVEMENT IS OUR COMMITMENT TO CHARACTER DEVELOPMENT EMBODIED IN THE Y'S CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY; EVERYTHING WE DO STEMS FROM THIS. WE HAVE AFFORDABLE MEMBERSHIP AND PROGRAM RATES FOR EVERYONE, AND WE PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FUTURE PLAN FOR THE NORTON COMMONS BRANCH YMCA SITE IS TO COMBINE ON THE LOCATION WITH A JEFFERSON COUNTY PUBLIC ELEMENTARY SCHOOL FOR A COLLABORATIVE EFFORT IN SERVING THAT PARTICULAR POPULATION, AND JCPS HAS COMMITTED AS OF 2/23/2015 TO THEIR CONSTRUCTION AND THE PROJECT IS IN THE PLANNING PHASE. THE YMCA CONTINUES TO MOVE FORWARD AS PART OF OUR 3 PRONG APPROACH TO 1) BUILDING IN A SUBURBAN SETTING (NOW COMPLETE), 2) A WEST LOUISVILLE URBAN SETTING AND 3) IN AN OUTLYING COUNTY (SUCH AS HARDIN OR TAYLOR COUNTY).

NEW PROGRAM DEVELOPED IN CONJUNCTION WITH YMCA OF THE USA AND OFFERED IN 2014 WAS THE GROUP SWIM PROGRAM VIA AN INNOVATION GRANT WITH YMCA OF THE USA:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number
[REDACTED]

TARGET POPULATION OF INNER CITY YOUTH AND OR ADULTS WHO HAVE NO ACCESS TO SWIMMING AND NO SWIMMING ABILITY AND WHO ARE MOST AT RISK TO DROWNING. PROGRAM INVOLVES BOTH YOUTH AND ADULTS IN A SERIES OF PROGRESSIVE LEARNING TECHNIQUES DESIGNED TO HELP PEOPLE SURFACE AND RETURN TO THE WATER'S EDGE WHICH STATISTICS SHOW IS USUALLY WITHIN 10 FEET OF DROWNED VICTIM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUBSIDIES AND FINANCIAL ASSISTANCE OF \$2,237,956 THAT MAKE PARTICIPATION POSSIBLE FOR A TOTAL OF 32,372 (Y-USA ANNUAL CONSTITUENCY REPORT) YOUNG PEOPLE, UNDER THE AGE OF 18, WITH WHOM WE ENGAGED IN 2014.

PARENTS PLAY AN IMPORTANT ROLE IN THE POLICY AND PROGRAM DECISIONS OF PROGRAMS SUCH AS CHILD CARE. AS SUCH, SOCIAL EVENTS ARE SCHEDULED AT APPROPRIATE TIMES TO INCLUDE INTERACTION WITH AND BETWEEN THE CHILDREN AND THEIR PARENTS. OUTCOME BASED RESULTS INDICATE 88% OF BLACK ACHIEVER'S PARTICIPANTS MISSED LESS THAN 10 DAYS OF SCHOOL AND 99% DEMONSTRATED A DESIRE AND READINESS FOR POST SECONDARY EDUCATION BY TAKING THE ACT, PARTICIPATING IN COLLEGE VISITS AND APPLYING FOR SCHOLARSHIPS. 90% OF OUR BEFORE AND AFTERSCHOOL PARTICIPANTS MISSED LESS THAN 10 DAYS OF SCHOOL; 65% OF PARTICIPANTS INCREASED THEIR READING OR MATH SCORES AND YMCA PARTICIPANTS TEST SCORES WERE 7% HIGHER THAN THE OVERALL SCHOOL DISTRICT RESULTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS ARE FAMILY ORIENTED AND OFFERED AT AFFORDABLE FEES, WITH FINANCIAL ASSISTANCE FOR THOSE THAT ARE UNABLE TO PAY THE FULL FEES. IN 2014 WE PROVIDED \$1,528,459 IN FINANCIAL ASSISTANCE TO PEOPLE SEEKING

Name of the organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number
[REDACTED]

HEALTHY ACTIONS AND WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION.

THE YMCA PROVIDES A VARIETY OF PROGRAMS THAT ASSIST OUR COMMUNITY WITH ATTAINING HEALTHIER HABITS AND INCLUDES ADVENTURE GUIDES, FAMILY CAMPS, FITNESS CLASSES, CPR AND FIRST AID, LIFEGUARD TRAINING, DIABETES PREVENTION, STARTER FITNESS PROGRAMS, AQUATIC EXERCISE, SPORTS AND SWIM LESSONS FOR ADULTS, INDOOR CYCLING AND SENIOR SOCIAL GROUPS. THE NATURE OF THESE PROGRAMS IS TO PROMOTE ONE'S OWN SELF WORTH BY EMPHASIZING SKILL ACQUISITION & DEVELOPMENT, SAFETY, COOPERATION AND SELF CONFIDENCE, LEADERSHIP & TEAMWORK. OUR HEALTHY KIDS DAY PROGRAM (DESIGNED TO FOSTER DAILY HEALTHY DECISIONS AND BEHAVIORS SO THAT IT BECOMES A NATURAL RESULT OF PLAY AND COMPETITION CULMINATES IN AN EXCITING ONE DAY EVENT ON THE LOUISVILLE SLUGGER BASEBALL FIELD) CONTINUED TO EXPAND, WITH OVER 745 YOUTH AND FAMILIES PARTICIPATING. WE HAD OVER 215 YOUTH AND FAMILIES COMPLETE THE KIDS FINISH FIRST MARATHON (WHERE EACH CHILD LOGS RUNNING SESSIONS THAT TOTAL 12 MILES OVER A 6 WEEK TIME PERIOD, BEFORE FINISHING THE FINAL 1.1 MILE CONCLUDING AT THE LOUISVILLE MINI-MARATHON FINISH LINE), LOGGING OVER 2700 TOTAL MILES AND HELPING TO INSTILL HEALTHY BEHAVIORS AT A YOUNG AGE. WE PROVIDED FREE SWIM LESSONS TO OVER 600 LOW INCOME CHILDREN WHO HAD NO PREVIOUS ACCESS TO SWIMMING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE OUTREACH SHELTER AND COUNSELING SERVICES OFFERED AT YMCA SAFE PLACE SERVICES ENABLE TROUBLED TEENS THAT MAY COME FROM ABUSIVE HOMES OR STRUGGLE WITH CHEMICAL DEPENDENCY A "SAFE PLACE" TO LAND. HERE, YOUTH ARE PROVIDED EMERGENCY SHELTER, INDIVIDUAL AND FAMILY COUNSELING, OPPORTUNITIES FOR SPIRITUAL ACTIVITIES, AND LIFE SKILLS LEARNING

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Employer identification number
[REDACTED]

SESSIONS THAT AIM AT HEALING AND RE-UNITING FAMILIES. STREET OUTREACH AND PROGRAMS DIRECTED TOWARD CHILDREN OF PRISONERS -YNOW (YMCA'S NEW OUTLOOK WITHIN) PROVIDE MENTORS AND PEER EDUCATION GROUPS THAT STRESS PROBLEM PREVENTION AND PERSONAL FITNESS TO FAMILIES IN CRISIS. YMCA SAFE PLACE DOES NOT CHARGE A FEE FOR ANY OF THE SERVICES THAT ARE PROVIDED TO YOUTH FROM THE GREATER LOUISVILLE AREA, OR FROM ACROSS THE STATE OR NATION AS KIDS MAY RUN ACROSS STATE BORDERS. EXPENSES OF JUST UNDER \$1.528 MILLION ANNUALLY ARE OFFERED AS A FORM OF FINANCIAL ASSISTANCE TO ASSIST THESE TROUBLED YOUTH SINCE YMCA SAFE PLACE IS THE ONLY 24 HOUR FREE, NON SYSTEM CRISIS SHELTER FOR TEENS AND THE ONLY FREE CARE-BASED INTENSIVE CASE MANAGEMENT AND FAMILY MEDIATION PROGRAM FOR TEEN AND THEIR PARENTS IN THIS COMMUNITY. RESULTS ARE NOTEWORTHY AS 93% OF YOUTH DISCHARGED FROM SAFE PLACE SHELTER REPORT LEARNING AT LEAST ONE LIFE SKILL TO HELP THEM BE SUCCESSFUL IN FAMILY REUNIFICATION (415 YOUTH SURVEYED) WHILE 71% OF YNOW PARTICIPANTS IMPROVED THEIR GRADES AND ACADEMIC PERFORMANCE AND 85% ADVANCED SUCCESSFULLY TO THE NEXT GRADE, STAYING ON TRACK TO GRADUATE FROM HIGH SCHOOL. THE YMCA IS A WORLDWIDE MOVEMENT. INTERNATIONAL INVOLVEMENT OF TEENS HELP PROMOTE CROSS CULTURAL UNDERSTANDING THROUGH EDUCATIONAL DEVELOPMENT, OVERSEAS OPPORTUNITIES AND LEADERSHIP TRAINING WITH COOPERATION WITH YMCA'S IN A POTENTIAL OF OVER 130 COUNTRIES. LOUISVILLE YOUTH HAVE ENCOUNTERED SPECIFIC EXPERIENCES IN GERMANY AND INDIA. PARTICIPATING YOUTH RAISE SOME OF THEIR FINANCIAL SUPPORT THROUGH VARIOUS PROJECTS AND THE YMCA PROVIDES SCHOLARSHIPS AND ADULT SUPERVISION TO MAKE UP THE DIFFERENCE FOR THE OVERSEAS EXPERIENCE. IN 2014 WE ENGAGED 200,219 YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS, AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.

Name of the organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number
[REDACTED]

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS MADE AVAILABLE TO THE FULL BOARD IN DRAFT VIEW AND AFTER A BRIEF TIME FOR REVIEW, QUESTIONS OR CLARIFICATIONS AND POTENTIAL CHANGES FOR CORRECTIONS, THE 990 IS FILED AND THEN RELEASED TO THE PUBLIC VIA POSTING ON OUR WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MINUTES DETAILS WHEN A MEMBER IS ABSTAINING FROM VOTING DUE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE (EC) OF THE ASSOCIATION BOARD SERVES AS THE REVIEW AND COMPENSATION COMMITTEE. THERE IS NO INDEPENDENT COMPENSATION CONSULTANT OTHER THAN WHAT THE YMCA NORTH AMERICAN NETWORK (YNAN) USES AND OUR EC DOES NOT USE THAT RESOURCE AT ANY SIGNIFICANT LEVEL HERE. THE EC IS PROVIDED WITH COMPARATIVE DATA FROM THE YNAN INCLUDING THEIR INDEPENDENT CONSULTANT REVIEW AND THE SOUTH METRO GROUP AND ANY LOCAL COMPARATIVE STUDIES PURCHASED THROUGH LOCAL MEANS. THE COMMITTEE THEN FILTERS THROUGH THEIR OWN EXPERIENCES FOR LOCAL BENCHMARKING. THERE IS NO WRITTEN EMPLOYMENT CONTRACT, THE CEO SERVES "AT-WILL". MODIFICATIONS TO COMPENSATION TO CEO ARE ACCOMPANIED BY DOCUMENTATION FROM BOARD CHAIR AND PASSED TO PERSONNEL FILES. THE EC ALSO REVIEWS SALARIES AND MAKES RECOMMENDED MERITS FOR SR. MGMT TEAM. THE EC REVIEWS AN EXECUTIVE LETTER FROM THE CEO AND USES A 360 DEGREE TOOL COMPILED BY THE BOARD CHAIR. THE EC MAKES THE FINAL REVIEW AND COMPENSATION DECISIONS IN "EXECUTIVE SESSION" ABSENT OF ANY STAFF. THE BOARD CHAIR REVIEWS THE RESULTS OF THE EVALUATION WITH THE CEO.

Name of the organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

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FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS OF THE ORGANIZATION AND THE CONFLICT OF INTEREST POLICY IS AVAILABE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION ARE ALSO AVAILABLE THROUGH THE SECRETARY OF STATE'S WEBSITE. THE ANNUAL FINANCIAL STATEMENT AUDIT AND FORM 990 AND 990T ARE PROVIDED TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT 227,521.

FORM 990, PART XII, LINE 2C:

OVERSIGHT:

AUDIT COMMITTEE (AC) MADE UP OF AT LEAST 3-5 MEMBERS; SOME WITH FINANCIAL KNOWLEDGE AND YMCA BOARD EXPERIENCE AND WITH YMCA OPERATIONS KNOWLEDGE. THEY REVIEW THE ANNUAL AUDIT AND ANY MGMT LETTER WITH THE EXTERNAL AUDITORS. THE EXTERNAL AUDIT FIRM PRESENTS A DRAFT OF THE AUDIT TO THE AC AND WHICH TIME ANY QUESTIONS OR CLARIFICATIONS ARE MADE. IN EXECUTIVE SESSION (ABSENT ANY STAFF) ANY REMAINING ISSUES ARE ADDRESSED, IF ANY. AC WOULD THEN TYPICALLY ACCEPT THE AUDIT AND PRESENT THE AUDIT TO THE EXECUTIVE COMMITTEE OF THE YMCA OR TO THE FULL BOARD AT WHICH TIME THE INDEPENDENT AUDIT PARTNER MAKES A BRIEF REPORT TO THE FULL BOARD. THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD IN THE INTERIM MONTHS WHERE THE BOARD DOESN'T CONVENE. COPIES OF THE AUDIT ARE AVAILABLE FOR PHYSICAL REVIEW AT THE BOARD MEETING. THE BOARD VOTES TO ACCEPT THE AUDIT IN ITS FINAL DRAFT FORM AND THIS IS CAPTURED IN THE MINUTES. AC ADDRESSES ANY NEED TO BID OUT AUDIT SERVICES ON A 5-10 YEAR CYCLE TYPICALLY. RECENT (2013) INDICATES A CHANGE IN PARTNER IN CHARGE OF ANNUAL AUDIT, KEPT WITHIN SAME FIRM.

Name of the organization THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Employer identification number



Multiple horizontal lines for supplemental information.

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.

Name of the organization **THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE** E [redacted] number [redacted]

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

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
NATIONAL SAFE PLACE - 20-4343628 2429 CRITTENDEN DRIVE LOUISVILLE, KY 40217	SERVICE TEENS IN CRISIS AND SHELTER NATIONALLY FOR RUNAWAY TEENS.	KENTUCKY	501(C)(3)	9	YMCA OF GREATER LOUISVILLE, INC.		X

THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

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	

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

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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
(1) NATIONAL SAFE PLACE, INC.	Q	1,237,653.	MANAGEMENT CONTRACT
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE	Employer identification number (EIN) or <div style="background-color: black; width: 100px; height: 20px;"></div>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 545 SOUTH SECOND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return code for the return that this application is for (file a separate application for each return) 011

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

YMCA OF GREATER LOUISVILLE, INC.

• The books are in the care of ▶ **545 SOUTH SECOND ST. - LOUISVILLE, KY 40202**
Telephone No. ▶ **502-587-9622** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box **X**

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

EXTENDED TO NOVEMBER 16, 2015
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2014

For calendar year 2014 or other tax year beginning , and ending

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)
THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

D Employer identification number (Employees' trust, see instructions)

B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.

545 SOUTH SECOND STREET

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

LOUISVILLE, KY 40202

531390

E Unrelated business activity codes (See instructions.)

C Book value of all assets at end of year
74,839,577.

F Group exemption number (See instructions.)

G Check organization type
[X] 501(c) corporation
501(c) trust
401(a) trust
Other trust

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No [X]

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of YMCA OF GREATER LOUISVILLE, INC. Telephone number 502-587-9622

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 14 Compensation of officers, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2013 overpayment credited to 2014	44a	
b 2014 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____		VICE PRESIDENT OF FINANCE _____ Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name		Preparer's signature		
Paid Preparer Use Only	JEFFREY K MCCAFFREY				PTIN _____
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC		Firm's EIN ▶ _____		
	9300 SHELBYVILLE ROAD SUITE 1100		Firm's address ▶ LOUISVILLE, KY 40222-5187		Phone no. (502) 426-9660

Schedule C - Rent Income (From Real Property and Personal Property Leased With [REDACTED] (see instructions))

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) 0.

Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0.

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.



FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

YMCA'S PRIMARY UNRELATED BUSINESS ACTIVITIES ARE DERIVED FROM PARKING LOT CHARGES. THE YMCA OWNS A PARKING LOT IN WHICH GUESTS ARE CHARGED A NOMINAL FEE FOR ITS USE.

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
NON-MEMBER GARAGE RECEIPTS	215,851.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	215,851.

FORM 990-T INTEREST PAID STATEMENT 3

DESCRIPTION	AMOUNT
INTEREST PAID	61,700.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	61,700.

FORM 990-T OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	AMOUNT
UTILITIES	29,489.
SUPPLIES	7,490.
OTHER ADMINISTRATIVE	33,825.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	70,804.



FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT

5

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/02	332,998.	190,804.	142,194.	142,194.
12/31/10	21,716.	0.	21,716.	21,716.
12/31/11	32,980.	0.	32,980.	32,980.
12/31/13	3,437.	0.	3,437.	3,437.
TOTAL CARRYOVER AVAILABLE THIS YEAR			200,327.	200,327.

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

FORM 990-T PAGE 1

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Line 1: 500,000. Line 2: Total cost of section 179 property placed in service. Line 3: 2,000,000. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2015.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS) 88,460.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2014. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property amount. Line 22: Total amount 88,460. Line 23: Portion of the basis attributable to section 263A costs.

**THE YOUNG MENS CHRISTIAN ASSOCIATION OF
GREATER LOUISVILLE**

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L			
		%			S/L			
		%			S/L			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year:					
43 Amortization of costs that began before your 2014 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its Instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE	Employer identification number (EIN) or <div style="background-color: black; width: 100px; height: 15px;"></div>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 545 SOUTH SECOND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

YMCA OF GREATER LOUISVILLE, INC.

• The books are in the care of ▶ **545 SOUTH SECOND ST. - LOUISVILLE, KY 40202**

Telephone No. ▶ **502-587-9622** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

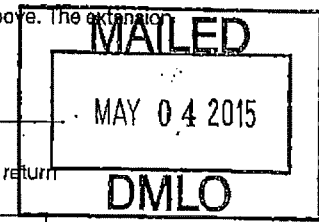
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

NOVEMBER 15, 2015, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ calendar year **2014** or

▶ tax year beginning _____, and ending _____



2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

<i>W. H. ...</i>	<i>...</i>
<i>...</i>	<i>...</i>
<i>Clifford ...</i>	<i>...</i>
<i>...</i>	<i>...</i>
<i>...</i>	<i>John ...</i>

ORIGINAL COPY
FILED AND RECORDED

DEC 27 1966


...
 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
...

STATE OF KENTUCKY)
) SS:
COUNTY OF JEFFERSON)

I, a Notary Public, in and for the state and county aforesaid, hereby certify that the foregoing Articles of Amendment to Articles of Incorporation were this day produced to me in said state and county by William Kendrick Ewing, Leo K. Broecker, J. Calvin Rice, Dave Lawrence, Paul Ahlstedt, William A. Bash, Henry Scheirich, Lauren U. Gath, James H. Pence, William Rayburn II, William M. Harvin, James H. Caldwell, John F. Habbitt, Oscar G. Stoll, Larry D. Jones, Franklin F. Smith, Jr., J. Fryer Wise, Royce F. Martin, Jr., Clifford C. Vetter, Jr., H. A. Silverman, Arthur P. Evans, Jr., Coyle C. Bush, H. H. Peterson, L. H. Benn, Bruce H. Catina III, and John W. Barr III, Directors, who acknowledged the same to be the act and deed of each of them and of said corporation.

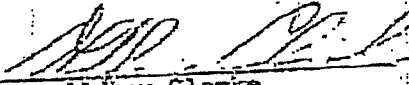
WITNESS my signature this 20th day of November, 1966.

My commission expires: April 2, 1969.


Notary Public, Jefferson Co., Ky.

PAID
3⁰⁰
JAN 23 1967

This instrument prepared by:


Oldham Clarke
1112 Kentucky Home Life Bldg.,
Louisville, Kentucky

JAMES HALLAHAN, Clerk
By H D.C.

THE YOUNG MEN'S CHRISTIAN ASSOCIATION
OF
LOUISVILLE AND JEFFERSON COUNTY KENTUCKY

AMENDED AND SUBSTITUTED
ARTICLES OF INCORPORATION

The undersigned, being more than two-thirds of the directors of The Young Men's Christian Association of Louisville Kentucky, a corporation created by a special act of the General Assembly of Kentucky on April 3, 1878, hereby certify that pursuant to the provisions of Section 273.050 of the Kentucky Revised Statutes, the charter, as amended, of said corporation is hereby amended by deleting the same in its entirety and by substituting therefor the following amended and substituted Articles of Incorporation:

ARTICLE I

NAME

The name of the corporation shall be THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE AND JEFFERSON COUNTY KENTUCKY.

ARTICLE II

CORPORATE PURPOSE

The corporation shall have no capital stock and it shall serve religious, educational and charitable purposes from which no private pecuniary profit shall be derived.

The purpose of the corporation is to help people develop Christian personality and build a Christian Society, and to promote these ends through religious training, education, charitable enterprise, and such other means as may help to attain these purposes.

The corporation shall have all powers conferred upon corporations of this character by the laws of the Commonwealth

ARTICLE 6

No director or officer of the corporation shall be personally liable for any debt or liability of the corporation.

WITNESS our signatures this 11th day of December,

1950.

Charles W. Allen, Jr.
Charles W. Allen, Jr. Charles E. Price
Charles E. Price

John F. Rabbits
John F. Rabbits John Ransom
John Ransom

William G. Clark
William G. Clark William A. Rahn
William A. Rahn

William G. Fry
William G. Fry Robert W. Rownsavall, Jr.
Robert W. Rownsavall, Jr.

William G. Frederick
William G. Frederick Gracie R. Rowntree
Gracie R. Rowntree

Wm. H. Hines
Wm. H. Hines Ralph E. Hinch
Ralph E. Hinch

Larry D. Jones
Larry D. Jones Henry J. Schairich
Henry J. Schairich

Prod A. Kratch
Prod A. Kratch Robert L. Schmitt
Robert L. Schmitt

Balanoy Logan
Balanoy Logan J. M. Wacker
J. M. Wacker

David A. McCordless
David A. McCordless Henry W. Wales
Henry W. Wales

Hugh L. Nevin
Hugh L. Nevin W. Gavin Whitsett
W. Gavin Whitsett

Sam V. Hoe
Sam V. Hoe

STATE OF KENTUCKY :
: S3
COUNTY OF JEFFERSON :

I, a Notary Public in and for the State and County aforesaid, hereby certify that the foregoing Amended and Substituted Articles of Incorporation were this day produced to me in said State and County by Charles W. Allen, Jr., John P. Ebbitt, Oldham Clarke, William C. Erby, William G. Frederick, Bennett Hines, Larry D. Jones, Fred A. Ketch, Wilbur Loren, David A. McCandless, Hugh L. Nevin, Sam V. Roe, Charles B. Price, John Ransom, Dilliam A. Raso, Robert W. Rounsavall, Jr., Gracie R. Rowntree, Ralph E. Sutch, Henry J. Schirick, Robert L. Schmitt, Wm. S. Hacker, Henry W. Wales and H. Garin Whitsett, Directors, who acknowledged the same to be the act and deed of each of them and of said corporation.

WITNESS my signature this 11th day of December,

1950.

My Commission Expires:

My commission expires the 27th

Allen Erby
Notary Public Jefferson County, KY.

ORIGINAL COPY
FILED AND RECORDED

DATE DEC 10 1950

George W. Hatcher
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

BY *[Signature]* CLERK

Jefferson County
Book 73
Page 377

Commonwealth of Kentucky Department of State



Office of Secretary of State

GEORGE GLENN HATCHER, SECRETARY

CERTIFICATE OF AMENDMENT

I, GEORGE GLENN HATCHER, Secretary of State, do hereby certify that the triplicate originals of the articles of amendment of

The Young Men's Christian Association of Louisville, Kentucky change the name to:

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE AND JEFFERSON COUNTY KENTUCKY.

delivered to me are found to be duly signed and acknowledged according to law; that all taxes, fees and charges have been paid; and one original copy is filed and recorded in this office.

This certificate with two original articles of amendment indorsed with the fact and time of recording in this office have been returned to the corporation. The amendment, certifying the time and manner of the adoption thereof; statement of the purpose of said amendment and the changes to be effected, signed and acknowledged according to law by the proper officials of said corporation, and the issuance of this certificate, is evidence of the fact that the above named corporation articles have been amended.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal. Done at Frankfort, this 25th day of December 1904



George Glenn Hatcher
Secretary of State, Commonwealth of Kentucky

By _____
Deputy, Corporation Clerk

Commonwealth of Kentucky Department of State



Office of Secretary of State

THELMA L. STOVALL, SECRETARY

ARTICLES OF AMENDMENT

I, THELMA L. STOVALL, Secretary of State of the Commonwealth of Kentucky, do hereby certify that Articles of Incorporation of

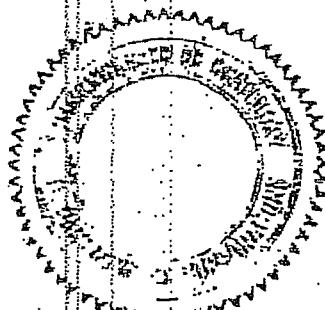
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE AND JEFFERSON COUNTY KENTUCKY, Louisville, Kentucky changing name to:
THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE,

have been amended pursuant to Articles of Amendment, duly signed and acknowledged according to law, this day filed in my office by said corporation, and that all taxes, fees and charges payable upon the filing of said Articles of Amendment have been paid.

Witness my official signature this 27th day of December, 19 66

Thelma L. Stovall
Secretary of State

Francis M. Travis
Assistant Secretary of State



SECRETARY OF STATE

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
YMCA of Greater Louisville, Inc.

Business name/disregarded entity name, if different from above
The Young mens Christian Association of Greater Louisville

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see Instructions) ▶

Address (number, street, and apt. or suite no.)
545 S. 2nd Street

City, state, and ZIP code
Louisville, KY 40202

List account number(s) here (optional)

Requester's name and address (optional)

Exempt payee

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--

Employer identification number

[Redacted]

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ *2/7/14*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:
Young Men's Christian Association of Greater Louisville

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this disclosure for the applying organization.

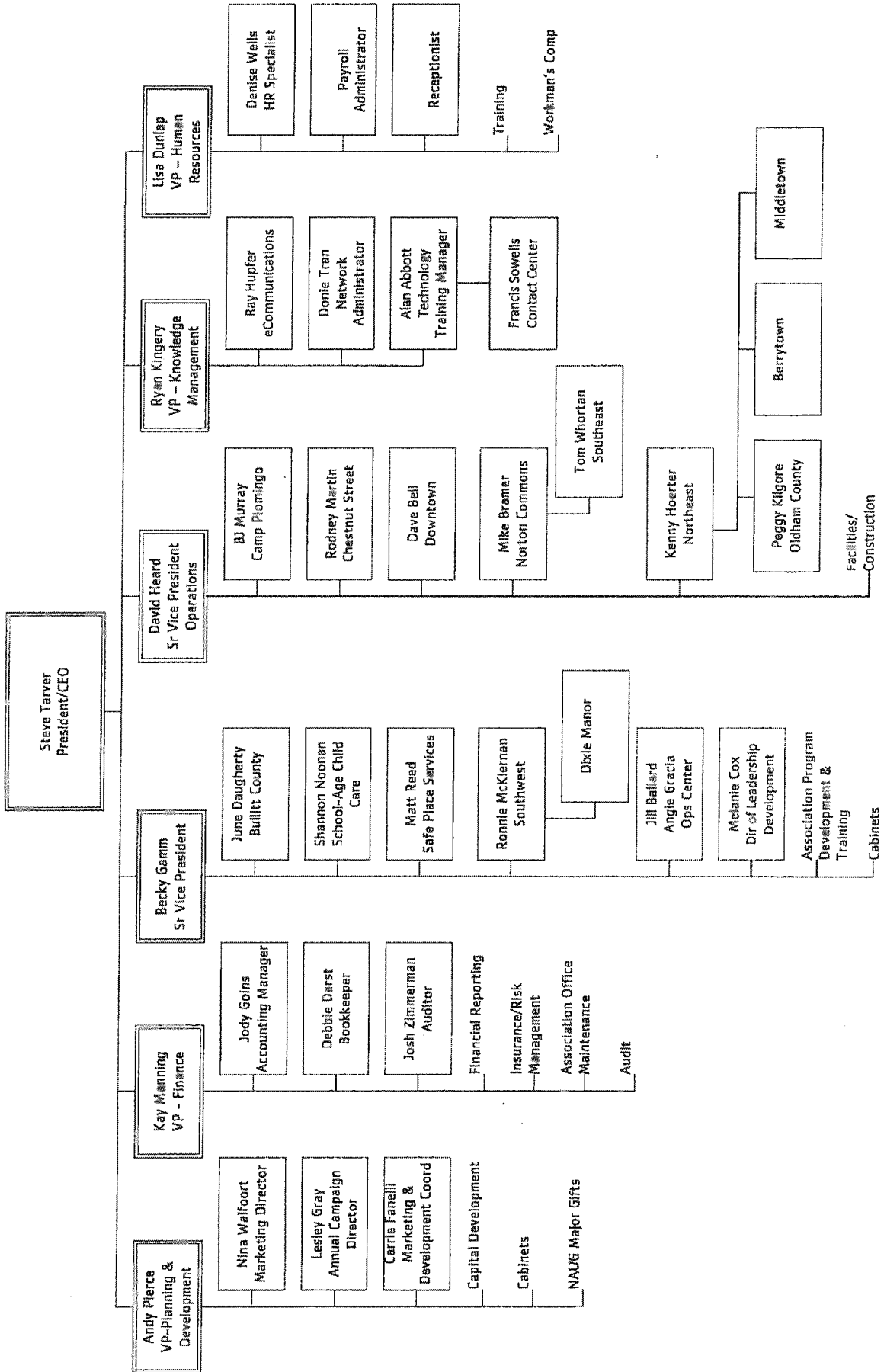
Signature of Legal Signatory: <i>R. Stephen Tarver</i>	Date: 16 July 2015
Legal Signatory (please print): R. STEPHEN TARVER	Title: PRESIDENT / CEO
Phone: 502-587-9622 Extension: N/A	Email: STARVER@YMCALOUISVILLE.ORG

**YMCA of Greater Louisville
Highest Compensated Employees**

1. Steve Tarver	President	\$278,367
2. David Heard	Sr. VP Operations	\$188,823
3. Becky Gamm	VP Operations	\$163,832



YMCA OF GREATER LOUISVILLE





FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EEOC STATEMENT

YMCA of Greater Louisville

Equal Employment Opportunity Program - It is the policy of the YMCA of Greater Louisville to implement federal, state, and local laws prohibiting employment discrimination and to enforce an Equal Employment Opportunity Program for all employees and applicants for employment without regard to race, color, religion, national origin, age, gender, or disability. Accordingly, the YMCA of Greater Louisville is committed to this Program, which is designed to achieve the following objectives:

1. Ensure that decisions regarding recruiting, hiring, and training for all job classifications are made without regard to race, color, religion, national origin, age, gender, or disability.
2. Ensure that employment decisions further the principle of Equal Employment Opportunity. YMCA of Greater Louisville.
3. Ensure that promotion and transfer decisions further the principle of Equal Employment Opportunity and those objective criteria for promotions and transfers are used.
4. Ensure that other personnel policies and procedures governing compensation, benefits, transfers, training, tuition assistance, and recreational programs are administered without regard to race, color, religion, national origin, age, gender, or disability.
5. Establish a reporting system to allow for evaluating the results of the program.
6. Analyze personnel actions periodically to ensure Equal Employment Opportunity.
7. Take affirmative action, through training and development, to ensure equal access to job opportunities.

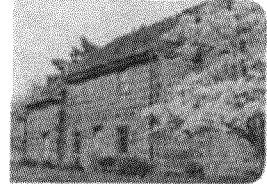
Disabled Individuals

Pursuant to applicable statutes protecting the handicapped and individuals with a disability, the YMCA of Greater Louisville will not discriminate against individuals on the basis of any protected handicap or disability. A qualified individual with a handicap or disability must be able, with or without reasonable accommodation, to perform the essential functions of his/her position, or any position for which s/he may apply.

The YMCA of Greater Louisville recognizes its obligation to provide a safe and healthy environment for all employees and the public at large. Consequently, the YMCA requires that no applicants, employees, members, participants or volunteers pose a direct threat to the health or safety of him/her or others. This means that they must not pose a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation.

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Complaints

Resource Library

BBB Accredited Business & Charity Directory

Programs and Services

Find a BBB

Charity Reports Index Human Services (i.e. assistance to individuals & families) YMCA of Greater Louisville

Better Business Bureau Report for YMCA of Greater Louisville

Better Business Bureau Report issued February 2013
Better Business Bureau Report expires February 2015

This BBB Accredited charity meets all 20 Standards for Charity Accountability and is a Seal Holder. Find out more...

Send to: Printer



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Learn More

Find out more about this charity:

- Charity Contact Information
- Tax Status
- BBB Wise Giving Alliance
- Governance
- Comments
- Fund Raising
- Programs
- Financial

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Charity Contact Information

Name: YMCA of Greater Louisville
 Address: 545 S. 2nd Street
 Louisville, KY 40202
 Phone: 502-587-9622
 Web Address: www.ymcailouisville.org

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Better Business Bureau Comments

Year, State Incorporated: 1853, Kentucky
Affiliates: None
Stated Purpose: The mission of the YMCA of Greater Louisville is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

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Evaluation Conclusions

YMCA of Greater Louisville meets the 20 Standards for Charity Accountability.

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Programs

The Y is an organization of men, women and children of all ages and from all walks of life joined together by a shared passion to strengthen the foundations of community. With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Y ensures that every individual has access to the essentials needed to learn, grow and thrive. Through multiple community-base facilities, the organization's programs and services are designed and delivered to instill the values of caring, honesty, respect and responsibility. The Y is and always will be dedicated to building healthy, confident, connected and secure children, adults, families and communities.

For the fiscal year ended December 31, 2012, YMCA of Greater Louisville's program expenses were:

Program Services	32,475,151
Total Program Expenses:	\$32,475,151

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Governance

Chief Executive : R. Stephen Tarver, President & CEO
Compensation*: \$266,841

Chair of the Board: G. Bradley Smith
Chair's Profession / Business Affiliation: Partner, Mountjoy Chilton Medley LLP

Board Size: 19

Paid Staff Size: 1250

*Compensation includes annual salary and, if applicable, benefit plans, expense accounts, and other allowances.

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Fund Raising

Method(s) Used:

Fund raising methods include direct mail, telephone, invitations to fund raising events, grant proposals, internet appeals, planned giving arrangements, and membership.

In addition, the YMCA of Greater Louisville is a Metro United Way member agency.

Fund raising costs were 6% of related contributions. (Related contributions, which totaled \$6,439,024, are donations received as a result of fund raising activities.)

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Tax Status

This organization is tax-exempt under section 501(c)(3) of the Internal Revenue Code. It is eligible to receive contributions deductible as charitable donations for federal income tax purposes.

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Financial

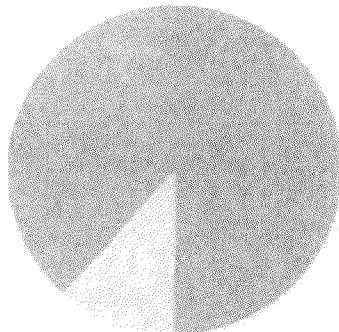
The following information is based on YMCA of Greater Louisville's audited financial statements - consolidated for the fiscal year ended December 31, 2012.

Ending net assets as reported below include \$35,013,930 in unrestricted net assets, \$4,342,913 in temporarily restricted net assets, and \$1,336,730 in permanently restricted net assets.

Unrestricted net assets include \$14,018,999 in Board designated reserves, \$2,463,517 in a Board designated endowment, and \$18,531,414 in undesignated assets.

Total assets as reported include \$43,802,125 invested in property and equipment, net.

Source of Funds	
Program Fees	15,759,228
Membership Dues	15,377,711
Government Grants	4,214,993
Contributions	1,170,354
Metro United Way	614,991
Other Grants	337,119
Net Realized/Unrealized Gains	303,300
Garage/Rental income	277,727
Investment income	139,141
Merchandise sales	119,534
In kind Donations	68,599
Special Events, net	32,968
Misc Other	18,777
Change in fair value of derivative financial instrument	-159,185
Total Income	\$38,275,257



Uses of Funds as a % of Total Expenses

Programs: 89% Fund Raising: 1% Administrative: 10%

Total income	\$38,275,257
Program expenses	\$32,475,151
Fund raising expenses	397,248
Administrative expenses	3,748,964
Total expenses	\$36,621,363
Income in Excess of Expenses	1,653,894
Beginning net assets	39,039,679
Ending net assets	40,693,573
Total liabilities	23,731,659

Total assets \$64,425,232

This report was originally issued in February 2013. Financial information was updated in March 2014.

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An organization may change its practices at any time without notice. A copy of this report has been shared with the organization prior to publication. It is not intended to recommend or deprecate, and is furnished solely to assist you in exercising your own judgment. If the report is about a charity and states the charity meets or does not meet the BBB Standards for Charity Accountability, it reflects the results of an evaluation of information and materials provided voluntarily by the charity. The name Better Business Bureau is a registered service mark of the Council of Better Business Bureaus, Inc.

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