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

| Applicant/Programs Young Men's Christian Association of O. A. |
|---|
| Applicant/Program: Young Men's Christian Association of Greater Louisville / Family Fall Festival Applicant Requested Amount: \$2,500.00 Appropriation Request Amount: \$2,500.00 |
| Appropriation Request Amount: \$2,500.00 |
| Executive Summary of Request |
| |
| The Southwest YMCA requests \$2,500.00 for programming costs associated with Fall Family Festival! This event serves Southwest Louisville children and families by providing a safe and fun atmosphere to constructively celebrate the Fall weather and our great local families. |
| Is this program/project a fundraiser? |
| Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No Yes 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. |
| 25 District # Primary Sponsor Signature |
| 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: |
| exphrored by. |
| Appropriations Committee Chairman Date Final Appropriations Amount: |

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|----|------|------|------|----|----|-----|---|---|
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Young Men's Christian Association of Greater Louisville / Fall Family Festival

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.

Council Member Signature and Amount

| District 1 | \$ |
|-------------------------|------------|
| District 2 | \$ |
| District 3 | \$ |
| District 4 | \$ |
| District 5 | \$ |
| District 6 | \$ |
| District 7 | <u> </u> |
| District 8 | \$ |
| District 9 | \$ |
| District 10 | \$ |
| District 11 | \$ |
| District 12 Ril Blivell | \$1,250.00 |
| District 13 | \$ |
| District 14 | \$ |
| District 15 | \$ |

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

Program Name and Request Amount Fall Family Festival - \$2,500.00

| restival - \$2,500.00 | I |
|---|-----------|
| | Yes/No/NA |
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | Yes |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | Yes |
| Is the proposed public purpose of the program viable and well-documented? | Yes |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | Yes |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | N/A |
| Has prior Metro Funds committed/granted been disclosed? | Yes |
| Is the application properly signed and dated by authorized signatory? | Yes |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | Yes |
| 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 |
| Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? | Yes |
| Is the current Fiscal Year Budget included? | Yes |
| Is the entity's board member list (with term length/term limits) included? | Yes |
| Is recommended funding less than 33% of total agency operating budget? | N/A |
| Does the application budget reflect only the revenue and expenses of the project/program? | Yes |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | N/A |
| Is the most recent annual audit (if required by organization) included? | Yes |
| Is a copy of Signed Lease (if rent costs are requested) included? | No |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | N/A |
| Are the Articles of Incorporation of the Agency included? | Yes |
| Is the IRS Form W-9 included? | Yes |
| Is the IRS Form 990 included? | Yes |
| Are the evaluation forms (if program participants are given evaluation forms) included? | N/A |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | N/A |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | Yes |
| Prepared by: Brian Boles Date: 7/31 | 18 |

| SECTION 1 – APPLICANT INFORMATION | | | | | |
|--|---------------------------------------|-----------------------------|--|-------------------------------|--|
| Legal Name of Applica | Legal Name of Applicant Organization: | | | | |
| Young Men's Christian Association of Greater Louisville (as listed on: http://www.sos.ky.gov/business/records | | | | | |
| Main Office Street & N | Mailing A | ddress: 545 South 2nd St | reet, Louisville, KY 40 | 0202 | |
| Website: www.ymcale | ouisville. | org | | | |
| Applicant Contact: | R. Stepl | nen Tarver | Title: | President | |
| Phone: | 502-587 | '- 9622 | Email: | starver@ymcalouisville.org | |
| Financial Contact: | Jenifer J | Roberts | Title: | Dir. of Membership & Programs | |
| Phone: | 502-632 | -5301 | Email: | jmroberts@ymcalouisville.org | |
| Organization's Repres | entative | who attended NDF Trainir | ng:Jenifer Roberts & N | Aelanie Cox | |
| GEOG | RAPHICA | L AREA(S) WHERE PROGR | AM ACTIVITIES ARE (V | WILL BE) PROVIDED | |
| Program Facility Locat | ion(s): | Southwest Family YMCA | , 2800 Fordhaven Roa | ad, Louisville, KY 40214 | |
| Council District(s): | | 12 & 25 | Zip Code(s): | 40214 | |
| | SECTI | ON 2 – PROGRAM REQUE | ST & FINANCIAL INFO | RMATION | |
| PROGRAM/PROJECT N | IAME:Fal | l Family Festival | | | |
| Total Request: (\$) | 2,500 | Total Metro Aw | ard (this program) in | previous year: (\$) \$5,000 | |
| Purpose of Request (cl | neck all t | hat apply): | | | |
| Operating Fu | nds (gen | erally cannot exceed 33% (| of agency's total opera | ating budget) | |
| Programming | g/service | s/events for direct benefit | to community or qual | ified individuals | |
| ☐ Capital Proje | ct of the | organization (equipment, | furnishing, building, et | tc) | |
| The Following are Req | uired Ati | achments: | | | |
| ■ IRS Exempt Status Det | erminatio | n Letter | Signed lease if rent c | osts are being requested | |
| Current year projected | l budget | | ■ IRS Form W9 | · | |
| ■ Current financial state | | | Evaluation forms if used in the proposed program | | |
| Most recent IRS Form | 990 or 11 | 20-H | ✓ Annual audit (if required by organization) | | |
| Articles of Incorporation | on (currei | nt & signed) | Faith Based Organization Certification Form, if applicable | | |
| Cost estimates from proposed vendor if request is for capital expense | | | | | |
| 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: EAF - Shelter House Amount; (\$) 15,000 | | | | | |
| Source: EAF - Y-NOW Mentoring Program Amount: | | | Amount: (\$) 23, | 700 | |
| Source: Amount: (\$) | | | | | |
| Has the applicant contacted the BBB Charity Review for participation? Yes No | | | | | |
| Has the applicant met the BBB Charity Review Standards? 🔳 Yes 🔲 No | | | | | |

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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.

Board Member Term End Date on attached document

Describe the Board term limit policy:

Directors are elected to serve no more than three consecutive three-year terms. Directors who have completed three consecutive three-year terms may be re-elected after a one-year interval.

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| R. Stephen Tarver | 264,615 |
| David W Heard | 190,831 |
| Becky Gamm | 163,932 |

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ASSOCIATION BOARD OF DIRECTORS BY CLASS YMCA OF GREATER LOUISVILLE January 2018

Class of 2018:

Jim Allen Betty Kinzer Debbie Wesslund Jim Williamson Scott Zoppoth

Class of 2019:

Tray Cockerell Christopher Ecken Bob Harlow Kim Holobaugh Tom Kmetz Hala Ziady

Class of 2020:

Barry Barker Cheryl Bruner Greg DeMuth Gaylee Gillim Barbara Lankford David Tandy

Merger Class of 2018:

Bill Barber Mary McKinley Pat Northam

Officers (2017 - 2019):

Chair – Tricia Burke

Treasurer – Martin Padgett Secretary - Howard Holloman Past Chair – Brad Smith

At-Large Board Members on Executive Committee:

Gaylee Gillim Barbara Lankford Pat Northam Debbie Wesslund

Emeritus:

J. McFerran Barr Niels O. Ewing Robert L. Hook Jr. Joseph A. Paradis, III Robert W. Rounsavall, III William M. Street James H. Taylor

Branch Board Chairs/Reps:

Teresa Couts (Clark County)
Vince Esposito (Norton Commons)
Mark Giuffre (National Safe Place)
Roberta Hartlage (Safe Place)
Rudy Havira (Northeast)
Steve James (Southwest)
Rebecca Matheny (Piomingo)
Doug Phillips (Chestnut Street)
Steve Sexton (Southeast)
Keith Seymour (Oldham County)
Mark Truman (Floyd County)
Jeremy Willis (Bullitt County)
Vicki Zeller (Downtown)

SECTION 5 - 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.): Fall Family Festival: Friday, October 19th, 2018 - 5:30pm-7:30pm 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): Fall Family Festival: Inflatables (Specific to age groups): \$500 Candy for Treat Bags: \$300 Pumpkins: \$600 Toys for Treat Bags: \$300 Food: \$300 Game Supplies: \$200 Food Supplies: \$100 Face Painting: \$200 Total: \$2,500

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| C: If this request is a fundraiser, please detail how the proceeds will be spent: |
|---|
| N/A |
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| 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: |
| enconstances. |
| 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. |
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| Reimbursements should not be made before application date 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. |
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| 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. Each event is designed to promote fun healthy activities that make children think, work and play. |
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| 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. |
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SECTION 6 - 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 Proposed Metro Funds | Column 2 Non- Metro Funds | Column (1+2)=3 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 (See Detailed List on Page 8) | 0 | 0 | 0 |
| G: Professional Service Contracts | 0 | 0 | 0 |
| H: Program Materials | 0 | 0 | 0 |
| I: Community Events & Festivals (See Detailed List on Page 8) | \$2,500 | 0 | \$2,500 |
| J: Machinery & Equipment | 0 | 0 | 0 |
| K: Capital Project | 0 | 0 | 0 |
| L: Other Expenses (See Detailed List on Page 8) | 0 | 0 | 0 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$2,500 | 0 | \$2,500 |
| % 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 | 0 |
|---|---|
| United Way | 0 |
| Private Contributions (do not include individual donor names) | 0 |
| Fees Collected from Program Participants | 0 |
| Other (please specify) | 0 |
| Total Revenue for Columns 2 Expenses ** | 0 |

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

^{**}Must equal or exceed total in column 2.

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 | Column 1 | Column 2 | Column (1 + 2)=3 |
|--|----------------------------|------------------------|---------------------|
| (circle one and use multiple sheets if necessary) | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| Pumpkins | 600 | 0 | 600 |
| inflatables | 500 | 0 | 500 |
| Food (Hot Dogs, Buns, etc.) | 300 | 0 | 300 |
| Food Supplies | 100 | 0 | 100 |
| Candy for Treat Bags | 300 | 0 | 300 |
| Toys for Treat Bags | 300 | 0 | 300 |
| Face Painting | 200 | 0 | 200 |
| Game Supplies | 200 | 0 | 200 |
| | | ***** | |
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| Total | 2,500 | | 2,500 |

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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 | | | | |
|--|---|---|------------------------------------|--|--|--|--|
| 5 | 3-5 Back To School Bash Volunteers | 3 Hours | Nothing received for Service | | | | |
| | | | | | | | |
| | | | | | | | |
| | Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind) | 9 - 15 Volunteer Hours | Nothing Received | | | | |
| * 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 | | | | | | | |
| Ag | ency Fiscal Year Start Date: January 1st | | | | | | |
| | es your Agency anticipate a significant increased get projected for next fiscal year? NO | e or decrease in your budget t YES 🔲 | rom the current fiscal year to the | | | | |
| Ifγ | 'ES, please explain: | | | | | | |
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SECTION 7 - 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.
- 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 and the funds will not be disbursed to our organization.
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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.
- 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
- 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.
- 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.
- 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 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.

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 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.
- 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.
- 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 8 - 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: Legal Signatory: (please print): STEPHEN TARVER 502-587-9622 Extension: Phone: Email:

Page 10 Effective May 2016 Applicant's Initials

STARYUR@ UMCALUUISVILLE. ORG

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

6/7/2016

Expiration Date

6/7/2021

Renewal Date

12/7/2020

Principal Office

545 SOUTH SECOND STREET

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 H J SCHEIRICH

Incorporator 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.

| and a securion to mod prior | ro ochremner | 15, 2004 Will become avail | able as the image | s are cres |
|---------------------------------------|--------------|----------------------------|-------------------|------------|
| Annual Report | 4/30/2018 | 1 page | PDF | o are cree |
| Annual Report | 4/19/2017 | 1 page | PDF | |
| Certificate of Assumed Name | 6/7/2016 | • - | | |
| Annual Report | 3/16/2016 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Articles of Merger | • | 1 page | PDF | |
| A | 12/28/2015 | 3 pages | <u>tiff</u> | PDF |
| | 4/3/2015 | 1 page | PDF | |
| Amendment | 11/18/2014 | 1 page | tiff | PDF |
| Annual Report | 1/23/2014 | 1 page | PDF | 101 |
| Annual Report | 2/7/2013 | 1 page | | |
| Ammund Daw 1 | 2/13/2012 | | PDF | |
| Amm | • | 1 page | PDF | |
| Name a Danie | 3/4/2011 | 1 page | <u>PDF</u> | |
| _ | 11/3/2010 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Name Renewal | 11/3/2010 | 1 page | tiff | PDF |
| · · · · · · · · · · · · · · · · · · · | | | | |

| | welcome to Fastt | rack Organizatio | n Search | | |
|------------------------------------|------------------|------------------|----------|-------------|------------|
| Name Renewal | 11/3/2010 | 1 | page | tiff | PDF |
| Annual Report | 3/29/2010 | | page | PDF | |
| Annual Report | 5/6/2009 | | page | PDF | |
| Annual Report | 1/21/2008 | | page | PDF | |
| Annual Report | 1/8/2007 | | page | PDF | |
| Annual Report | 3/14/2006 | | page | tiff | PDF |
| Name Renewal | 11/2/2005 | | page | <u>tiff</u> | PDF |
| Name Renewal | 11/2/2005 | | page | <u>tiff</u> | PDF |
| Name Renewal | 11/2/2005 | | page | tiff | PDF |
| Annual Report | 2/28/2005 | | page | PDF | |
| Annual Report | 4/29/2003 | | page | tiff | PDF |
| Annual Report | 4/11/2002 | | page | tiff | PDF |
| Annual Report | 4/17/2001 | 1 | page | tiff | PDF |
| <u>Certificate of Assumed Name</u> | 4/9/2001 | | page | tiff | PDF |
| <u>Certificate of Assumed Name</u> | 4/9/2001 | 1 | page | tiff | PDF |
| Certificate of Assumed Name | 4/9/2001 | 1 | page | <u>tiff</u> | PDF |
| Statement of Change | 7/14/2000 | 1 | page | <u>tiff</u> | PDF |
| Annual Report | 5/17/2000 | 6 | pages | tiff | PDF |
| Annual Report | 6/3/1999 | 5 | pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 4/22/1998 | 6 | pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1997 | 5 | pages | tiff | PDF |
| Annual Report | 7/1/1996 | 5 | pages | tiff | <u>PDF</u> |
| Annual Report | 7/1/1995 | 5 | pages | tiff | PDF |
| Annual Report | 4/7/1994 | 1 | page | tiff | PDF |
| <u>Annual Report</u> | 3/23/1993 | 1 | page | tiff | PDF |
| Annual Report | 3/18/1992 | 1 | page | <u>tiff</u> | PDF |
| Annual Report | 7/1/1991 | 1 | page | <u>tiff</u> | PDF |
| Annual Report | 7/1/1990 | 3 | pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1989 | 1 | page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 3/21/1983 | 1 | page | <u>tiff</u> | PDF |
| Amendment | 12/27/1966 | 4 | pages | <u>tiff</u> | <u>PDF</u> |
| Amendment | 12/30/1950 | | pages | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 7/1/1946 | 2 | pages | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 10/28/1941 | | pages | tiff | PDF |
| Amendment | 2/12/1913 | | pages | tiff | <u>PDF</u> |
| <u>Amendment</u> | 2/10/1880 | | pages | tiff | <u>PDF</u> |
| Articles of Incorporation | 4/3/1878 | 3 | pages | tiff | PDF |
| | | | | | |

Assumed Name of

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE ACTIVE
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE AND
JEFFERSON COUNTY, KENTUCKY
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF LOUISVILLE,
KENTUCKY
Inactive

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|--------------------|------------|----------------|--------------------------|
| Added assumed name | e 6/7/2016 | 6/7/2016 | THE YOUNG MENS CHRISTIAN |

12:37:30 PM

ASSOCIATION OF GREATER

LOUISVILLE

Add

6/7/2016 12:37:30 PM

6/7/2016

THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER

LOUISVILLE

Microfilmed Images

Page 2

P. O. Box 476, Circimeti, Ohio 45201 Department of the Treasury

May-25-04 12:56PM;

Phone: (513) 684-2826

District Director Internal Revenue Service

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.

Cur records disclose that you are already exempt from Pederal income tex under the provisions of section 501(c)(3) of the code, by virtue of our determination dated James 27, 1943.

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

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

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

Very troly yours,

James Weltner

EDEF Clerk

Internal Revenue Service

Date: August 19, 2004

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

Young Men's Christian Association of Greater Louisville

545 S. 2nd St.

Louisville, KY 40202

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-

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,

Janua K. Stufen

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

Both
- Current Financial
Statement
- Fiscal Year Budget

| Louis ary | rmc Bran |
|----------------|----------------------------|
| Wa . | rack or Greater Louisville |
| | A of Greich Ich Sui |
| mm | ch Ich |
| Summ | |
| Branch Summ | |
| SW Branch Summ | SW |

| | | ב ב | 20104 2010 | | | | | |
|-------------------------------|-------------|------------------|------------|-----------------------------|--|-----------|-----------------------------|--------------------|
| | Jun 2018 | Jun 2018 | | YTD Jun 2018 | YTD Jun 2018 | | OTY Jun 2017 | 2018 |
| 06 SOUTHWEST | Actual | Budget | \$ Var | Actual | Budget | \$ Var | Actual | Budget |
| 01 CONTRIBUTIONS | | | | 41,416 | 37,000 | 4,416 | 31,799 | 71,000 |
| 08 UNITED WAY | ţ, | 2,534 | | 15,204 | 15,204 | | 21,936 | 28,806 |
| 10 GRANTS & CONTRACT SERVICES | 27,954 | 32,613 | (4,659) | 166,588 | 153,047 | 13,541 | 168,995 | 319,800 |
| 11 MEMBERSHIPS | 129,026 | 120,247 | 8,779 | 730,231 | 700,205 | 30,026 | 723,610 | 1,380,233 |
| 13 PROGRAM FEES | 103,179 | 106,747 | (3,568) | 326,435 | 351,830 | (25,395) | 351,565 | 666,598 |
| 14 MERCHANCIOR GALEG | SS | 300 | (242) | 377 | 1,250 | (873) | 1,326 | 2,550 |
| Revenue | 262,748 | 262,748 262,441 | 307 | 307 1,280,251 1,258,536 | 1,258,536 | 21,715 | 21,715 1,299,231 2,468,987 | 2,468,987 |
| | 187,467 | 171,367 (16,100) | (16,100) | 688,596 | 669,038 (19,558) | (19,558) | 653,193 | 553, 193 1,441,590 |
| | 18,066 | 15,341 | (2,725) | 81,098 | 73,164 | (7,934) | 80,026 | 158,169 |
| 23 PAYROLL TAXES | 17,530 | 16,367 | (1,163) | 64,353 | 63,894 | (428) | 60,781 | 137,659 |
| | 1,854 | 9,555 | 7,701 | 28,705 | 42,680 | 13,975 | 45,338 | 82,010 |
| 25 SUPPLIES | 24,219 | 27,248 | 3,029 | 126,650 | 131,700 | 5,051 | 130,553 | 257,081 |
| | 1,452 | 1,888 | 436 | 16,654 | 11,328 | (5,326) | 14,902 | 22,656 |
| | 262 | 75 | (187) | 1,117 | 3,650 | 2,533 | 1,128 | 8,450 |
| | 20,545 | 22,587 | 2,042 | 173,247 | 151,065 | (22, 182) | 125,965 | 281,136 |
| | 1,233 | 1,100 | (133) | 8,166 | 7,250 | (916) | 8,789 | 14,350 |
| | 294 | 1,356 | 1,062 | 12,063 | 13,256 | 1,193 | 6,202 | 18,805 |
| 32 TRAVEL & LOCAL EXPENSE | 3,874 | 4,643 | 769 | 13,571 | 17,970 | 4,399 | 16,230 | 36,420 |
| 33 ASSOC'N EVENTS/MEETINGS | 718 | | (718) | 3,376 | 5,200 | 1,824 | 2,963 | 10,460 |
| 35 MEMBERSHIP DUES | 2,042 | 2,042 | | 13,107 | 12,250 | (857) | 12,427 | 24,500 |
| 38 INSURANCE PREMIUMS | 2,950 | 2,950 | | 17,700 | 17,700 | | 17,610 | 35,400 |
| 39 MISCELLANEOUS | (225) | | 225 | (207) | | 207 | 745 | • |
| 48 INTRA Y ALLOCATION | 9,345 | 9,341 | (4) | 56,074 | 56,054 | (20) | 52,004 | 112,100 |
| 53 F/A PURCHASES & RESERVE | 29,271 | 28,310 | (961) | 200,068 | 225,596 | 25,528 | 157,802 | 396,765 |
| Expense | 320,897 | 314,169 | (6,727) | (6,727) 1,504,339 1,501,795 | 1,501,795 | (2,545) | (2,545) 1,386,658 3,037,551 | 3,037,551 |
| 06 SOUTHWEST | (58,149) | (51,728) | (6,420) | (224,089) | (58,149) (51,728) (6,420) (224,089) (243,259) 19,170 | 19,170 | (87,426) | (87,426) (568,564) |
| | - | | | | | | | |

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

| | ► Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on this form as it may be the Do not enter social security numbers on the Do not enter social security numbers of the Do not enter social security numbers on the Do not enter social security numbers of the Do not enter security numbers of the Do not e | mation. | | Inspection |
|---|---|---------------------|----------------------|--------------------------|
| | Do not enter social security numbers on this form as the latest information of the | 11.004 | , 20 | |
| nent of the Treasury Revenue Service | ► Go to www.irs.gov/Form990 to, instantion, 2017, and ending | THE DE | molover iden | tification number |
| Hevenue dervice | dar year, or tax year beginning C Name of organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOU | JISVILLE DE | 21113103 | |
| or the 2017 calc | Name of organization THE YOUNG MEN'S CHRISTIAN 70000 | | Telephone num | pher |
| | Doing business as Room/suite | E | (EOD) | 587-9622 |
| ddress change | Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | (502) | 307-3022 |
| lame change | 545 SOUTH 2ND STREET | | | 54,945,750 |
| nitial return | 545 SOUTH 2ND STREET City or town, state or province, country, and ZIP or foreign postal code | G | Gross receipts | s \$ 54,945,750 |
| inal return/terminated | | May le this a group | o return for subordi | inates? Yes No |
| Amended return | LOUISVILLE, KY 40202 AUDREY ROLING | | | |
| Application pending | F Name and address of principal same | if "No. | " attach a list. | (see instructions) |
| Аррисацоп ролька | SAME AS C ABOVE | | xemption num | ber ► |
| t status: | 501(c)(1) 501(c) (1) (ITSERT THE.) | | M State of le | gal domicile: KY |
| Tax-exempt status: | MW.YMCALOUISVILLE.ORG | n: 1853 | M State of its | |
| 41000 | Truct ASSOCIATION - | | | |
| Form of organization | nary describe the organization's mission or most significant activities: SEE SC | HEDULE O. | | |
| art I Sumi | leasting the organization's mission or most significant activities. | | | |
| 1 Briefly | lescribe the organization | | | |
| | | f more than | 25% of its | net assets. |
| | | | 3 | 37 |
| 2 Check | this box ▶☐ if the organization discontinued its operations or disposed of | S Las | 4 | 36 |
| l o Numbe | or of voting members of the re- | | 5 | 3,378 |
| 4 Numb | or of independent voting mountains and 2017 (Part V. line 2a) | | 6 | 7,708 |
| 5 Total r | umber of individuals employed. | | 7a | 190,495 |
| C Total | number of Volunteers (estimate -) we salumn (C) line 12 · · · · | | | 0 |
| 70 Total | inrelated business revenue from Part VIII, Column (5) | 22 | | Current Year |
| h Netu | orelated business taxable income from Form 930 1, mis | 73,3253 | | 8 925,786 |
| D Net a | | MEDICO SPECIAL | | |
| a Comtr | butions and grants (Part VIII, line 1h) | 4 | | |
| 9 8 Conu | m santice revenue (Part VIII, line 2g) | | | |
| 9 Progr 10 Inves | and service research (Part VIII, column (A), lines 3, 4, and 7d) | | 1,931,069 | |
| ≥ 10 Inves | tment income (Fact VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4 | 49,189,838 | |
| | revenue (Part VIII, Solaria (7) | | 54,650 | 60,150 |
| 12 Total | revenue—add lines of through | | | |
| 13 Gran | ts and similar amounts paid (as a X column (A), line 4) | | 25 820,168 | 26,538,372 |
| 44 Rene | fits paid to or for members (and a part IV column (A), lines 5-10) | | 0 | (|
| Jan Color | ies, other compensation, employees services, line 11e) | | | |
| 16a Prof | essional fundraising fees (Part IX, Column (V), line 25) 480,060 | | 04 609 718 | 22,184,17 |
| h Tota | fundraising expenses (factor) | | | |
| 17 Oth | er expenses (Part IX, Column (A), line 25) | | | |
| 19 Tota | Il expenses. Add lines 13–17 (must equal Part IX, column 47) | | 1,706,302 | |
| 10 Pou | enue less expenses. Subtract line 18 from line 12 | Beginning o | f Current Year | 24 402 22 |
| | · · | | | 07.059.40 |
| rees | ol assets (Part X. line 16) | | | 04 004 7 |
| # 20 lot | | | 59,366,650 | 64,204,73 |
| 종일 21 IO | al liabilities if art 23 miles. Subtract line 21 from line 20 | | | |
| | | I demonts and | to the best of | my knowledge and belief, |
| Part II | ignature block | narer has any k | nowledge. | |
| Under penalties | of perjury, I declare that I have examined than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer | | | |
| true, correct, an | Total unrelated business taxable income from Form 990-T, line 34 Net unrelated business taxable income from Form 990-T, line 34 Net unrelated business taxable income from Form 990-T, line 34 Rontributions and grants (Part VIII, line 1h) Prior Year 6,608,150 8,925,786 40,511,153 41,961,988 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11e) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Revenue less expenses. Subtract line 18 from line 12 20 Total lasbilities (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Date Current Year 6,608,150 8,925,788 40,511,153 41,961,983 53,4867 1,931,069 1,9 | | | |
| | | | | |
| Sign | | | | |
| Here | AUDREY POLING VICE PRESIDENT - FINANCE/CF | =0 | | |
| | | Date | | k 🔛 i |
| | Print/Type preparer's name | | | |
| Paid | A PERDEV | | Firm's EIN 1 | > |
| | JEFFREY K. MCCAFFREY Firm's name DEMING, MALONE, LIFESAY & OSTROFF DEMING, MALONE, LIFESAY & OSTROFF OUTS 1100 LOUISVILLE, KY 4022 | 22-5187 | Phone no. | (502) 426-9660 |
| Preparer | DEWING, WILETTO | | | |
| Preparer | Firm's name DEMING, MALONE, LIFESAY & OSTROT. Firm's address 9300 SHELBYVILLE ROAD, SUITE 1100, LOUISVILLE, KY 4022 discuss this return with the preparer shown above? (see instructions). | 22 010. | | Yes N |

| Part | | |
|------|---|-------|
| | Check if Schedule O contains a response or note to any line in this Part III | V |
| 1 | Briefly describe the organization's mission: | |
| | THE YMCA OF GREATER LOUISVILLE IS ESSENTIALLY A MEMBERSHIP ORGANIZATION OF PEOPLE OF ALL AGES, | |
| | FAITHS & ABILITIES, ALL WORKING SIDE-BY-SIDE TO ENSURE THAT EVERYONE HAS THE OPPORTUNITY TO LIVE | |
| | LIFE TO ITS FULLEST. OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT | |
| | (CONTINUED ON SCHEDULE O) | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | | 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 | |
| | | 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 measure | ed by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or | thers |
| | the total expenses, and revenue, if any, for each program service reported. | |
| 4- | /Onder | |
| 4a | (Code:) (Expenses \$ 21,968,371 including grants of \$) (Revenue \$ 21,814,479) | |
| | HEALTHY LIVINGIMPROVING THE GREATER LOUISVILLE COMMUNITY'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, | |
| | CHARACTER DEVELOPMENT 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 PROGRAMS ARE FAMILY ORIENTED AND OFFERED AT AFFORDABLE FEES, WITH FINANCIAL ASSISTANCE FOR THOSE THAT ARE UNABLE TO PAY THE FULL FEES. 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, | |
| | (CONTINUED ON SCHEDULE O) | |
| 4b | (Code:) (Expenses \$ 16,276,813 including grants of \$ 60,150) (Revenue \$ 20,810,768) | |
| | YOUTH DEVELOPMENTOR 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. 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: | |
| | (CONTINUED ON SCHEDULE O) | |
| 4c | (Code:) (Expenses \$ 4,329,182 including grants of \$) (Revenue \$ 866,637) | • |
| | SOCIAL RESPONSIBILITY THE YMCA HAS BEEN LISTENING AND RESPONDING TO THE LOUISVILLE COMMUNITY MOST | |
| | CRITICAL SOCIAL NEEDS FOR 165 YEARS. YMCA PROVIDES SUPPORT TO OUR COMMUNITY THROUGH 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, RESOURCE | S |
| | AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO PRODUCE CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES. | |
| | | |
| | 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 | |
| | (CONTINUED ON SCHEDULE O) | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 42,574,366 | |

| Part I | Checklist of Required Schedules | | Yes | No |
|-----------|---|-----|--------------|----------|
| | | - | 105 | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | 1 | , | |
| | complete Schedule A | | 7 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | • | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | / |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| 7 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | ~ |
| 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, | İ | | |
| | Part III | 5 | | - |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | ļ |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | ~ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | V_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 8 | | / |
| _ | complete Schedule D, Part III | - 0 | _ | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | ĺ | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ~ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| 10 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | ~ | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | ~ | - |
| 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 | 11b | | 1 |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 110 | | <u> </u> |
| С | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| ч | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | T |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | V | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | İ | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | ~ | - |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40. | | 1., |
| | Schedule D, Parts XI and XII | 12a | | + |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | ~ | |
| 46 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | - | 1 |
| 13 | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | - | V |
| 14 a b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | 1 |
| ม | 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 | 14b | | ~ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | - | ~ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 46 | | 1 |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | - | + |
| 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 (see instructions) | 17 | | 1 |
| 40 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | 1 | + |
| 18 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 1 | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | ~ |
| | | For | m 99 | 0 (2017 |

| Part IV | Checklist | of Required | Schedules | (continued) |
|---------|-----------|-------------|-----------|-------------|
|---------|-----------|-------------|-----------|-------------|

| | | | Yes | No |
|-----|---|------------|-----|--------|
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | V |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | , |
| 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 | 22 | < | |
| 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 | 23 | ٧ | |
| 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 | 24a | ~ | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | v v |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ~ |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ~ |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | ٧ |
| 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 | 26 | | ~ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ~ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | ~ | |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ~ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | , | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | ~ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | ~ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ~ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ~ |
| 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 | | | , |
| | 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 | 33 | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | V V | |
| 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | ~ | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ~ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | , | - |
| | | | | (2017) |

| Par | Toy O Toy O | | | Pag |
|-------------|--|--------------------|---------|-----|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1a | | • | | |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 153 | | Yes | N |
| c | | \$2000 E | | |
| - | | | | |
| 2a | reportable gaming (gambling) winnings to prize winners? Enter the number of employees reportable. | | | |
| Lu | The state of employees reported on Form W 2 Transition | 1c | ~ | |
| b | | | | |
| b | | | | |
| 2- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). | 2b | ~ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No " to | egras and | | |
| b | | За | V | |
| 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 account in a foreign country (such as a bank account | 3b | ~ | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | _ |
| | account)? | | | |
| b | If "Yes," enter the name of the foreign country: ▶ | 4a | | V |
| | See instructions for filing requirements for Election | 4 | | 3.5 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | THE REAL PROPERTY. | 1 8 3 Z | |
| 5a | Was the organization a party to a problem to | 4.9 | | |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | . / |
| С | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886 To | 5b | -+ | - |
| зa | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are | 5c | | - |
| | | 36 | | |
| b | organization solicit any contributions that were not tax deductible as charitable contributions? | _ | - 1 | |
| ~ | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6a | | _ |
| , | gifts were not tax deductible? | | | |
| | organizations that may receive deductible and the | 6b | | |
| | | | | |
| , c | and services provided to the payor? f "Yes." did the organization positive the state of \$75 made partly as a contribution and partly for goods | | | |
| | | | ~ | |
| C [| Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7b | ~ | |
| | | | | |
| ď ľ | es, indicate the number of Forms 8282 filed during the | 7с | | / |
| - | or the organization receive any funds, directly or indirectly or | | Sep. 2 | |
| f [| Did the organization, during the year, pay premiums, discattly in the organization, during the year, pay premiums, discattly in the pay premiums on a personal benefit contract? | 7e | | / |
| g If | the organization received a contribution of qualified intellection indirectly, on a personal benefit contract? | 7f | | / |
| h ∤f | the organization received a contribution of organization file Form 8899 as required? | 7g | | _ |
| S | ponsoring organizations maintaining donor advised for the vehicles, did the organization file a Form 1098-C? | 7h | | , |
| s | ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| S | ponsoring organization have excess business holdings at any time during the year? | 8 | | |
| a D | ponsoring organizations maintaining donor advised funds. | | | |
| D | id the sponsoring organization make any taxable distributions under section 4966? | a | | |
| | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | b | + | |
| | | U | | |
| | itiation fees and capital contributions included on Part VIII, line 12 | | | |
| | receipts, included on Form 990. Part VIII line 12 for public use of the first | | | |
| | | | | |
| Gi Gi | ross income from members or shareholders | | | |
| G | ross income from other sources (Do not net amounts due or paid to other sources painst amounts due or received from them.) | | | |
| | and all received from the file. | | | |
| | VOIDII TOT/ Id/(I) II()Depydmnt chaeltable t | | | |
| | | a | | |
| | | | | |
| | the organization (icensed to issue qualified health mineral | | | |
| No | ote. See the instructions for additional information the organization must report on Schedule O. | а | | |
| En | ter the amount of reserves the organization is required to maintain by the states in which | | | |
| the | e organization is licensed to issue qualified health plans | | | |
| | ter the amount of reserves on hand | | | |
| Dic | the organization receive any payment of the organization receive any payment of the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment or the organization receives any payment o | | | |
| If " | | | | |
| | | _ | ~ | _ |
| | 14t |) i | 1 | |

| 2 | Check if Schedule O contains a response or note to any line in this Part VI a Enter the number of voting members of the governing body at the end of the tax year. 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee? | 1a | 37 | Y | |
|-----|--|------------------|---------|----------|---------------|
| 2 | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . | 1a | 37 | Y | 30 |
| 2 | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . | Id | 37 | | -0 |
| 3 | committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key committee. | | | | |
| 3 | Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key complete. | | | | |
| 3 | Did any officer, director, trustee, or key ompleyed have above, who are independent . | | | | |
| 3 | bid any officer, director, trustee or key ampleyee bear and anaportable . | 46 | | | |
| | any other officer directly underly directly of key employee have a family relationship or a husiness r | olotionakia' | 36 | | |
| | any other officer, director, trustee, or key employee? Did the organization delegate control | elationship Wi | th | | |
| | | indor the divi | . 4 | 2 | |
| 4 | supervision of officers, directors, or trustees, or key employees to a management company or othe | r nerson? | - 1 | | |
| 5 | Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant. | Ours file in | 3 | | \perp |
| 6 | Did the organization become aware during the year of a significant diversion of the organization bave members or stockholders? | o was filed? | 4 | | \perp |
| 72 | Did the organization have members or stockholders? | n's assets?. | _ 5 | | |
| ,, | Did the organization have members stockholders and the | · · · · · · | . 6 | | 1 |
| | one or more members of the governing body? Are any governance decisions of the arrange in the a | lect or appoir | it | | |
| Ŀ | Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body? | | 78 | 3 | 1 |
| 8 | stockholders, or persons other than the governing body? Did the organization contemporaneously document the most than the government that the | uy) members | i, | | |
| J | Did the organization contemporaneously document the meetings held or written actions und the year by the following: | out-1 | 7k | | |
| _ | The year by the following: | erτaκen durinç | 9 | 100 | |
| a | The governing body? | | | | |
| 9 | Latin Confinititee with authority to not on hele if the | | 8a | ~ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and address. | | 8b | ~ | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. On B. Policies (This Section B requests information about policies) | be reached at | t | | |
| ect | on B. Policies (This Section B requests information about policies not required by the | | 9 | | 1 |
| 0a | Did the organization have be a least to the property of the pr | mernai Reve | nue (| Code., | $\overline{}$ |
| b | Did the organization have local chapters, branches, or affiliates? | | 10- | | N |
| | If "Yes," did the organization have written policies and procedures governing the activities of saffiliates, and branches to ensure their operations are consistent with the organization. | uch chanters | 10a | 1 | _ |
| 1a | affiliates, and branches to ensure their operations are consistent with the organization's exempt Has the organization provided a complete copy of this Form 990 to all marsh are the organization. | Durposes? | - 1 | | |
| b | Has the organization provided a complete copy of this Form 990 to all members of its governing body before for Describe in Schedule O the process, if any used by the organization to | iling the form? | 10b | _ | _ |
| 2a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | mig the form; | 11a | V | |
| b | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key ampletees and key ampletees. | | 4.0 | | |
| c | The state of the s | se to conflicte? | 12a | ~ | |
| Ĭ | Did the organization regularly and consistently monitor and enforce compliance with the policy of the organization have a written which the | cv? If "Vee" | 12b | ~ | |
| 3 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and document. | • • • • | 12c | v | |
| | Did the organization have a written decument | | 13 | V | _ |
| ; | Did the process for determining componential relation and destruction policy? | | 14 | ~ | - |
| | Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and the organization's CEO, Executive Director, or top persons. | approval by | 1-7 | Z 12 13 | |
| а | The organization's CEO Executive Division and contemporaneous substantiation of the deliberation and | d decision? | 12 | | |
| b | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | | 15a | ~ | - |
| | Other officers or key employees of the organization | | 15b | | |
| а | f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | 100 | - | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar a with a taxable entity during the year? | arrangement | | | |
|) | with a taxable entity during the year? | | 40 | | |
| | f "Yes," did the organization follow a written policy or procedure requiring the organization to | evoluete # | 16a | | ~ |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to satisfaction's exempt status with respect to such arrangements? | evaluate ITS | | | |
| tio | organization's exempt status with respect to such arrangements? 1. C. Disclosure | yuaru me | 10: | | |
| 1 | ist the states with which | | 16b | | |
| | ist the states with which a copy of this Form 990 is required to be filed ► IN, KY | | | | |
| | | 90-T (Section | 501/- | \/2\- | |
| | | oo i (oection | 201(C |)(ಶ)s o | nly) |
| Г | Own website | (o, O) | | | |
| fi | The state of the s | conflict of the | | | |
| 0 | nancial statements available to the public during the tax year. | confict of inte | rest p | olicy, a | ınd |
| Q | tale the name, address, and telephone must be a till | | | | |
| | MCA OF GREATER LOUISVILLE, INC., 545 SOUTH SECOND ST., LOUISVILLE, KY 40202, (502) 587-9622 | ooks and rec | ords: 🕨 | - | |

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

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

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
- 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

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

| (A) | | 0, | gun | | | | ensa | ated any curre | nt officer, direct | or, or trustee. |
|--------------------------|--|------------------|----------|-----------------------|----------|---|--------------|---|--|--|
| Name and Title | (B) Average hours per week (list an hours for related organization below dotte line) | office or direct | cer ar | chec ess p nd a | direc | e than is bot cor/trus Highest compensated employee | h an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation fror related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) TRICIA BURKE | 1.0 | | | | 1347 | | | | | |
| CHAIRMAN | | - | | ١. | Ш | | | | | |
| (2) HOWARD HOLLOMAN, JR. | 1.0 | - | \vdash | ~ | \vdash | | | 0 | 0 | |
| SECRETARY | | | | | | | | | | |
| (3) MARTIN PADGETT | 1.0 | ~ | | ~ | | | | 0 | ol | |
| TREASURER | | | | | | | | | | (|
| (4) BRAD SMITH | 1.0 | ~ | | ~ | | | | 0 | o | |
| PAST CHAIR | 1.0 | . | | | | | | | 0 | (|
| (5) JAMES ALLEN | 1.0 | . 🗸 | _ | ~ | | | | o | 0 | |
| DIRECTOR | 1.0 | . | | | | | | | 0 | 0 |
| (6) BILL BARBER | 4.5 | ~ | | | | | | o | o | |
| DIRECTOR | 1.0 | | | | | | | | 0 | 0 |
| (7) BARRY BARKER | | ~ | | | | | | 0 | | |
| DIRECTOR | 1.0 | | | | | | | - | 0 | 0 |
| (8) CHERYL BRUNER | | ~ | | | | | | 0 | _ | |
| DIRECTOR | 1.0 | | | | | | \top | - | 0 | 0 |
| (9) HARLEY BUTLER | | ~ | | | | | | o | _ | |
| DIRECTOR | 1.0 | | | | | | + | - 0 | 0 | 0 |
| 10) TERESA COUTS | | ~ | | | | | | 0 | | |
| DIRECTOR | 1.0 | | | | | _ | + | - 0 | 0 | 0 |
| 1) TRAY COCKERELL | | ~ | | | | | | | | |
| PIRECTOR | 1.0 | | | | | | | 0 | 0 | 0 |
| 2) GREG DEMUTH | | | | | | | | | | |
| IRECTOR | 1.0 | | | | | | - | 0 | 0 | 0 |
| 3) VINCE ESPOSITO | | | | | | | | | | |
| IRECTOR | 1.0 | | | | + | + | _ | 0 | 0 | 0 |
| 4) GAYLEE GILLIM | | - | | | | | | | | |
| RECTOR | 1.0 | | | | | + | | 0 | 0 | 0 |
| | v | | | | | | | _ | | - |
| | | | _ | | | _ | | 0 | 0 | |

Form **990** (2017)

| Part VII Section A. Officers, Directors, T | 7,110 | <u> </u> | ipiu | yees | , an | a High | nest (| Compensated | Employees (cont | inued) | |
|---|---------------------------|-----------------------|------------|-----------------------|-----------------|--------------------------|----------|---------------------|----------------------------------|-----------------|---------------------|
| (A) | 1 | | | | | | | | (00/10) | Tueu) | |
| Name and title | (B) | - 1 | (do n | ot che | Positi ock m | ore the | n one | (D) | (E) | | |
| | Averag hours p | 1 - | /UX, [| umess | pers | on ie h | nth | Reportable | Reportable | | (F) |
| | week (list | 201 | JITICE | er and | a dire | ector/tru | ustee) | compensation | compensation from | | timated |
| | hours fo | or S | a ba | ng | Officer | G 9. | 등 | from | related | | ount of |
| | related organization | ons cons | Individual | it | cer | employee Kev employee | Former | the organization | organizations (W-2/1099-MISC) | comp | ensatio |
| | below dot | ted 5 | <u>a</u> | ona | 1 | 9 9 | 3 7 | (W-2/1099-MISC) | (11 2) 1099-10112C) | fro | m the |
| | line) | | trustee | = | 300 | | 3 | | | and | nization related |
| | | | 6 | Institutional trustee | | employee Kev employee | | | | orgar | izations |
| (15) ROBERTA HARTLAGE | | _ | | | | ited | | | | | |
| DIRECTOR | 1.0 | | | | | | | | | | |
| (16) RUDY HAVIRA | - | - | | | | | | 0 | | | |
| DIRECTOR | 1.0 | | | | | | | - 0 | 0 | | |
| (17) DAVID HOLOBAUGH | | V | | | | | | o | | | |
| DIRECTOR | 1.0 | | | | | | \vdash | U | 0 | | |
| (18) STEVE JAMES | | ~ | . | | | | | | | | |
| DIRECTOR | 1.0 | | | | | | - | 0 | 0 | | |
| (19) BRIAN JONES | | 1 | | | | | | | | | |
| DIRECTOR | 1.0 | | \top | | | | | 0 | 0 | | |
| (20) BETTY KINZER | T | 1 | | | | | | | | | |
| DIRECTOR | 1.0 | + | + | + | | | | . 0 | 0 | | |
| | | 1 | | | | | | | | | |
| 21) THOMAS KMETZ | 1.0 | - | + | + | | | Ú. | 0 | 0 | | |
| DIRECTOR | | | | | | N. Faran | 1 | | 0 | | |
| 22) BARBARA LANKFORD | 10 | V | | 300 | | ME TA | | 0 | | | |
| DIRECTOR | .0 | | | 100 | | 11 | | | 0 | | |
| 23) REBECCA MATHENY | | V | | | | | | o | | | |
| DIRECTOR | 0 | | - | | | | ld. | | 0 | | |
| 24) MARY MCKINLEY | | V | _ | | u II | | 1 | 0 | | | |
| DIRECTOR | 1.0 | | | | | | | J | 0 | | |
| 25) (SEE STATEMENT) | | ~ | | | | | | 0 | | | |
| | | | | | | | | U | 0 | | |
| 1b Sub-total . | | | | | | | | | | | - |
| c Total from continuation sheets to Part \ | | | | | | | | 0 | | | |
| | | | | | | . ▶ | | 1 343 740 | 0 | | (|
| 2 Total number of individuals (in the incident | | | | | | | | 1 343 740 | 0 | | 199,160 |
| reportable compensation from the | not limited t | to the | ose | lister | d ah | 000 | vbo : | 000145-1 | 0 | _ | 199,160 |
| Total number of individuals (including but reportable compensation from the organize) | ation > | _ | | | . au | ove) v | viio r | eceived more t | han \$100,000 of | | |
| 3 Did the organization list and for | | | | | | | | 14 | | | |
| Did the organization list any former office employee on line 1a? If "Yes," complete Soft For any individual listed on line 1a, in the | er, directo | r, or | tru | stee, | ke | y emr | olove | e. or highest | 00mm | Yes | No |
| | | | | | | | | | | | |
| For any individual listed on line 1a, is the sorganization and related organizations guindividual | um of repo | rtabl | e co | omne | กรอ | rtion o | nd - | thora | | 3 | V |
| organization and related organizations grandividual | eater than | \$15 | 0,0 | 00? | lf " | Yes " | com | uler compensa | ition from the | | 1 |
| | | | | | | | | | | | |
| | | | | | | | | | | 4 1 | |
| Did any person listed on line 1a receive or a for services rendered to the organization? Internation B. Independent Communication | "Yes," con | nplet | e Sr | chedi | ıııdı ııl⊳ | uy uni | elate | a organization | or individual | - | |
| | | | | | | | | | | 5 | 1 |
| Complete this table for your firm to | | | | | | | | | | | |
| Vor | Compenso | mue; | to: 1 | uent | con | tracto | rs th | at received mo | re than \$100 nor |) of | |
| compensation from the organization. Repor | poi 136 | 441011 | ior 1 | rue C | alen | idar ye | ear ei | nding with or w | ithin the organiz | ation's + | av. |
| (A) | | | | | | | | | 1 9 41 112 | -uon 5 [| AΛ |
| Name and husiness address | | | | | | | | (B) | | (0) | |
| RTIN CONSTRUCTION 1207 DUDDETTERM | | 0.45 | | | | | | ription of services | Comn | (C) ensation | |
| , and Boltite I I I I I I I I I I I I I I I I I I I | ILLE, KY 40: | 213 | | | | COV | STR | UCTION | | | |
| ISVILLE MECHANICAL SERVICES 300 HIGH BIGE | | ISVII | LE, | KY 40 | 218 | LAB | OR A | ND REPAIRS | | | 3,429 |
| ER TRANSPORTATION 444 OUTER | DRIVE, LOU | | | | _ | _ | | | | 398 | 340 |
| ER TRANSPORTATION, 111 OUTER LOOP, LOUIS | VILLE, KY 4 | 0214 | | | | FIFL | D TRII | PTRANSPORTAGE | TION | | 7,540 |
| LER TRANSPORTATION, 111 OUTER LOOP, LOUIS ILITIES MANAGEMENT SERVICES, 1500 LYTLE ST ONAL CONTRACTING SERVICES, 4554 TO | REET, LOUI | 0214 SVILI | LE, I | KY 40 | 203 | JANI | TORI | P TRANSPORTAT | | | 0,037 |
| RTIN CONSTRUCTION, 1207 DURRETT LN, LOUISV IISVILLE MECHANICAL SERVICES, 300 HIGH RISE LER TRANSPORTATION, 111 OUTER LOOP, LOUIS ILITIES MANAGEMENT SERVICES, 1500 LYTLE ST ONAL CONTRACTING SERVICES, 11501 PLANTSIDE DRI Total number of independent | REET, LOUI | 0214 SVILI | LE, I | KY 40 | 203 | JANI | TORI | AL SERVICE | | 359 | ,037 |
| ER TRANSPORTATION 444 OUTER | REET, LOUI VE, JEFFERS | 0214 SVILI ONTO | LE, I | KY 40 | 299 | JANI | TORI | AL SERVICE | | 359 315 | |

Part VIII Statement of Revenue

| | | Check if Schedule (| O contains | a res | ponse or note to | any line in this | Part VIII | | |
|--|---------|--|-------------------------|----------------|------------------|----------------------|--|---|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | , and and an inputgi | | 1a | 574,309 | | March State | AL PACE. | C. S. M. C. L. a. La. |
| Gra | b | | | 1b | 0 | | | | |
| Es, C | С | Fundraising events | | 1c | 254,298 | | | | |
| Giff | d | Related organization | | 1d | 0 | | | | |
| ns, | е | Government grants (co | ntributions) | 1e | 3,557,409 | | | | |
| atio er S | f | and defined actions, grants, | | | | | | | |
| 년 된 된 | | and similar amounts not in | | 1f | 4,539,770 | | | | |
| ont nd (| g | Noncash contributions inclu | | | 1,098,136 | | | | |
| | h | Total. Add lines 1a- | lf | | | 8,925,786 | | | |
| Program Service Revenue | 0- | LIEALTINAL NAME | | | Business Code | | | Markett at 1 | |
| eve | 2a | HEALTHY LIVING | | | 813410 | 23,344,526 | 23,344,526 | | |
| 99 | b | YOUTH DEVELOPMENT SOCIAL RESPONSIBIL | | | 813410 | 13,380,333 | 13,380,333 | | |
| Š | d | SOCIAL RESPONSIBI | LIIY | | 813410 | 5,237,129 | 5,237,129 | | |
| Š | e | | | | | | | | |
| gra | f | All other program ser | vice reveni | | | 0 | 0 | | |
| Pro | g | Total. Add lines 2a-2 | | | | 41,961,988 | U | 0 | 0 |
| | 3 | Investment income | | | | 41,901,900 | 4770742 | 4 | |
| | | and other similar amo | ounts) . | | | 376,907 | × × | | 376,907 |
| | 4 | Income from investmen | | | | 3,0,001 | 5 1 | | 370,907 |
| | 5 | Royalties | | | | | | | |
| | | | (i) Real | | (ii) Personal | 4,000 | | The same of the same of | Brown Batter of the |
| | 6a | Gross rents | 5- | 4,251 | | | | | |
| | b | Less: rental expenses | 127 | | | | | | |
| | C | Rental income or (loss) | | 4,251 | 0 | | | 22 22 2 3 | |
| | _d | Net rental income or | | | ▶ | 54,251 | | | 54,251 |
| | 7a | Gross amount from sales of (i) Securities assets other than inventory 1.771.399 | | | (ii) Other | ANTAL SECTION | | 特别性的人 | |
| | ь | Less: cost or other basis | 1,77 | 1,399 | 22,559 | | A Para Maria Cara Cara Cara Cara Cara Cara Cara | | |
| | | and sales expenses . | 1 60 | - 000 | | | | | |
| | c | Gain or (loss) | | 5,998 5,401 | 22,559 | | | | |
| | d | Net gain or (loss) . | | | 200 | 157,960 | | | 457.000 |
| | - | | | ٠. ٢ | | 107,900 | a secondario de la compansión de la comp | | 157,960 |
| Other Revenue | 8a b | Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18 . Less: direct expenses | 254,29 ed on line 10 | ;). · a | 68,441 87,740 | | | | |
| ٥ | c | Net income or (loss) f | | | | (19,299) | THE PERSON NAMED IN | | (19,299) |
| | 9a | Gross income from ga | | ies. | | (15,25) | | 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | (13,233) |
| | b | Less: direct expenses | | | 3 | | | | |
| | C | Net income or (loss) f | | | rities ▶ | | | | |
| | 10a | Gross sales of in returns and allowance | es | a | 35,786 | | | | |
| | b | Less: cost of goods s | | | 34,508 | | A CONTRACTOR OF THE SERVICE OF THE S | | The State of the S |
| | С | Net income or (loss) f | | inve | | 1,278 | | | 1,278 |
| | 11a | CONTRACT SERVICES | | | Business Code | 4 404 500 | 4 404 700 | TALL STREET | P. S. |
| | b | PARKING LOT | | } | 561000 531190 | 1,431,563 | 1,431,563 | 100.100 | |
| | C | MISCELLANEOUS | | } | 900099 | 198,737 | 00.000 | 190,495 | 8,242 |
| | d | All other revenue . | | | 900099 | 98,333 | 98,333 | | |
| | e | Total. Add lines 11a- | 11d | L | | 1,728,633 | 0 | 0 | 0 |
| | 12 | Total revenue. See in | | | | 53,187,504 | 43,491,884 | 100 405 | F70.000 |
| | | | | • | | 55, 107,504 | +5,431,004 | 190,495 | 579,339 |

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 respons | plete all columns. A se or note to any lin | e in this Part IX . | | |
|----------|---|---|------------------------------|-------------------------------------|---------------------------------------|
| 8b, 9l | of include amounts reported on lines 6b, 7b, b, 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 | 0 | 0 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 57,550 | 57,550 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 2,600 | 2,600 | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 646,335 | 133,062 | 467,872 | 45,401 |
| 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 | 21,650,564 | 18,909,196 | 2,583,697 | 157,671 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,405,642 | 1,099,840 | 286,881 | 18,921 |
| 9 | Other employee benefits | 1,203,152 | 987,296 | 191,535 | 24,321 |
| 10 | Payroll taxes | 1,632,679 | 1,412,938 | 196,748 | 22,993 |
| 11 | Fees for services (non-employees): | | | | |
| a b | Management | 44,170 | 1,941 | 42.220 | |
| C | Accounting | 57,500 | 1,941 | 42,229 57,500 | |
| d | Lobbying | 01,000 | | 01,000 | |
| е | Professional fundraising services. See Part IV, line 17 | The Cartes | | | |
| f | Investment management fees | 21,761 | 21,761 | - | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0 | 0 | 0 | 0 |
| 12 | Advertising and promotion | 842,460 | 443,005 | 347,042 | 52,413 |
| 13 | Office expenses | 6,101,219 | 5,780,529 | 317,441 | 3,249 |
| 14 | Information technology | 835,195 | 835,195 | | |
| 15 | Royalties | | | | |
| 16 17 | Occupancy | 5,781,278 | 5,699,343 | 81,663 | 272 |
| 18 | Travel | 705,027 | 684,324 | 18,847 | 1,856 |
| 19 | Conferences, conventions, and meetings . | 518,930 | 243,089 | 224,795 | 51,046 |
| 20 | Interest | 823,008 | 565,670 | 257,338 | 01,040 |
| 21 | Payments to affiliates | 420,128 | 420,128 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 4,010,815 | 3,705,408 | 300,907 | 4,500 |
| 23 | Insurance | 835,191 | 783,258 | 50,933 | 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.) | | | | |
| а | CONTRACT SERVICES | 984,196 | 698,100 | 258,683 | 27,413 |
| b | MEMBERSHIP DUES | 39,560 | 12,274 | 27,011 | 275 |
| c d | MISCELLANEOUS | 163,734 | 77,859 | 17,146 | 68,729 |
| е | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 48,782,694 | 42,574,366 | 5,728,268 | 480,060 |
| 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) | | | | |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 5,475 1 5,650 Cash—non-interest-bearing 20,779,508 23,819,382 2 2 2,361,667 1,765,874 3 3 479,363 552.272 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 0 7 7 8 377,691 9 538 924 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis, Complete Part VI of Schedule D 10a 106,060,755 59.686.091 57,832,160 10c Less: accumulated depreciation 10b 46,374,664 4,913,502 4,150,470 11 Investments—publicly traded securities 11 0 12 0 12 Investments—other securities. See Part IV, line 11 0 13 0 13 Investments—program-related. See Part IV, line 11 14 14 181,533 36.013 15 15 86,022,347 91,463,228 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,539,460 2,112,843 17 17 18 18 19 19 20 18.215.113 20 17,484,854 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 6,259,412 23 6,100,269 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 0 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 133,913 68,329 25 26,655,697 26 27,258,496 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 53.876.612 57,937,016 27 27 28 4,921,793 4,145,785 28 29 1,345,923 1,344,253 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 64,204,732 33 59,366,650 33

Form **990** (2017)

91,463,228

34

86,022,347

34

Total liabilities and net assets/fund balances

| Part XI Reconciliation of Net Assets Check if Schedule O contains a ways | | | | Page 1 |
|--|----------|------|-------|----------|
| 1 Total revenue (must equal Port VIII and Tota | | | | |
| Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 | • • | | | . [|
| 3 Revenue less expenses Subtract line 25 | • | | 53 | ,187,50 |
| Thei assets or fund halances at haring the | 2 | | | 782,69 |
| Net unrealized gains (losses) on investments Donated services and use of facilities | 3 | | | 404,81 |
| Donated services and use of facilities | 5 | | | 366,65 |
| Investment expenses | 6 | | - | 376,27 |
| Prior period adjustments | 7 | | | |
| Other changes in net assets or family | 8 | | | |
| vive assets or fund halanage at the confedure of the conf | 9 | | | |
| oo, coluitii (B)) | 9 | | | 57,000 |
| Financial Statements and B | 10 | | | |
| Check if Schedule O contains a response | 10 | | 64,2 | 04,732 |
| Check if Schedule O contains a response or note to any line in this Part XII | | | | _ |
| Accounting method used to prepare the Form 990: Cash Accrual Other | | - | | <u> </u> |
| If the organization changed its method of accounting from a prior year or checked "Other," exp | | 11.5 | Yes | No |
| Schedule O. Schedule O. Schedule O. | olain in | 2397 | | 1 3 7 5 |
| * **CIE trie Organization's financial | | N PA | | |
| 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 comp | | 2a | | |
| or a separate pasis, consolidated basis, or better | iled or | Za | | ~ |
| Separate pasis Consolidated by | | | | |
| Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an interest and separate basis | | 1 | | |
| If "Yes," check a box below to inaliant addited by an independent accountant? | | 2b | ~ | 5 7 4 1 |
| separate basis, consolidated basis, or both: | on a | 20 | | |
| □ Separate hasis v Consolidation | | | | 4 4 |
| ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove If the arranging it. | | | | |
| of the audit, review, or compilation of its financial to the financial to the audit, review, or compilation of its financial to the audit, review, or compilation of its financial to the audit, review, or compilation of its financial to the audit, review, or compilation of its financial to the audit assumes responsibility for over | rsiaht | | | |
| of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expl | tant? | 2c | v | |
| Schedule O. Schedu | ain in | 2.0 | | |
| As a result of a federal award, was the arm to the | | | | |
| the Single Audit Act and OMB Circular A-133? | rth in | | | |
| If Yes," did the organization underset | | 3a | - | |
| If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | o the | - Ou | | |
| any steps taken to undergo such aud | its. | 3b | ~ | |
| | | | 990 (| |

| (A) Name and Title | (B) Average hours per week | | (Ch | | Ositio: I that ap | ገ ply) | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated |
|---|--|--------------------------------|---------------------------------------|---------|----------------------|------------------------------|--------|---|--|---|
| | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| (25) PAT NORTHAM | 1.0 | 1/ | | | | | | | | |
| DIRECTOR | | • | | | | | | C |) |) (|
| (26) DOUG PHILLIPS | 1.0 | | | | | | | | | |
| DIRECTOR | | | | | | | | 0 | | |
| (27) STEVE SEXTON | 1.0 | 1 | | | | | | | | |
| DIRECTOR | | • | | | | | | 0 | 0 | (|
| (28) KEITH SEYMOUR | 1.0 | 1 | | | | | | | | |
| DIRECTOR | | • | | | | | | 0 | C | C |
| (29) ALEXANDRIA SHEMWELL | 1.0 | | | | | | | | | |
| DIRECTOR | 2.02.000.000.000.000 | • | | | | | | 0 | 0 | 0 |
| (30) MARK TRUMAN | 1.0 | | | | | | | | | |
| DIRECTOR | | | | Surp. | | | | 0 | 0 | 0 |
| (31) DEBBIE WESSLUND | 1.0 | 1 | | | | | | | | |
| DIRECTOR | | | | | 25 | A (CE) | | 0 | 0 | 0 |
| (32) JAMES WILLIAMSON | 1.0 | 1 | | | | | | | | |
| DIRECTOR | | | | 2007 | | 790 | | 0 | 0 | 0 |
| (33) JEREMY WILLIS | 1.0 | 1 | | | | | 200 | Accepted to the second | | |
| DIRECTOR | | * | | | | | | 0 | 0 | 0 |
| (34) VICKI ZELLER | 1.0 | / | | | | | | | | |
| DIRECTOR | | <u> </u> | | | | | | 0 | 0 | 0 |
| (35) HALA ZIADY | 1.0 | / | | | | | | | | |
| DIRECTOR | | • | | | | | | 0 | 0 | 0 |
| (36) SCOTT ZOPPOTH | 1.0 | / | | | | | | | | |
| DIRECTOR | | • | | | | | | 0 | 0 | 0 |
| (37) R. STEPHEN TRAVER | 45.0 | | | | | | | 004.045 | | |
| PRESIDENT (22) DAY U.S.A.D.D. | 5.0 | | | | | | | 264,615 | 0 | 38,058 |
| (38) DAVID W HEARD | 45.0 | | | | | | | | | |
| SENIOR VICE PRESIDENT OF OPERATIONS | 5.0 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | 190,831 | 0 | 30,222 |
| (39) S. KAY MANNING | 45.0 | | | | | 1 | | | | |
| VICE PRESIDENT OF FINANCE - RETIRED | 5.0 | | ~ | | | | | 47,730 | 0 | 8,965 |
| (40) AUDREY ROLING | 45.0 | | + | - | | + | + | | | |
| VICE PRESIDENT OF FINANCE | | | V | | | | | 83,847 | 0 | 2,067 |
| (41) BECKY GAMM | 5.0 50.0 | | + | + | _ | + | + | | _ | 2,001 |
| VICE PRESIDENT OF OPERATIONS | | | | | ₩ | | | 163,932 | o | 24,472 |
| (42) LAURIE JACKSON | 0.0 | _ | | | | + | | | _ | 27,772 |
| BRANCH EXECUTIVE DIRECTOR | 45.0 | | | | - ✓ | | | 125,047 | o | 21,178 |
| (43) WILLIAM A PIERCE, JR | | | + | + | | + | + | | | 21,170 |
| VICE PRESIDENT OF PLANNING AND DEVELOPMENT | 50.0 | | | | 1 | | | 117,561 | О | 19,241 |
| 44) RYAN M BRAMER | 50.0 | | | | + | + | - | | | |
| DISTRICT EXECUTIVE DIRECTOR | | | | | / | | | 115,592 | 0 | 21,327 |

| (A) Name and Title | (B) Average hours per week | | (Ch | C) Po | ositio: | n pply) | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | |
|---|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations | |
| (45) RYAN KINGERY | 50.0 | | | | | | | | | | |
| VICE PRESIDENT - INFORMATION MANAGEMENT | | | | | | ✓ | | 111,231 | 0 | 13,078 | |
| (46) NORMAN JOHNSON | 50.0 | | | | | | | | | | |
| BRANCH EXECUTIVE DIRECTOR | | | | | | V | | 123,363 | 0 | 20,552 | |



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2017

| Pa | rt II Support Schedule for Organiz | ations Doos | uibad in Can | 45. 4507.1 | (1) (2) (2) | | Page |
|-----------------|--|---|---|--|--|---|--------------------------|
| | Support Schedule for Organiz (Complete only if you checked to | he box on lir | ribed in Sec | tions 170(b)(| 1)(A)(iv) and | 170(b)(1)(A)(\ | /i) |
| | Part III. If the organization fails to | o qualify und | ler the tests I | isted below i | ne organizati | on failed to qu | ualify under |
| | aion A. Public Support | - 40.009 | | isted below, j | please comp | iete Part III.) | |
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (4) 2016 | (-) 0047 | T |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (4) 2010 | (5) 2014 | (6) 2013 | (d) 2016 | (e) 2017 | (f) Total |
| 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 | | 1 | | | | |
| Sect | ion B. Total Support | it is | | 4 18 18 18 18 18 18 18 18 18 18 18 18 18 | * | | _ |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 7 4 7 6 3 5 C | | 78 76 W. S. W. S. W. S. | | (0) 2017 | (i) Total |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | The state of the s | 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 2 | 7 % 50 | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support | organization | 's first, second | d third fourth | ou fifth to | 12 ear as a section | 501(c)(3) |
| Secti | | . CIUCIILAUI | ; | | | · · · · · | 🏲 📗 |
| 14 15 16a | Public support percentage for 2017 (line 6, Public support percentage from 2016 Sche 331/3% support test—2017. If the organiz box and stop here. The organization qualification of the support test—2016. | column (f) divedule A, Part I ation did not i | rided by line 1 I, line 14 | On line 13 an | [| 14 15 1/3% or more, o | |
| b | 331/2% support test—2016. If the organization of this box and stop here. The organization of | ation did not a | theck a hov or | 1 lina 12 or 16- | والمسمال المسم | 001 07 | — |
| 17a | 10%-facts-and-circumstances test—20110% or more, and if the organization meet Part VI how the organization meets the "factorization". | I7. If the organts the "facts-acts-acts-acts-acts-acts-acts-acts- | nization did no and-circumsta mstances" tes | ot check a box nces" test, che | on line 13, 16 | oa, or 16b, and nd stop here. | line 14 is Explain in |
| b 18 | 15 is 10% or more, and if the organization me supported organization | 6. If the organion meets the ets the "facts | nization did no "facts-and-ci -and-circumst | ot check a box rcumstances" tances" test. T | on line 13, 16 test, check the organizatio | Sa, 16b, or 17a his box and st in qualifies as a | op here. a publicly |
| | instructions | | | | <u> </u> | this box and se | ▶ □ |

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

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

| Sect | tion A. Public Support | under the te | SIS IISICU DEI | ow, piease co | omplete Part | 1.) | |
|---------|--|---|--|---|--------------------------------|-------------------------------|--------------------------|
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | 1 | (4) = 0.0 | (0) 2011 | (i) Total |
| 0 | received. (Do not include any "unusual grants.") | 6,315,390 | 6,636,023 | 5,300,375 | 6,619,483 | 7,835,786 | 32,707,057 |
| 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 | 32,565,260 | 34,003,452 | 33,905,099 | 40,532,009 | 41,998,218 | 183,004,038 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 45,850 | 35,464 | 23,302 | 159,184 | 376,907 | 640,707 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | · | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | | 0 |
| 6 | Total. Add lines 1 through 5 | 38,926,500 | 40,674,939 | 39,228,776 | 47,310,676 | 50,210,911 | 216,351,802 |
| 7a | The state of the s | | | | | | |
| | received from disqualified persons | 23,950 | 31,100 | 44,560 | 45,040 | 19,160 | 163,810 |
| b | received from other than disqualified persons that exceed the greater of \$5,000 | | | 7 (2 A G W) (2 A G W) (3 A G W) (3 A G W) (4 A G W | 5 1 | | |
| | or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | o | 0 |
| С | | 23,950 | 31,100 | 44,560 | 45,040 | 19,160 | 163,810 |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Sect | ine 6.) | | | * 23 | | | 216,187,992 |
| | ndar year (or fiscal year beginning in) | (-) 0040 | (1) 0011 | 7.00 | 7 27 5 | | |
| 9 | Amounts from line 6 | (a) 2013 38,926,500 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 10a | Gross income from interest, dividends, | 38,926,500 | 40,674,939 | 39,228,776 | 47,310,676 | 50,210,911 | 216,351,802 |
| | payments received on securities loans, rents, royalties, and income from similar sources . | 131,857 | 197,423 | 212,467 | 159,184 | 373,907 | 1,074,838 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 100,104 | 070,007 | 1,074,030 |
| С | | 131,857 | 197,423 | 212,467 | 159,184 | 373,907 | 1.074.020 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | | | | | 1,074,838 |
| 12 | Other income. Do not include gain or | | 0 | 0 | 0 | 0 | 0 |
| | loss from the sale of capital assets (Explain in Part VI.) | 0 | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | 40.070.000 | 0 | 0 | 0 | 0 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | 39,058,357 e organization' | 40,872,362 s first, second | 39,441,243 I, third, fourth, | 47,469,860 or fifth tax yea | 50,584,818 ar as a section | 217,426,640 501(c)(3) |
| Secti | on C. Computation of Public Support | | • • • • | · · · · · | | · · · · · | · · ► [] |
| 15 | Public support percentage for 2017 (line 8, | column (f) div | ided by line 13 | 2 column (fl) | | 45 | 00.40.07 |
| 16 | Public support percentage from 2016 Sche | edule A. Part III | L line 15 | 5, COIGITITI (1)) | | 15 | 99.43 % |
| Section | on D. Computation of Investment Inc | ome Percen | tage | · · · · · · | | 10 | 99.50 % |
| 17 | Investment income percentage for 2017 (lin | ne 10c, column | (f) divided by | line 13. colum | n (fl) | 17 | 0.49 % |
| 18 | Investment income percentage from 2016 | Schedule A. Pa | art III. line 17 | | | 18 | 0.41 0/ |
| 19a | 19a 331/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 331/3% and line | | | | and line | | |
| _ | 17 is not more than 33 1/3%, check this box at | nd stop here. T | he organizatio | n qualifies as a | publicly suppor | ted organization | n 🕨 🗔 |
| b | line 18 is not more than 331/3%, check this bo | tion did not che ox and stop he i | eck a box on li r e. The organiz | ne 14 or line 19 ation qualifies a | a, and line 16 is | s more than 33 | ¹/₃%, and |
| 20 | Private foundation. If the organization did | not check a b | ox on line 14, | 19a, or 19b, ch | eck this box a | nd see instruct | ions ▶ □ |

Part IV Supporting Organizations

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

| Section A. | All | Supporting | Organizations |
|------------|-----|------------|----------------------|
|------------|-----|------------|----------------------|

Yes No 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. 1 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). 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. 3a 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. 3b 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. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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. 4b 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. 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

Schedule A (Form 990 or 990-EZ) 2017

10a

10b

determine whether the organization had excess business holdings.)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

| Part | V Supporting Organizations (continued) | | | . ago c |
|-------|--|---------|---------|---------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | i and the second section at the second section and the second sec | | | |
| | 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 | | |
| Sect | ion 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. | | | |
| 2 | | 1 | | |
| | 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. | | | |
| Sect | ion C. Type II Supporting Organizations | 2 | | |
| | en en type in supporting organizations | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | Yes | No |
| | 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 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | 140 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | 100 | |
| | 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 toward of the following the toward of the organization of | | | |
| | 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. | | | |
| Secti | | 3 | | |
| | on 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 | nstruc | tions |). |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see ins | tructio | ons). |
| 2 | Activities Test. Answer (a) and (b) below. | 5 | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 162 | 140 |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | Alla I |
| | tnose supported organizations and explain how these activities directly furthered their exempt purposes | A HOUSE | | A. |
| | now 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. | | | |
| а | 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 | | | 4 1 |
| | 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 Or | gan | izations | |
|---|----------|---------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization. | a tru | ist on Nov. 20, 1970 (exp | lain in Part VI). See tions 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 | and the | |
| d Total (add lines 1a, 1b, and 1c) | 1d | 1386 AL | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | <u>8</u> | | |
| 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 | 46.4 | |
| 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). | | | |
| 7 Check have if the current year is the control of | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | y inte | egrated Type III supporti | ng organization (see |

Schedule A (Form 990 or 990-EZ) 2017

| Par | Type III Non-Functionally Integrated 509(a)(| 3) Supporting Organi | izations (continued) | Page I |
|------------|--|--|--|--|
| | tion D - Distributions | of cupporting organi | izations (continued) | Current Veer |
| 1 | Amounts paid to supported organizations to accomplish | Current Year | | |
| 2 | | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt pur | poses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | proces of dapported orga | a nzation is | |
| 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 whice (provide details in Part VI). See instructions. | ch the organization is res | sponsive | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Elife o alflodit divided by life 9 afflodit | | (:B | |
| s | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1_ | Distributable amount for 2017 from Section C, line 6 | Tax of product allegation | SA STAN LAND TO | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | The Control of the Control | |
| a | the state of the same of the s | | the state of the state of | |
| b | From 2013 | | | |
| C | From 2014 | | | |
| d | From 2015 | | | 178 80 18 18 18 18 18 18 |
| e | From 2016 | | STATE OF THE STATE OF THE STATE OF | |
| f_ | Total of lines 3a through e | | It is the party of | · STATE OF THE STATE OF |
| <u>g</u> | Applied to underdistributions of prior years | A Park Comment of the | | The state of the s |
| <u>h</u> | Applied to 2017 distributable amount | | Connect the Mark and I | |
| <u>i</u> _ | Carryover from 2012 not applied (see instructions) | CATCHE CARE | The bound of the same | the water |
| <u>_</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from | | anthus and dead | a state of the state of |
| 7 | Continue D. P | The second second | description of the second | |
| a | Applied to underdistributions of prior years | A Section of the sect | A SHAP STATE OF STATE | |
| <u>_</u> | Applied to 2017 distributions of prior years | The second second | 1 | |
| С | Remainder. Subtract lines 4a and 4b from 4. | F 4 47 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | ing the state of t | |
| 5 | Remaining underdistributions for years prior to 2017, if | 2 9 4 th so 31 th | | The second secon |
| | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | Application of the second | The average of the | |
| а | Excess from 2013 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Service Section 1987 | CONTRACTOR OF THE PARTY OF THE STATE OF THE |
| b | Excess from 2014 | Wild Te grant of Spanish and the | | |
| С | Excess from 2015 | Land to the state of the state | er of a state of the state of t | |
| d | Excess from 2016 | A STATE OF THE STA | 18 7 2 18 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | STATES OF THE STATE OF THE STAT |
| е | Excess from 2017 | AS THE ME HAVE STONE | | The state of the state of |
| | | 4.00 | 4 May 100 May 1 1 May 100 May 1 May | A WE OF AFE |

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

Schedule of Contributors

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

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

OMB No. 1545-0047

2017

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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

| 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 | | | |
| | AIR HYDRO POWER INC PO BOX 34170 LOUISVILLE, KY 40232 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 2 | PROSPECT, KY 40059-9565 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 3 | BROWN-FORMAN CORPORATION P.O. BOX 1080 LOUISVILLE, KY 40201 | \$ <u>86,000</u> | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 4 | C. E. & S. FOUNDATION, INC. 1650 NATIONAL CITY TOWER LOUISVILLE, KY 40202 | \$ 150,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 5 | CHARLES SCHWAB LOUISVILLE, KY 40207 | \$ 6,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 66 | CITY OF NEW ALBANY, INDIANA 311 HAUSS SQ. #316 NEW ALBANY, IN 47150 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

| Employer | identification | number |
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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 | CLARK MEMORIAL HOSPITAL 1220 MISSOURI AVENUE JEFFERSONVILLE, IN 47130-3743 | \$ 5,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 8 | CLARK, TODD LOUISVILLE, KY 40207 | \$45,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 9 | LOUISVILLE, KY 40222 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 10 | COMMONWEALTH OF KENTUCKY (SAFE PLACE SERVICES) 275 EAST MAIN STREET FRANKFORT, KY 40621 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | COMMUNITY FOUNDATION OF LOUISVILLE 325 W. MAIN STREET, SUITE 1110 LOUISVILLE, KY 40202 | \$30,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 12 | COMMUNITY TRANSITIONAL SERVICES, LLC 1115 S 4TH ST LOUISVILLE, KY 40203-4100 | \$15,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

Name of organization

| | | 9- |
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| Employer identification | num | ber |

| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) |
|---|---|---|
| | 1044. 00114.10410110 | Type of contribution |
| PO BOX 31390 | \$5,000_ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) Type of contribution |
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| CRALLE FOUNDATION | | Person Payroll |
| 614 W MAIN ST, STE 2500 | \$10,000 | Noncash (Complete Part II for |
| LOUISVILLE, KY 40202 | 1000 | noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| DAVID CONSTRUCTION, INC. | | Person 🗸 Payroll |
| 1330 W. BRECKINRIDGE STREET | \$ 5,000 | Noncash (Complete Part II for |
| LOUISVILLE, KY 40210 | | noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| DELTA DENTAL OF KENTUCKY MAKING SMILES HAPPEN FUND | | Person |
| 10100 LINN STATION RD. | \$6,000 | Noncash (Complete Part II for |
| LOUISVILLE, KY 40223 | | noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| EH CONSTRUCTION | | Person 🗹 Payroll |
| P O BOX 910 | \$ 10,000 | Noncash (Complete Part II for |
| BROOKS, KY 40109 | | noncash contributions.) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ETSCORN FOUNDATION | | Person |
| HILLIARD LYONS ASSET MANAGEMENT, PO BOX 32760 LOUISVILLE, KY 40232 | a 0,000 | (Complete Part II for noncash contributions.) |
| T (| Name, address, and ZIP + 4 CRALLE FOUNDATION 614 W MAIN ST, STE 2500 LOUISVILLE, KY 40202 Name, address, and ZIP + 4 DAVID CONSTRUCTION, INC. 1330 W. BRECKINRIDGE STREET LOUISVILLE, KY 40210 (b) Name, address, and ZIP + 4 DELTA DENTAL OF KENTUCKY MAKING SMILES HAPPEN FUND 10100 LINN STATION RD. LOUISVILLE, KY 40223 (b) Name, address, and ZIP + 4 EH CONSTRUCTION P O BOX 910 BROOKS, KY 40109 (b) Name, address, and ZIP + 4 ETSCORN FOUNDATION HILLIARD LYONS ASSET MANAGEMENT, PO BOX 32760 | Comparison |

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| Name of organization | Employer identification number |
| THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE | |

| Parti | 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 | FACILITIES MANAGEMENT SERVICES 1500 N LYTLE ST | \$12,000 | Person Payroll Noncash |
| | LOUISVILLE, KY 40203 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | FORD MOTOR COMPANY/UAW LOCAL 862 3001 CHAMBERLAIN LANE | \$ 20,000 | Person 🗸 |
| | LOUISVILLE, KY 40241 | \$20,000 | Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | FOURTH STREET LIVE 420 WEST LIBERTY STREET LOUISVILLE, KY 40202 | \$ 10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | FRAZIER, SANDRA LOUISVILLE, KY 40204 | \$15,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 23 | FRED B. AND OPAL S. WOOSLEY FOUNDATION HILLIARD LYONS ASSET MANAGEMENT, P.O. BOX 32760 LOUISVILLE, KY 40202 | \$15,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | GE CONSUMER PRODUCTS APPLIANCES APPLIANCE PARK, AP3-232 LOUISVILLE, KY 40225 | \$10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

| Employer | identification | number |
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| Part I | Contributors (see instructions). Use duplicate co | ples of Part I if additional space is | needed. |
|------------|---|---------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 25 | GENENTECH 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080 | \$ 25,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 26 | GREATER CLARK COUNTY SCHOOLS 2112 UTICA-SELLERSBURG ROAD JEFFERSONVILLE, IN 47130 | \$ 12,100 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | HEUSER, HENRY LOUISVILLE, KY 40204-2517 | \$ 15,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | HORSESHOE FOUNDATION OF FLOYD COUNTY 33 STATE STREET NEW ALBANY, IN 47150 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | HUMANA FOUNDATION, INC. 500 WEST MAIN STREET, PO BOX 1438 LOUISVILLE, KY 40201 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 30 | 9931 CORPORATE CAMPUS DR, SUITE 3000 LOUISVILLE, KY 40223 | \$6,500 | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Employer | identification | numbe |
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| Part I | Contributors (see instructions). Use duplicate cop | oies of Part I if additional space is | needed. |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | JO ANN LUECKE CRESTWOOD, KY 40014-9604 | \$ 10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 32 | JOAN COFFEY LOUISVILLE, KY 40222-5509 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | KENTUCKY FARM BUREAU INSURANCE COMPANIES PO BOX 20700 LOUISVILLE, KY 40250-0700 | \$ 10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 34 | KING SOUTHERN BANK 3400 DUTCHMANS LANE LOUISVILLE, KY 40205 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 35 | KOSAIR CHARITIES COMMITTEE, INC. 982 EASTERN PARKWAY LOUISVILLE, KY 40233 | \$ 32,574 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 36 | LIFT A LIFE FOUNDATION 4350 BROWNSBORO ROAD, SUITE 110 LOUISVILLE, KY 40207 | \$ 50,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
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| Employer | identification | number |
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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 | |
| 37 (a) | LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT 611 W. JEFFERSON STREET LOUISVILLE, KY 40202 | \$ 223,216 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 38 | LUCKETT & FARLEY 737 SOUTH THIRD STREET LOUISVILLE, KY 40202 | \$10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 39 | M & M INTERIORS 630 N BUCKMAN ST SHEPHERDSVILLE, KY 40165 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| _40 | MARGARET E. AND STEPHEN E. DIEBOLD CHAR FOUNDATION 210 PEPPERBUSH RD LOUISVILLE, KY 40207-5714 | \$15,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 41 | MAY WETHERBY JONES FOUNDATION 2100 HIGH RIDGE ROAD LOUISVILLE, KY 40207 | \$ 20,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 42 | METRO UNITED WAY 334 EAST BROADWAY LOUISVILLE , KY 40204 | \$540,447 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |

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| ∟mployer_ | identification | number |

| Part I | Contributors (see instructions). | Use duplicate copies of Part I if additional space is needed. |
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| (a) | (b) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|------------|---|---------------------------------------|---|
| No. | Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 43 | MILDRED V HORN FOUNDATION | | Person 🗸 |
| | 2028 SOUTH HIGHWAY 53, SUITE 3 | \$ 5,000 | Payroll Noncash |
| | LA GRANGE, KY 40031 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 44 | NICK SIMON - PUBLISHER'S PRINTING COMPANY | | Person |
| | 100 FRANK E. SIMON AVENUE | \$ 1,090,000 | Payroll Noncash |
| | SHEPHERDSVILLE, KY 40165 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 45 | NORTH CLARK HEALTH CARE FOUNDATION | | Person 🗸 |
| | P.O. BOX 232 | \$ 5,000 | Payroll Noncash |
| | CHARLESTOWN, IN 47111 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 46 | NORTON BROWNSBORO HOSPITAL | | |
| | 4950 NORTON HEALTHCARE BLVD. #311 | \$ | Person Payroll Noncash |
| | LOUISVILLE, KY 40241 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 47 | NORTON HEALTHCARE | | Person 🗹 |
| | PO BOX 35070 | \$17,000 | Payroll Noncash |
| | LOUISVILLE, KY 40232-5070 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 48 | PNC BANK INSTITUTIONAL INVESTMENTS | | Person 🔽 |
| | 101 SOUTH FIFTH STREET 37TH FLOOR | \$ 15,000 | Payroll Noncash |
| | LOUISVILLE, KY 40202 | | (Complete Part II for noncash contributions.) |

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| Fart | Contributors (see instructions). Use duplicate copie | es of Part I if additional space | is needed. |
|------------|--|----------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 49 | PNC FOUNDATION | | |
| | 500 WEST JEFFERSON STREET, K1-KHDQ-02-4 SUITE 200 | \$10,000 | Person Payroll Noncash |
| | LOUISVILLE, KY 40202 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 50 | RENEE CROKET | | _ |
| | | \$5,000 | Person Payroll Noncash |
| | LOUISVILLE, KY 40203-2912 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 51 | RIVER CITY BANK | | Davis |
| | 500 S. 6TH STREET | \$ 10,000 | Person Payroll Noncash |
| | LOUISVILLE, KY 40202 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 52 | ROBERT W. ROUNSAVALL, JR. FAMILY FOUNDATION, INC. | | B |
| | P.O. BOX 19799 | \$\$ | Person Payroll Noncash |
| (-) | LOUISVILLE, KY 40259 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 53 | RONALD P COOK CHARITABLE TRUST | | Davis |
| | PO BOX 5399 | \$50,000 | Person |
| (0) | LOUISVILLE, KY 40255 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 54 | ROUNSAVALL, ROBERT | | Power - |
| | | \$5,000 | Person Payroll Noncash |
| | LOUISVILLE, KY 40205 | | (Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 55 | RSMIS FOUNDATION | | Person | | | | |
| | PO BOX 2845 | \$ 12,500 | Payroll Noncash | | | | |
| | HOUSTON, TX 77252-2845 | | (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 56 | RUNAWAY AND HOMELESS YOUTH | | Person 🗸 | | | | |
| | 330 INDEPENDENCE AVENUE, SW COHEN BUILDING | \$ 200,000 | Payroll Noncash | | | | |
| | WASHINGTON, DC 20201 | | (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 57 | SAM AND BONNIE RECHTER FAMILY | | Person 🕑 | | | | |
| | (SEE STATEMENT) | \$ 20,000 | Payroll Noncash | | | | |
| | LOUISVILLE, KY 40207 | | (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 58 | SAM SWOPE FAMILY FOUNDATION | | Person 🗸 | | | | |
| | 11601 PLANTSIDE DRIVE | \$ 10,000 | Payroll Noncash | | | | |
| | LOUISVILLE, KY 40299 | | (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 59 | SEDITA, ROBIN | | Person 🔽 | | | | |
| | | \$ 25,000 | Payroll Noncash | | | | |
| (a) | LOUISVILLE, KY 40223 | | (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 60 | STEPHEN JAMES | | Person 🔽 | | | | |
| | | \$6,900 | Payroll Noncash | | | | |
| | LOUISVILLE, KY 40214-4963 | | (Complete Part II for noncash contributions.) | | | | |

| Part I | Supplemental Information. Contributors | | |
|---|---|--|--|
| Return Reference - Identifier | Explanation | | |
| SCHEDULE B, PART I - (A) - DONOR ADDRESS | NO.57: C/O ROGERS GROUP INVESTMENTS, 950 BRECKENRIDGE LANE, SUITE 150 | | |

Name of organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of | of Part I if additional space is | needed. |
|------------|--|----------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 61 | LOUISVILLE, KY 40223-5536 | \$14,160 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 62 | STREET, WILLIAM LOUISVILLE, KY 40206 | \$12,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 63 | THE GILBERT FOUNDATION, INC. 11805 LAKESTONE WAY PROSPECT, KY 40059 | \$5,627 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 64 | THOMPSON, DONALD PROSPECT, KY 40059 | \$10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 65 | TONY A. HALL LOUISVILLE, KY 40213 | \$10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 66 | TOYOTA MOTOR ENGINEERING & MFG. NORTH AMERICA, INC 25 ATLANTIC AVENUE ERLANGER, KY 41018 | \$10,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

| Employer | identification | num | be |
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| Part I | Contributors (see instructions). Use duplicate copies | | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 67 | UAW LOCAL 862 & FORD MOTOR LOUISVILLE ASSEMBLY 3000 FERN VALLEY ROAD LOUISVILLE, KY 40213 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 68 | UNIVERSITY OF KENTUCKY 12 FUNKHOUSER BUILDING LEXINGTON, KY 40506 | \$ 41,756 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 69 | UPS FOUNDATION, INC. 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328 | \$ 5,600 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 70 | US ENVIROMENTAL PROTECTION AGENCY 61 FORSYTH STREET ATLANTA, GA 30303 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | WHAS CRUSADE FOR CHILDREN, INC. 520 WEST CHESTNUT ST LOUISVILLE, KY 40202 | \$ 30,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 72 | WHITE CASTLE 4730 ALLMOND AVE. LOUISVILLE, KY 40209 | \$ 41,448 | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

| | Employer | identification | number |
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| Part I | Contributors (see instructions). Use duplicate cop | bies of Part I if additional space is r | |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 73 | WHITE, GREER & MAGGARD, P.S.C. | | Person 🗹 Payroll 🗌 |
| | 3141 BEAUMONT CENTRE CIRCLE, SUITE 200 | \$ | (Complete Part II for noncash contributions.) |
| | LEXINGTON, KY 40513 | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 74 | YMCA OF THE USA | | Person Payroll |
| | 101 N. WACKER DR. | \$ 268,500 | Noncash (Complete Part II for noncash contributions.) |
| (a) No. | CHICAGO, IL 60606 (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _75 | YOUNGER WOMAN'S CLUB OF LOUISVILLE 1320 S. 4TH ST. | \$ 5,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 76 | ZEON CHEMICALS L.P. PO BOX 34320 LOUISVILLE, KY 40232 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Moncash Complete Part II for noncash contributions. |

| Employer | idontification | number |
|----------|----------------|--------|
| Employer | identification | number |

| Part II | Noncash Property (see instructions). Use duplicate co | pies of Part II if additional spac | e is needed. |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 44 | BULLITT COUNTY FACILITY | \$ 1,090,000 | 01/25/2017 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Employer identification number

Name of organization

| CO | e following line entry. For organization of \$1,000 or less for the definition of \$1,0 | year. (Enter this information of | nce. See instructions./ |
|-------------------|---|---------------------------------------|--|
| No. om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gift | Relationship of transferor to transferee |
| | Transièree s name, autress, un | | |
| No. om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, an | (e) Transfer of gift | Relationship of transferor to transferee |
| m | Transferee's name, address, an (b) Purpose of gift | | |
| No. om rt I | | (c) Use of gift (e) Transfer of gift | |
| m | (b) Purpose of gift | (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held |

Christian Association of

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| Name of | the organization | | Employer identification number |
|---------|--|--|---|
| THE Y | OUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER | R LOUISVILLE | |
| Part | Organizations Maintaining Donor Adv | vised Funds or Other Similar Fu | nds or Accounts. |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 6 | |
| | Complete in the organization and | (a) Donor advised funds | (b) Funds and other accounts |
| 4 | Total number at end of year | | |
| | Aggregate value of contributions to (during year) | | |
| | | | |
| | Aggregate value of grants from (during year) . | | |
| 4 | Aggregate value at end of year Did the organization inform all donors and dono | r advisors in writing that the assets | held in donor advised |
| 5 | funds are the organization's property, subject to t | he organization's exclusive legal conti | rol? L Yes L No |
| 6 | Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit? | efit of the donor or donor advisor, or | tor any other purpose |
| Part | Conservation Easements. | | , |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line / | <u>'- </u> |
| 1 2 | Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization has | ation or education) Preservation Preservation | of a certified historic structure |
| | easement on the last day of the tax year. | | 00 |
| а | | | |
| b | Total acreage restricted by conservation easemen | nts | 2b |
| C | Number of conservation easements on a certified | historic structure included in (a) | 2c |
| d | | and the second second second second | · · 2d |
| 3 | Number of conservation easements modified, trattax year ▶ | | erminated by the organization during the |
| 4 5 | Number of states where property subject to cons Does the organization have a written policy r violations, and enforcement of the conservation e | egarding the periodic monitoring, in easements it holds? | ∐ Yes ∐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | ecting, handling of violations, and enforcin | g conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspect | | |
| 8 | Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)? | | · · · · · · · L Yes L No |
| 9 | In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easer | t of the footnote to the organization's ments. | financial statements that describes the |
| | Organizations Maintaining Collection Complete if the organization answered | d "Yes" on Form 990, Part IV, line | 8. |
| 1a | If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the | SFAS 116 (ASC 958), not to report in lar assets held for public exhibition, e footnote to its financial statements t | its revenue statement and balance sheet education, or research in furtherance of hat describes these items. |
| b | If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts rel | SFAS 116 (ASC 958), to report in it lar assets held for public exhibition, ating to these items: | ts revenue statement and balance shee education, or research in furtherance o |
| 2 | (i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X | art, historical treasures, or other sim | ilar assets for financial gain, provide the |
| | following amounts required to be reported under | r SFAS 116 (ASC 958) relating to thes | e items: |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | <u> ▶ \$</u> |

| Part | | | | | | | | |
|--------|---|---------------------------|---------------------|---------------------|--------------------------|---------------------|--|--|
| 3 | Using the organization's acquisition, accollection items (check all that apply): | cession, and oth | er records, checl | k any of the follo | owing that are a sig | nificant use of its | | |
| а | ☐ Public exhibition | | d 🗌 Loan | or exchange pro | grams | | | |
| b | ☐ Scholarly research | | e 🗌 Other | | | | | |
| С | ☐ Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization | n's collections ar | nd explain how th | ney further the o | rganization's exem | ot purpose in Part | | |
| _ | XIII. | | | | | | | |
| 5 | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | |
| Part | Part IV Escrow and Custodial Arrangements. | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, continuity included on Form 990, Part X? | | | | | ☐ Yes ☐ No | | |
| b | If "Yes," explain the arrangement in Part | XIII and complet | te the following ta | ıble: | | | | |
| | | - | _ | | Am | ount | | |
| C | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | _ | ld | | | |
| е | Distributions during the year | | | | le | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount of | | | | | | | |
| | If "Yes," explain the arrangement in Part | XIII. Check here | if the explanation | n has been provi | ded on Part XIII . | · · · <u>Ll</u> | | |
| Par | Endowment Funds. Complete if the organization are | anuarad "Vaa" | on Form 900 F | 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 | 4,400,733 | 4,302,034 | 4,478,54 | | 3,800,247 | | |
| b | Contributions | 4,899 | 8,055 | 7,95 | | 2,372 | | |
| c | Net investment earnings, gains, and | | | | 75 | | | |
| | losses | 742,046 | 297,845 | 31,16 | 1 308,306 | 717,792 | | |
| d | Grants or scholarships | | | | 0 0 | 0 | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | 230,690 | 207,201 | 215,62 | 6 185,736 | 171,587 | | |
| f | Administrative expenses | | | | 0 0 | 0 | | |
| g | End of year balance | 4,916,988 | 4,400,733 | 4,302,03 | | 4,348,824 | | |
| 2 | Provide the estimated percentage of the | - | | , column (a)) hel | d as: | | | |
| a | Board designated or quasi-endowment | | _% | | | | | |
| b | Permanent endowment ► 27.40 | | | | | | | |
| С | Temporarily restricted endowment | 0.00 % | 007 | | | | | |
| 3a | The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p | | | at are held and a | administered for the | • | | |
| Ja | organization by: | OSSESSION OF THE | organization the | at are nela ana t | diffillible for the | Yes No | | |
| | (i) unrelated organizations | | | | | 3a(i) V | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | 3a(ii) 🗸 | | |
| b | If "Yes" on line 3a(ii), are the related orga | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of | | | | | | | |
| Part | , | | | | | | | |
| | Complete if the organization a | nswered "Yes" | on Form 990, F | Part IV, line 11a | a. See Form 990, I | Part X, line 10. | | |
| | Description of property | (a) Cost or oth (investme | | or other basis (d | Accumulated depreciation | (d) Book value | | |
| 1a | Land | | | 8,745,452 | | 8,745,452 | | |
| b | Buildings | | | 81,535,387 | 37,573,766 | 43,961,621 | | |
| C | Leasehold improvements | | | 200,374 | 87,589 | 112,785 | | |
| d | Equipment | | | 11,735,463 | 8,713,309 | 3,022,154 | | |
| e | Other | | | 3,844,079 | | 3,844,079 | | |
| Total. | Add lines 1a through 1e. (Column (d) mus | st equal Form 99 | 0, Part X, column | ı (B), line 10c.) . | • | 59,686,091 | | |

| | Complete if the organization answer | | | | | (a) Mathan | t of voluction: | |
|--|--|--------------------------------|-------------|------------|-----------|------------|---------------------------------------|------|
| | (a) Description of security or category (including name of security) | | (b) Book va | alue | Co | | d of valuation: -year market value | |
| Financial | derivatives | | | | | | | |
| Closely-h | neld equity interests | | | | | | | |
| Other | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| (F) | | | | | | | | |
| (G) | | | | | | | | |
| (H) | | | | 160 | | | | |
| tal. (Column (| (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | | | | |
| art VIII | Investments—Program Related. Complete if the organization answe | red "Yes" on For | m 990, Par | t IV, line | 11c. Se | e Form 9 | 90, Part X, Iir | ne 1 |
| | (a) Description of investment | | (b) Book v | | | (c) Metho | d of valuation: -year market value | |
| 1) | | | | | | | | |
| 2) | | | | 18.55 | | | | |
| 3) | | <u> </u> | | | | | | |
| 4) | | | | | | | | |
| 5) | | | | | | | | |
| ~ ` | | | | | | | | |
| 6) | | | | 4308 | | | | |
| | | | 5 | 7,14 | | | | |
| 7) | | | | 7.2 | | | | |
| (6) (7) (8) (9) | | | | | | | | |
| (7) (8) (9) otal. (Column | (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | | | Sign State | | |
| (7) (8) (9) | Other Assets. | | 000 Por | + IV line | 114 8/ | oo Form (| DOO Part X II | ne . |
| (7) (8) (9) otal. (Column | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li | ne ' |
| 7) 8) 9) otal. (Column Part IX | Other Assets. Complete if the organization answer | ered "Yes" on Folloscription | m 990, Par | t IV, line | : 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne · |
| 7) 8) 9) otal. (Column Part IX | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne - |
| 7) 8) 9) otal. (Column Part IX | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne 1 |
| 7) 8) 9) otal. (Column Part IX | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne 1 |
| 7) 8) 9) otal. (Column Part IX (1) (2) (3) | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne 1 |
| 7) 8) 9) otal. (Column Part IX (1) 2) (3) | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne - |
| 7) 8) 9) 9tal. (Column Part IX 1) 2) 3) (4) | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne - |
| 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne 1 |
| 7) 8) 9) ital. (Column Part IX 1) 2) 3) 4) 55) 66) | Other Assets. Complete if the organization answer | | m 990, Par | t IV, line | 11d. Se | ee Form 9 | 990, Part X, li (b) Book va | ne 1 |
| 7) 8) 9) 9tal. (Column Part IX 1) 2) 3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answe | escription | | | | | 990, Part X, li (b) Book va | ne 1 |
| 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answe (a) D | escription | | | | ee Form 9 | 990, Part X, li (b) Book va | ne - |
| 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, col. Other Liabilities. | (B) line 15.) | | | | Þ | (b) Book va | lue |
| 7) 8) 9) otal. (Column Part IX 1) 2) (3) (4) (5) (6) (7) (8) (9) otal. (Col | Other Assets. Complete if the organization answer (a) D www. (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer. | (B) line 15.) | | | | Þ | (b) Book va | lue |
| 7) 8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column | Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. | (B) line 15.) | | | | Þ | (b) Book va | lue |
| 7) 3) 4) 5) 6) 7) 8) 9) 11) 22) 33) 44) 55) 66) 77) 8) 9) otal. (Column | Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability | (B) line 15.) | | | | Þ | (b) Book va | lue |
| 7) 3) 4) 1) 2) 33) 4) 55) 6) 77) 8) 9) otal. (Colimn Part X | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |
| 7) 3) b) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) CUSTO | Other Assets. Complete if the organization answer (a) D umn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability | (B) line 15.) ered "Yes" on Fo | | | | Þ | (b) Book va | lue |
| 7) 3) 4) 5) 6) 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (College Part X 1) Federal 2) CUSTO 3) | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |
| 7) 3) 4) 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part IX | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |
| 7) 3) 3) 4) 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colored No. | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |
| 7) 8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Coll Part X (1) Federal (2) CUSTO (3) (4) (5) (6) | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |
| 7) 8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) (7) 8) 9) otal. (Coll Part X (1) Federal (2) CUSTO (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |
| 7) 8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X (1) Federal (2) CUSTO (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |
| 7) 3) 3) 4) 11) 22) 33) 44) 55) 66) 77) 88) 99) otal. (Colored X (1) Federal (2) CUSTO (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answer (a) Description of liability income taxes | (B) line 15.) ered "Yes" on Fo | rm 990, Pa | | | Þ | (b) Book va | lue |

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| Parl | | er Retur | n. |
|-----------|---|----------|------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | . 1 | 53,273,241 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments 2a 376, | 72 | |
| b | Donated services and use of facilities | 12) | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 07 | |
| е | Add lines 2a through 2d | . 2e | 85,737 |
| 3 | Subtract line 2e from line 1 | . 3 | 53,187,504 |
| 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 Other (Describe in Part XIII.) | | |
| b | Other (Describe in Part XIII.) | 0 | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | . 4c | 53,187,504 |
| Part | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | per neu | WIII. |
| 1 | Total expenses and losses per audited financial statements | . 1 | 48,435,159 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | • | 40,400,100 |
| а | Donated services and use of facilities | (2) | |
| b | Prior year adjustments | - | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | 07 | |
| е | Add lines 2a through 2d | . 2e | (347,535) |
| 3 | Subtract line 2e from line 1 | . 3 | 48,782,694 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | 0 | |
| C | Add lines 4a and 4b | | 0 |
| 5 Part | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | . 5 | 48,782,694 |
| 2; Par | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additions TATEMENT | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part XIII

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

| Return Reference - Identifier | Explanation | | | | | | |
|---|--|--------------------------|--|--|--|--|--|
| SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN | (a) Description | (b) Amount | | | | | |
| AÙÓITED FINANCIAL STATEMENTS NOT IN FORM 990 | CHANGE IN DERIVATIVE FINANCIAL INSTRUMENT GAIN ON UNEMPLOYMENT RESERVE | 48,123 8,877 | | | | | |
| 990 | COST OF GOODS SOLD SPECIAL EVENT EXPENSES | 34,508 | | | | | |
| COLLEGE B. BART VII. I INTE | | 19,299 | | | | | |
| SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL | (a) Description SPECIAL EVENT EXPENSES | (b) Amount 19,299 | | | | | |
| STATEMENTS NOT IN FORM 990 | COST OF GOODS SOLD | 34,508 | | | | | |



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Part XIII

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

| Return Reference - Identifier | Explanation |
|-------------------------------|---|
| OF ENDOWMENT FUNDS | 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. |



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| THE | VOLING MEN'S CHRISTIAN ASSOCI | ATION OF ODEAR | ED LOUISV | W 1 F | | Linployer identilis | cadon number |
|-------|---|---|---------------|-----------------------|-----------------------------------|--|---|
| | YOUNG MEN'S CHRISTIAN ASSOCI | | | | 1 (() / 1) | - 200 7 : 11/4 | " |
| Par | | . Complete it th | ie organizi | ation ansv | wered "Yes" on I | orm 990, Part IV, | line 17. |
| 4 | Form 990-EZ filers are | | | | | | |
| 1 | Indicate whether the organization | on raised tunds t | | | | | |
| a | Mail solicitations | | e L | | ion of non-govern | • | |
| b | Internet and email solicitation | ons | f L | | ion of government | | |
| С | Phone solicitations | | g | 」Special [∗] | fundraising events | 3 | |
| d | In-person solicitations | | | | | | |
| 2a | Did the organization have a wri | tten or oral agree | ement with | any individ | dual (including offi | cers, directors, trust | tees, |
| | or key employees listed in Form | | | | | | |
| b | , | d individuals or e | ntities (fund | draisers) pu | ursuant to agreem | ents under which th | ne fundraiser is to be |
| | compensated at least \$5,000 b | y the organizatio | n. | | | | |
| | | | | | | | |
| | | | (iii) Did tun | draiser have | | (v) Amount paid to | /34 |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | r control of | (iv) Gross receipts from activity | (or retained by) fundraiser listed in | (vi) Amount paid to (or retained by) |
| | c. c.m.y (randraides) | | contrib | outions? | nom activity | col. (i) | organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
| • | | 1 A A A A A A A A A A A A A A A A A A A | | | | | |
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| Γotal | | | | ▶ | | | |
| 3 | List all states in which the orga | ınization is regis | tered or lic | ensed to s | olicit contribution | s or has been notifi | ed it is exempt from |
| | registration or licensing. | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Cat. No. 50083H

| | | than \$15,000 of fundraisingross receipts greater tha | - ee 000 | and gross income on F | omi 990-EZ, ililes i ai | nd 6b. List events with |
|-----------------|---------------------------------------|---|--|--|------------------------------------|--|
| - | | gross receipts greater tha | (event type) | (b) Event #2 SAFE PLACE TURF CLASSIC (event type) | (c) Other events 1 (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 191,540 | 111,930 | 19,269 | 322,739 |
| Œ | 2 3 | Less: Contributions Gross income (line 1 minus | 138,149 | 97,855 | 18,294 | 254,298 |
| | | line 2) | 53,391 | 14,075 | 975 | 68,441 |
| | 4 | Cash prizes | | | | 0 |
| | 5 | Noncash prizes | | | | 0 |
| sesue | 6 | Rent/facility costs | 7,161 | | | 7,161 |
| Direct Expenses | 7 | Food and beverages | 46,130 | | | 46,130 |
| Direc | 8 | Entertainment | 1,100 | | 2000 M | 1,100 |
| | 9 | Other direct expenses . | 18,299 | 14,075 | 975 | 33,349 |
| | 10 11 | Direct expense summary. Ad Net income summary. Subtra | ct line 10 from line 3, co | olumn (d) | ▶ | 87,740 (19,299) |
| Pá | rt III | Gaming. Complete if the than \$15,000 on Form 99 | organization answer 90-EZ. line 6a. | ed "Yes" on Form 990 | , Part IV, line 19, or r | eported more |
| Revenue | | | 2.338(3), 3.161(3) | | | |
| a s | | _ | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| <u>~</u> | 1 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| | 1 2 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| | | | (a) Bingo | | (c) Other gaming | |
| irect Expenses | 2 | Cash prizes | (a) Bingo | | (c) Other gaming | |
| | 2 | Cash prizes | (a) Bingo | | (c) Other gaming | |
| irect Expenses | 2 3 4 | Cash prizes | (a) Bingo | | (c) Other gaming Yes% No | |
| irect Expenses | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses . | | bingo/progressive bingo ☐ Yes % [☐ No | Yes% | |
| irect Expenses | 2 3 4 5 | Cash prizes | ☐ Yes %☐ No | Yes % [No | ☐ Yes% ☐ No | |
| Direct Expenses | 2 3 4 5 6 7 8 En | Cash prizes | Yes % No d lines 2 through 5 in co. Subtract line 7 from line anization conducts garanduct gaming activities | □ Yes % [□ No □ No □ No □ Iumn (d) | Yes% No | col. (a) through col. (c)) |

| Schedu | ule G (Form 990 or 990-EZ) 2017 | | | Page 3 |
|--------|--|-------------------|-------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | res [| No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit formed to administer charitable gaming? | у | | |
| 13 | Indicate the percentage of gaming activity conducted in: | | es [| _ No |
| а | The organization's facility | ı | | % |
| b | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books an records: | d | | |
| | Name ► | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gamin revenue? | g, | . – | . |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | ⊔ Y | 'es ∟ | 」No |
| U | Nama N | | | |
| | Addrops | | | |
| 16 | Gaming manager information: | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| а | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year > \$ | _ _ Y | es _ | No |
| Part I | | and (v) rmatio | ; and n. | |
| SEE N | EXT PAGE | | | |
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| | Schedule G (Form | n 990 or | 990-EZ | 2017 |

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).

| Return Reference - Identifier | Explanation |
|-----------------------------------|--|
| SCHEDULE G, PART II - COLUMN C | THE DATA IN THIS COLUMN REPRESENTS THE FESTIVAL OF RACES FUNDRAISING EVENT HELD DURING THE YEAR. |



SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

| Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER I OLIISVII I E | OCIATION OF GRE | ATER I OUISVILLE | | | | Emplo | Employer identification number |
|---|---|--|--|---------------------------------------|---|--|------------------------------------|
| Part I General Information on Grants and Assist | n on Grants an | d 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 | tain records to sul | bstantiate the amou | unt of the grants or | assistance, the | grantees' eligibility for | the grants or assistanc | |
| the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | o award the grants nization's procedu | s or assistance? ures for monitoring | the use of grant fu | nds in the United | States. | | · · · · Ves |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | Assistance to D for any recipien | omestic Organization of that received m | ations and Dorr ore than \$5,000. | nestic Governm Part II can be c | nents. Complete if luplicated if additio | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | /ered "Yes" on Form |
| 1 (a) Name and address of organization or government | (p) 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 noncash assistance | (h) Purpose of grant or assistance |
| (1) | | | | | | | |
| (2) | , | | | | | | |
| (9) | | | | | | | |
| (4) | | | | a | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| (A) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (01) | | | | | | | |
| (11) | | | - | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and governmen3 Enter total number of other organizations listed in the I | n 501(c)(3) and go organizations liste | wernment organizated in the line 1 table | t organizations listed in the line 1 table ine 1 table | ine 1 table | | | A A |
| or Paperwork Reduction Act Notice, see the Instructions for Form 990. | , see the Instructio | ns for Form 990. | | O | Cat. No. 50055P | | Schedule I (Form 990) (2017 |
| | | | | | | | |

sociation of Greater Louisville-

2017 Return The Young Me

Schedule I (Form 990) (2017)

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

| (f) Description of noncash assistance | | | | | | | | lal information. | | | | | | | |
|---|---------------------------|----------------|----|---|----|---|---|---|-----------------|---|--|--|--|--|--|
| (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | | (b); and any other additior | | , | | | | | |
| (d) Amount of noncash assistance | | | | | | | | 2; Part III, columr | | | | | | | |
| (c) Amount of cash grant | 5,800 | 51,750 | | | | | | quired in Part I, line | | | | | | | |
| (b) Number of recipients | - | 48 | | | | | | the information re | | | | | | | |
| (a) Type of grant or assistance | 1 YOUTH ADVOCATES STIPEND | 2 SCHOLARSHIPS | 80 | 4 | D. | 9 | 7 | Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | (SEE STATEMENT) | | | | | | |

Schedule I (Form 990) (2017)

| _ | 20.0 | IV |
|---|------|----|
| | rt | |
| | | |

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

| Return Reference - Identifier | Explanation |
|--------------------------------|---|
| MONITORING USE OF GRANT FUNDS. | 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 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. |
| | THE YOUTH ADVOCATES STIPEND IS AWARDED TO ONE INDIVIDUAL WHO IS SELECTED WITH THE KENTUCKY YMCA AND THE YMCA OF GREATER LOUISVILLE, INC. |



SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

| | of the organization Employer id | dentification nur | nber | | |
|----------|--|---------------------|---|---|---------|
| THE ' | YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE | | | | |
| Part | | | | | |
| | account regulating compensation | | | | |
| 10 | Check the appropriate barden) if the | | | Yes | No |
| Ia | Check the appropriate box(es) if the organization provided any of the following to or for a person list | ed on Form | | | |
| | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these ite | ems. | | | |
| | First-class or charter travel Housing allowance or residence for personal | al use | | | |
| | ☐ Travel for companions ☐ Payments for business use of personal resid | dence | | | |
| | ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees | acrice . | | | |
| | | | | | |
| | ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur | , cnet) | | | |
| L | b If any of the least of the le | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding | ig payment | | | |
| | or reimbursement or provision of all of the expenses described above? If "No," complete | Part III to | | | |
| | explain | | 1b | | |
| | | | | To Asi | 3 |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incur | | 4 | | |
| | directors, trustees, and officers, including the CEO/Executive Director, regarding the items check | red by all | | | ĺ |
| | | ked on line | | | |
| | 187 | [| 2 | | |
| | | | B 4 | | E 4 |
| 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 | | | 12 |
| | related organization to establish compensation of the CEO/Executive Director, but explain in Part II | II. | | | 2 |
| | ✓ Compensation committee | | 20 | | 188 |
| | The state of the s | | | | , 0 |
| | | | | A Part | 1 mt 50 |
| | Form 990 of other organizations Approval by the board or compensation cor | nmittee | 19. | | 1 |
| | | | 图 44.2 | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the | filing | 100 | | 200 |
| | organization or a related organization: | | 2112 | 100 | |
| а | Receive a severance payment or change-of-control payment? | | 4a | | ~ |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | ~ |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | | 4b | | - |
| • | f "Yoo" to any of lines 4 payment from, an equity-based compensation arrangement? | | 4c | | ~ |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in P | art III. | No A Par | 255 | 100 |
| | | | 2 3 4 | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | 8 - 3 | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | M T J | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | compensation contingent on the revenues of: | | | | |
| а | The organization? | 1 | Eo. | 13 2 | |
| b | Any related organization? | • • • | 5a | | - |
| - | If "Yes" on line 5a or 5b, describe in Part III. | | 5b | | ~ |
| | in res on the said sp, describe in Fart III. | | | | |
| 6 | For personal listed on Ferma 000 Part VIII O. 11 4 11 11 11 11 11 | | | 100 | 35 |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | 1 | AND DESCRIPTION OF THE PERSON | 4 2 2 | |
| | compensation contingent on the net earnings of: | | 1984 | To 2 25 | 2 3 S |
| а | The organization? | | 6a | ~ | |
| b | Any related organization? | | 6b | | V |
| | If "Yes" on line 6a or 6b, describe in Part III. | | OD | | LEGG. |
| | | | | | |
| 7 | For persons listed on Form 990 Part VIII Section A line to did the assessing to | | | | |
| • | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any | / nonfixed | | | |
| _ | payments not described on lines 5 and 6? If "Yes," describe in Part III | | 7 | | ~ |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was | subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes" | describe | | | |
| | in Part III | | 8 | | ~ |
| | | | 0 | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure des | a a villa a villa i | | | |
| - | Regulations section 53.4958-6(c)? | scribed in | | | |
| | Regulations section 53.4958-6(c)? | | 9 | | |

Schedule J (Form 990) 2017

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

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

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

| Note: The sum of columns (B/N/ Viii) 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 | or eac | in listed individual mu | ist equal the total amy | ount of Form 990, P | art VII, Section A, line | 1a, applicable colum | in (D) and (E) amounts | s for that individual. |
|--|------------|--------------------------|--|-------------------------------------|--------------------------|-------------------------|------------------------------------|---|
| | | (B) Breakdown o | (B) Breakdown of W-2 and/or 1099-MISC compensation | 3C compensation | (C) Betirement and | of design of | 7 | (E) Company |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | (b) Nontaxable benefits | (E) i otal of columns (B)()-(D) | (r) Compensation in column (B) reported as deferred on prior Form 990 |
| R. STEPHEN TRAVER | () | 264,615 | 0 | 0 | 31,754 | 6,304 | 302,673 | 0 |
| 1 PRESIDENT | Œ | 0 | | | 0 | 0 | | 0 |
| DAVID W HEARD | 9 | 190,831 | 0 | 0 | 22,510 | 7,712 | 221,053 | 0 |
| 2 SENIOR VICE PRESIDENT OF OPERATIONS | | 0 | 0 | | 0 | 0 | 0 | 0 |
| BECKY GAMM | 8 | 163,932 | 0 | 0 | 19,282 | 5,190 | 188,404 | 0 |
| 3 VICE PRESIDENT OF OPERATIONS | (E) | 0 | | | 0 | 0 | 0 | 0 |
| | (3) | 350 | | | | | | |
| 4 | € | | | | | | | |
| 8 | 8 | | | | | g/hg/2 | | |
| D. | € | | | | | | | |
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| 9 | (E) | | | | | | | |
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| 8 | (ii) | | | | | | | |
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2017 Return The Young Men's 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.

| Return Reference - Identifier | Explanation |
|--------------------------------------|---|
| CONTINGENT ON NET EARNINGS OF THE | ANNUAL PERFORMANCE BASED ADDITIONAL PAYMENTS ARE PROVIDED TO THE BRANCH EXECUTIVES AND THE SENIOR MANAGEMENT TEAM. THE PERCENTAGE RANGES FROM 1 TO 3 PERCENT OF THE EMPLOYEES SALARY. THE ADDITIONAL PAYMENT IS ALSO BASED ON FINANCIAL PERFORMANCE, COMMUNITY RELATIONSHIPS AND THEIR LEADERSHIP ABILITIES. THE ADDITIONAL PAYMENTS ARE APPROVED IN TOTAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. |



SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047 . | | | | Open to Public Inspection

Employer identification number

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

(i) Pooled financing Yes No 0 0 2015 5,191,042 5,191,042 7 7 7 ŝ 8 N 7 7 (h) On behalf of issuer Yes No 7 7 7 7 Yes Yes 7 7 7 (g) Defeased ဍ 7 7 7 Yes 0 0 0 0 0 0 2,676,648 0 0 2015 2,676,648 ş ŝ 7 7 7 O O (f) Description of purpose Yes Yes 7 7 7 (SEE STATEMENT) (SEE STATEMENT) (SEE STATEMENT) 0 0 0 0 0 0 (SEE STATEMENT) 1,642,490 1,642,490 0 0 0 2015 ŝ ŝ 7 7 7 Ω m Yes Yes 7 7 7 4,119,143 2,676,648 1,642,490 5,191,042 (e) Issue price 0 0 0 0 0 2015 4,119,143 4,119,143 0 å ŝ 7 1 7 ⋖ ⋖ (d) Date issued 05/22/2015 05/22/2015 Yes 05/22/2015 Yes 05/22/2015 7 7 7 Does the organization maintain adequate books and records to support the ₫ . . Are there any lease arrangements that may result in private business use (c) CUSIP# 002570634 025700642 025700669 025700650 Was the organization a partner in a partnership, or a member of an LLC, THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? For Paperwork Reduction Act Notice, see the Instructions for Form 990. (b) Issuer EIN 61-0197400 61-0197400 61-0197400 61-0197400 which owned property financed by tax-exempt bonds? . Has the final allocation of proceeds been made? . Working capital expenditures from proceeds RECREATIONAL REFUNDING REVENUE RECREATIONAL REFUNDING REVENUE RECREATIONAL REVENUE REFUNDING BOND RECREATIONAL REFUNDING REVENUE Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Year of substantial completion . Issuance costs from proceeds . Gross proceeds in reserve funds Proceeds in refunding escrows. Private Business Use final allocation of proceeds? Other unspent proceeds . bond-financed property?. Amount of bonds retired Total proceeds of issue (a) Issuer name Other spent proceeds. **Bond Issues** Proceeds BOND BOND BOND Partl Part Part III ო 4 IJ m ผ 9 6 9 ⋖ œ 42 <u>ლ</u> 9 4 15 Q 7

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| 00 | | | ۷ | | В | | C | | |
|---------|--|----------|--------|-----|---------|-----|--------|-----|--------|
| ò | Dusiness use of hond-financed provide contracts that may result in private | Yes | No | Yes | No | Yes | S S | Yes | N N |
| 4 | | | 7 | | 7 | | 3 | 3 | , |
| | IT Test 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? | | | | | | • | | \$ |
| O | ٠- | | , | | | | | | |
| ਰ | If "Yes" to line 3c, does the organization routinely engage | | 7 | | , | | 7 | | 7 |
| 4 | Cutside Course to review any research agreements relating to the financed property? | | | | | | | | |
| • | Little the percentage of ithanced property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | 0.00 % | | \o 00 0 | | 000 | | |
| ro. | 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 population. | | | | 0% 00:0 | | % 0.00 | | % 00.0 |
| 9 | Total of lines 4 and 5 | | % 00.0 | | 0.00 % | | 0.00 % | | 0.00 % |
| 7 | Does the bond issue meet the private security or payment tooto | | % | | % | | % | | % |
| 8 | Has there have a calo as discontification of the state of | | 7 | | 7 | | 7 | | 7 |
| | nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | ٠ | | ` | | | | |
| Q | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | 2 | | > | | 7 |
| (| | | % | | % | | % | | 8 |
| | sections 1.141-12 and 1.145-2? | | | | | | | | 70 |
| တ | Has the organization established written procedures to ensure that all | | | | | - | | | |
| | nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations cartions 1 141-19 and 1 142 and | | | | | | | | |
| Part IV | IV Arbitrage | | > | | 7 | | 7 | | 7 |
| | | | | | | | | | |
| - | Has the issuer filed Form 8038-T Arkitraca Dabata Walled Lines. | ∀ | | 8 | | O | | Δ | |
| | Penalty in Lieu of Arbitrage Rebate? | Yes | No | Yes | No | Yes | No | Yes | No. |
| 7 | If "No" to line 1, did the following apply? | | 7 | | > | | > | | 7 |
| a | Bahata not duo voto | | | | | | | | |

| | | 4 | | | a | | | | |
|------------|--|------------|-------------|------------|----------------|------------|--|------------|-----------|
| _ | Has the issuer filed Form 8038 T Arbitrace Debut 2011 In Inc. | | | | | | د | | □ |
| | Penalty in I jour of Arthurs, Politicage Repare, Yield Reduction and | Yes | No | Yes | N _o | Yes | 2 | Voc | NI. |
| | I will ried of Arbitrage Rebate? | | , | | | | ON. | 25 | NO |
| 8 | If "No" to line 1 did the following analy? | | 2 | | 7 | | 7 | | > |
| 1 | Polytic in the londwing apply? | | | | | | | | |
| ช | Hebate not due yet? | | | | | | | | |
| q | b Exception to rehate? | | 2 | | 7 | | > | | > |
| | No rehate ding? | 7 | | 7 | | > | | 3 | |
| ' | or condition of the con | | > | | | | | | |
| | If "Yes" to line 20 provide in Dort VI the date the | | | | 4 | | 7 | | 7 |
| | narformed and the latter to the computation was | | | | | | | | |
| | | | | | | | | | |
| က | Is the bond issue a variable rate issue? | | | | | | | | |
| | | 7 | | 7 | | > | | , | |
| 4 a | 4a Has the organization or the dovernmental issuer entered into a qualified | | | | | | | 2 | |
| | hedge with respect to the bond issue? | , | | | | | | | |
| 2 | Name of weather. | 7 | | 7 | | > | | ` | |
| 2 | | DI IBI ICE | F CIAN VIAN | 0.10.10.10 | | | | | |
| ပ | Term of hedge | LE UBLIC E | ANN AND | KEPUBLIC I | SANK AND T | REPUBLIC F | THE COLOUR AND I REPUBLIC BANK AND I REPUBLIC BANK AND I REPUBLIC BANK AND I | REPUBLIC E | ANK AND T |
| 7 | | 5.5 | | 7.5 | | 10 5 | | F L 7 | |
| 3 | was the hedge superintegrated? | |]; | | | 5.0 | | 15.5 | |
| 0 | | | ۸ | | 7 | | 7 | | > |
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| Schedule | |

Page 3 å å 7 7 7 7 7 Δ Ω Yes Yes å 7 7 7 ŝ 7 7 O Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions Yes Yes 2 7 7 7 7 No Δ \mathbf{m} Yes Yes ₽ > 7 7 ş Yes Yes Has the organization established written procedures to monitor the 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 isn't available under d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Were gross proceeds invested in a guaranteed investment contract (GIC)? Procedures To Undertake Corrective Action requirements of section 148? Arbitrage (Continued) **b** Name of provider . . applicable regulations? c Term of GIC. Part IV Part V 5a 9

2017 Return The Young Men's Christian Association of Greater Louisville-

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

| Departmer Internal Re | Department of the Treasury Internal Revenue Service | ► Go to www | ▼ irs.aov/Form9 | ► Attach to Form 990. | Www.irs.cov/Form990 for instructions and the latest information | tinformation | | | Open to Public | ublic |
|--------------------------|--|---|---------------------|-----------------------|---|-----------------|----------------------------|--------------|--------------------------------|----------------------|
| Name of THE YC | Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER I OU | REATER LOUISVILLE | L L | | | | | Employer | Employer identification number | number |
| Part | Bond Issues | | ł | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issue price | (f) Descript | (f) Description of purpose | (g) Defeased | (h) On behalf of | (i) Pooled financing |
| ▼ | RECREATIONAL REVENUE REFUNDING BOND | 61-0197400 | 025700677 | 05/22/2015 | 5,670,677 | (SEE STATEMENT) | | Yes No | Yes No | Yes No |
| n | | | | | | | | 7 | 7 | 7 |
| ပ | | | | | | 7.5 | | | | |
| Ω | | | | | | | | | | |
| Part | I Proceeds | 1 min | | | | | | | | |
| | | | | | A | B | O | | ٥ | |
| - 6 | Amount of bonds retired | | | • | | | | | | |
| | Total proceeds of issue | | | • | | | | | | |
| | Gross proceed in reach finds | | | | 5,670,677 | | | | | |
| | Canitalized interest from proceeds | | | • | 0 | | | | | |
| | Dropoods in select Holl ploceds | | | - | 0 | | | | | |
| 8 | rioceeus in reiunding escrows | | | • | 0 | | | | | |
| | Issuance costs from proceeds | | | | 0 | | | | | |
| | Credit enhancement from proceeds | | | | 0 | | | | | |
| | Working capital expenditures from proceeds | | | • | 5,670,677 | | | | | |
| | Capital expenditures from proceeds . | | | | 0 | | | | | |
| ı | Other spent proceeds | | | | 0 | | | | | |
| | Other unspent proceeds | | | | 0 | | | | | |
| 13 | Year of substantial completion | | | | 2015 | | | | | |
| | | 5 5 | | Yes | N _O | Yes | Yes | No | Yes | No No |
| | Were the bonds issued as part of a current refunding issue? | refunding issue? | | | | | | | | |
| | Were the bonds issued as part of an advance refunding issue? | se refunding issue | | | 7 | | | | | |
| | Has the final allocation of proceeds been made? . | ade? | | | | | | | | |
| 17 D | oes nal | ooks and records | to support the | , , | | | | | | |
| Part III | Private Business Use | | | | | | | | | |
| | | | | | A | m | ပ | | ۵ | |
| - - | was the organization a partner in a partnership, or a member of an LLC, | hip, or a member | of an LLC, | Yes | № | Yes | Yes | No | Yes | No |
| | which owned property financed by tax-exempt bonds? | npt bonds? | | • | 2 | | | | | |
| N ∢ 1 | Are there any lease arrangements that may result in priv | result in private | ate business use of | of | | | | | | |
| 2 1 | bond-imanced property? | | | - | , | | | | | |
| гог Раре | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | ions for Form 990. | | | Cat. No. 50193E | 50193E | | Sched | Schedule K (Form 990) 2017 | 90) 2017 |

| Are there any management or service contracts that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property. | | | | | | | | |
|--|-----------------------|----------------|-------------|----|--------|----------------|-----|-----|
| | A | | B | | | C | | 6 |
| | Yes | N _o | Yes | No | Yes | N _O | Yes | S S |
| | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | | |
| _ | | 7 | | | | | | |
| 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. ▶ | | | | | | | | |
| 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 convergent | | % | | % | | % | | |
| Total of lines 4 and 5 | 0 | % 00.0 | | % | | % | | |
| 7 Does the bond issue meet the private security or payment test? | Control of the second | % | | % | | % | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental berson other than a 501/c/(3) organization of the bond. | | \$ | | | | | | |
| | 7 | | | | | | | |
| 3a, was ar | | % | | % | | % | | |
| Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| Part IV Arbitrage | 7 | | | | | | | |
| | < | | | | | | | |
| Has the issuer filed Form 8038-T, Arbitrage Rebate. Yield Beduction and | Yes Y | | م د د | | د : | | | |
| Penalty in Lieu of Arbitrage Rebate? | | | S | 02 | Yes | S _O | Yes | S |
| Rehate not due veto | | | | | | | | |
| Exception to rehate? | 2 | | | | | | | |
| c No rebate due? | 7 | | | | | | | |
| - 1 | 7 | | | | | | | |
| performed | | | | | | | | |
| Is the bond issue a variable rate issue? | 3 | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | , , | • | | | | | | |
| Name of provider | REPUBLIC BANK AND | FCN | | - | | | | |
| lerm of hedge | 0. | | | | | | | |
| Was the hedge superintegrated? | 2 | | | | | | | |
| e was the hedge terminated? | 3 | | | | | | | |

2017 Return The Young M

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|---|-------------|------------|-----------|-------------|-----------|----|----------------------------|---------------|
| Part IV Arbitrage (Continued) | | | | | i. | | | |
| | V | | 1 | В | | ပ | <u> </u> | ۵ |
| | Yes | No | Yes | No | Yes | S. | Yes | Š |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | 7 | | | | | | |
| - 1 | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| İ | | 7 | | | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| Vivod | | 7 | | | | | | |
| Fait V Frocedures 10 Undertake Corrective Action | | | | | | | | |
| | 4 | | 8 | | | ပ | | D |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under | Yes | 02 | Yes | ON. | Yes | No | Yes | No |
| 힑 | | > | .47 | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions | onses to du | estions or | n Schedul | e K. See ir | struction | | | |
| (SEE STATEMENT) | | | | | | | | |
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| | | 7 | s P | | | | | |
| | | , C | James | | | | | |
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| MG 03-07-0 800 03-07-0 800 03-07-0 800 03-07-0 800 03-07-0 800 03-07-0 800 03-07-0 800 03-07-0 800 03-07-0 800 | | | 1 | i | | • | Schedule K (Form 990) 2017 | orm 990) zu17 |
| | | | 2017 004 | 1 The Veri | TO CHANGE | A | | |

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: RECREATIONAL REFUNDING REVENUE BOND | RECREATIONAL REVENUE REFUNDING BOND WITH REPUBLIC BANK AND TRUST |
| SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: RECREATIONAL REFUNDING REVENUE BOND | RECREATIONAL REFUNDING REVENUE BOND WITH REPUBLIC BANK AND TRUST |
| SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: RECREATIONAL REFUNDING REVENUE BOND | RECREATIONAL REFUNDING REVENUE BOND WITH REPUBLIC BANK AND TRUST |
| SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: RECREATIONAL REVENUE REFUNDING BOND | RECREATIONAL REFUNDING REVENUE BOND WITH REPUBLIC BANK AND TRUST |
| SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: RECREATIONAL REVENUE REFUNDING BOND | RECREATIONAL REFUNDING REVENUE BOND WITH REPUBLIC BANK AND TRUST |

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public

| | of the organization | | | | | | ie iates | | oyer ider | ntificati | | nber | on | |
|------------|--|---|---|--------------------------|--------------------------|--------------------------------|--------------------|-------------------------------------|--------------------|-----------|---------------|------------------------------|-----------|-----------------|
| Par | YOUNG MEN'S CHRIS | | | | | | | | | | | | | |
| rai | | it Transactions ne organization a | (section 501(c)(3 answered "Yes" (| 3), secti on Forn | ion 501(c) n 990, Pai |)(4), and 50 rt IV, line 2! | 11(c)(2 5a or 2 | 9) organizations 5b, or Form 990 | only). -EZ, Par | t V. lir | າe 40ł | o. | | |
| 1 | (a) Name of disqualified | | (b) Relationship b | etween c | disqualified | | | (c) Descripti | | | | | (d) Co | rrected? |
| (2) | • | | | organiza | ation | | | (c) Descript | ion or trat | isaction | 1 | | Yes | No |
| (1) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | ــــ | <u> </u> |
| (4) | | | | | | | | | | | | | - | - |
| (5) | | | | | | | | | - | | | | - | |
| (6) | | | | | | | | | | | | | | - |
| 2 | Enter the amount of section 4958 | \cdot \cdot \cdot \cdot | | | | | | | the yea | r und | ler | \$ | | |
| 3 | Enter the amount of | f tax, if any, on li | ne 2, above, rein | nburse | d by the o | organizatio | n . | | | | > : | \$ | | |
| Part | II I I I I I I I I I I I I I I I I I I | (| | | | | | | | | | | | |
| raic | Complete if th | or From Interest e organization a mount on Form 9 | nswered "Yes" o | on Form 5, 6, or 2 | n 990-EZ, 22. | Part V, line | 38a o | r Form 990, Part | IV, line | 26; or | if the | orgai | nizatio | n |
| (a) N | lame of interested person | (b) Relationship with organization | (c) Purpose of loan | | to or from anization? | (e) Origii principal an | | (f) Balance due | (g) In c | default? | by bo | proved oard or nittee? | | ritten ment? |
| | | | | То | From | | 9 | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | 100 | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
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| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| Total . | | | | | | | . • | \$ | | | | | | |
| Part | Complete if the | stance Benefiti e organization a | ng Interested F nswered "Yes" o | Persons n Form | s. 990, Pari | t IV, line 27 | | | | | | | | |
| (a) | Name of interested person | | ship between intere and the organization | | (c) Amount | of assistance | | (d) Type of assistance | e | (e | a) Purpo | ose of a | ssistance | e ' |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) (8) | | | 4 | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2017

| Part IV | Business Transactions Involv | ing Interested Persons. | | | | Page 2 |
|-------------------|--|---|---------------------------|--------------------------------|---------|-------------------------------|
| | Complete if the organization a | nswered "Yes" on Form 990, Par | t 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 | organiz | aring of zation's nues? |
| (1) (SEE | STATEMENT) | | | | Yes | No |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| <u>(6)</u> (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| Part V | Supplemental Information Provide additional information i | for responses to questions on So | chedule L (see instru | ctions). | | |
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| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing organization revenues? | (e) Sharing of organization's revenues? |
|-------------------------------|--|---------------------------|---|------------------------------------|---|
| | | | | Yes | å |
| (1) DAVID HOLOBAUGH | VOTING BOARD MEMBER OF YMCA AND OWNER OF DAVID CONTRACTORS | \$444,598 | DAVID CONTRACTORS WAS THE GENERAL CONTRACTOR FOR THE KID'S CLUB EXPANSION PROJECT AT NORTON COMMONS AND CHESTNUT STREET REPARS. DAVID HOLOBAUGH DID ABSTAIN FROM VOTING ON THE PROJECTS. COMPETITIVE BIDS WERE OBTAINED FOR THE PROJECTS. | | > |
| (2) KAY MANNING | RETIRED OFFICER - VICE PRESIDENT OF FINANCE/CFO | \$20,774 | KAY MANNING PROVIDED CONTRACTED FINANCE SERVICES TO ENSURE CONSISTENCY THROUGH TRANSITIONS AND TO SOO,774 TRANSFER THE KNOWLEDGE ASSOCIATED WITH KEY PROGRAMS AND ACTIVITIES, INCLUDING THE NEW MARKET TAX CREDIT PROJECT. | | > |

Business Transactions Involving Interested Persons (continued)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE Part I Types of Property (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining applicable amounts reported on items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests . . Books and publications . . . 4 5 Clothing and household goods 8,136 COST Cars and other vehicles . . . 7 Boats and planes Intellectual property 8 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 . . . Real estate—Commercial 16 1 1,090,000 OPINIONS OF EXPERTS Real estate-Other . . . 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (____) 26 Other ▶ (27 Other ► (____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 30a 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Part II

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

| Return Reference - Identifier | Explanation |
|--|---|
| EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF | REAL ESTATE - COMMERCIAL - NUMBER OF ITEMS RECEIVED |
| CONTRIBUTIONS | |



SCHEDULE O (Form 990 or 990-EZ)

Department of Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Name of the Organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE

Open to Public Inspection Number

| Return Reference - Identifier | Explanation |
|--|--|
| FORM 990, PART I, LINE 1 - | THE YMCA OF GREATER LOUISVILLE IS ESSENTIALLY A MEMBERSHIP ORGANIZATION OF PEOPLE OF ALL AGES, FAITHS & ABILITIES, ALL WORKING SIDE-BY-SIDE TO ENSURE THAT EVERYONE 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. THE Y IS COMMITTED TO NURTURING THE POTENTIAL OF YOUTH, PROMOTING HEALTHY LIVING, AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY AND BUILDING THE FOUNDATIONS OF COMMUNITY. THIS IS OUR CAUSE TO WHICH WE ARE DEDICATED, AND OUR PROMISE THAT WE FULFILL EVERY DAY, IN EVERY WAY WE POSSIBLY CAN TO EVERYONE WHO COMES TO US FOR HELP. |
| FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION | 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 YS 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 | THE YMCA'S MOST SIGNIFICANT DEVELOPMENT OF NEW PROGRAM SERVICES IN 2017 WAS THE APPROVED FINANCING AND SUBSEQUENT GROUNDBREAKING FOR CONSTRUCTION OF A NEW YMCA LOCATED AT 1700 WEST BROADWAY. THE CLOSING TOOK PLACE ON JANUARY 5, 2018, AND CONSTRUCTION IS CURRENTLY UNDERWAY. |
| FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION | 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. |
| FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION | *100% OF BLACK ACHIEVER SENIORS RECEIVED A COLLEGE SCHOLARSHIP AND 100% ENROLLED IN POST SECONDARY EDUCATION, *2300 SUMMER CAMP PARTICIPANTS COMPLETED THE LIBRARY SUMMER READING PROGRAM, AND *65% OF THE SUMMER LEARNING LOSS PREVENTION PARTICIPANTS SHOWED GAINS IN THEIR READING PERCENTILE RANKING; 78% SHOWED GAINS IN MATH PROFICIENCY; 85% OF PARENTS REPORTED THEIR CHILD IMPROVED READING SKILLS, 91% REPORTED THEIR CHILD READS AT HOME MORE OFTEN |
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION | SPIRITUAL ACTIVITIES, AND LIFE SKILLS LEARNING SESSIONS THAT AIM AT HEALING AND RE-UNITING FAMILIES. STREET OUTREACH AND PROGRAMS DIRECTED TOWARD CHILDREN OF INCARCERATED PARENTS -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 \$2.1 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 91% OF YOUTH WHO STAY AT SAFE PLACE SHELTER REPORT LEARNING AT LEAST ONE LIFE SKILL TO HELF THEM BE SUCCESSFUL IN FAMILY REUNIFICATION (428 YOUTH SURVEYED) WHILE 90% OF YOUTH WHO STAY AT SHELTER HOUSE REPORT THEY ARE BETTER EQUIPPED TO TAKE CONTROL OF THEIR SAFETY AND SECURITY AND IMPROVE THEIR HOME SITUATION. |
| | 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 2017 WE ENGAGED OVER 203,000 YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE (Y-USA ANNUAL CONSTITUENCY REPORT). |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | FORM IS EMAILED (OR HAND DELIVERED) TO BOARD AND ASKED FOR ANY QUESTIONS OR CLARIFICATIONS BY DUE DATE. HAVING DUE DATE PASSED WITH NO QUESTIONS OR CONCERNS, FORM 990 IS FILED. |

| | Explanation | |
|---|--|---|
| Return Reference - Identifier | • | |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | THE BOARD MINUTES DETAILS WHEN A MEMBER IS ABSTAINING FROM VOTING D OF INTEREST. | UE TO A CONFLICT |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | THE EXECUTIVE COMMITTEE (EC) OF THE ASSOCIATION BOARD SERVES AS THE COMPENSATION COMMITTEE. THERE IS NO INDEPENDENT COMPENSATION CON THAN WHAT THE YMCA NORTH AMERICAN NETWORK (YNAN) USES AND OUR EC THAT RESOURCE AT ANY SIGNIFICANT LEVEL HERE. THE EC IS PROVIDED WITH DATA FROM THE YNAN INCLUDING THEIR INDEPENDENT CONSULTANT REVIEW AMERICA GROUP AND ANY LOCAL COMPARATIVE STUDIES PURCHASED THROUGH THE COMMITTEE THEN FILTERS THROUGH THEIR OWN EXPERIENCES FOR LOCATHERE IS NO WRITTEN EMPLOYMENT CONTRACT, THE CEO SERVES "AT-WILL". A COMPENSATION TO CEO ARE ACCOMPANIED BY DOCUMENTATION FROM BOARD PASSED TO PERSONNEL FILES. THE EC ALSO REVIEWS SALARIES AND MAKES REPORTS FOR SR. MGMT TEAM. THE EC REVIEWS AN EXECUTIVE LETTER FROM TO A 360 DEGREE TOOL COMPILED BY THE BOARD CHAIR. THE EC MAKES THE FINA COMPENSATION DECISIONS IN "EXECUTIVE SESSION" ABSENT OF ANY STAFF. TO REVIEWS THE RESULTS OF THE EVALUATION WITH THE CEO. | DOES NOT USE COMPARATIVE IND THE SOUTH I LOCAL MEANS. I BENCHMARKING. ODIFICATIONS TO CHAIR AND ECOMMENDED HE CEO AND USES L REVIEW AND |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES | THE EXECUTIVE COMMITTEE (EC) OF THE ASSOCIATION BOARD SERVES AS THE COMPENSATION COMMITTEE. THERE IS NO INDEPENDENT COMPENSATION CONTHAN WHAT THE YMCA NORTH AMERICAN NETWORK (YNAN) USES AND OUR ECTHAT RESOURCE AT ANY SIGNIFICANT LEVEL HERE. THE EC IS PROVIDED WITH DATA FROM THE YNAN INCLUDING THEIR INDEPENDENT CONSULTANT REVIEW METRO GROUP AND ANY LOCAL COMPARATIVE STUDIES PURCHASED THROUGH THE COMMITTEE THEN FILTERS THROUGH THEIR OWN EXPERIENCES FOR LOCATHERE IS NO WRITTEN EMPLOYMENT CONTRACT, THE CEO SERVES "AT-WILL". IN COMPENSATION TO CEO ARE ACCOMPANIED BY DOCUMENTATION FROM BOAR PASSED TO PERSONNEL FILES. THE EC ALSO REVIEWS SALARIES AND MAKES MERITS FOR SR. MGMT TEAM. THE EC REVIEWS AN EXECUTIVE LETTER FROM TA 360 DEGREE TOOL COMPILED BY THE BOARD CHAIR. THE EC MAKES THE FINAL COMPENSATION DECISIONS IN "EXECUTIVE SESSION" ABSENT OF ANY STAFF. TREVIEWS THE RESULTS OF THE EVALUATION WITH THE CEO. | DOES NOT USE COMPARATIVE AND THE SOUTH I LOCAL MEANS. AL BENCHMARKING. MODIFICATIONS TO CHAIR AND ECOMMENDED HE CEO AND USES L REVIEW AND |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | THE GOVERNING DOCUMENTS OF THE ORGANIZATION AND THE CONFLICT OF IT AVAILABE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION AVAILABLE THROUGH THE SECRETARY OF STATE'S WEBSITE. THE ANNUAL FINA AUDIT AND FORM 990 AND 990T ARE PROVIDED TO THE PUBLIC THROUGH THE CONFESSITE. | NCIAL STATEMENT |
| FORM 990, PART XI, LINE 9 - | (a) Description | (b) Amount |
| OTHER CHANGES IN NET | CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUEMENT | 48,123 |
| ASSETS OR FUND BALANCES | GAIN ON UNEMPLOYMENT RESERVE | 8,877 |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

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

| 2017 |
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OMB No. 1545-0047

Employer identification number

Inspection

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE Name of the organization

Partl

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | |
|---|---|---|--|---------------------------------------|--|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (6) | | | | | | |
| (4) | | | | | | |
| (9) | | | | | | |
| (9) | | | | | | |
| 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. | Complete if the organization e tax year. | answered "Yes" o | n Form 990, Parl | IV, line 34, beca | use it had | |
| (a) Name, address, and EIN of related organization Pr | (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (9) Section 512(b)(13) controlled entity? | € |
| | | | | | Yes | |
| (1) NATIONAL SAFE PLACE, INC. (20.4343628) SERVICES 2429 CRITTENDEN DR, LOUISVILLE, KY 40217 FOR RUIN FOR RUIN | SERVICES TEENS IN CRISIS AND SHELTERS, NATIONALLY, FOR RUNAWAY TEENS. | 501(C)(3) | | 9 YMCA OF GREATER LOUISVILLE, INC. | | |
| (6) | | | | | | |
| (4) | | | | | | |
| (9) | | | | | | 1 |
| (9) | | | | | | |
| (4) | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Cat | Cat. No. 50135Y | | Schedule F | Schedule R (Form 990) 2017 | 1 |

2017 Return The Young

Schedule R (Form 990) 2017

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9

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. Part III

| Decar | שאב וו וומם כווע | Decause it fiad offe of fillore fetaled Organizations treated as a partificialing the tax year | gariizatioris | וו כמוכח מז מ | שמו ווומוסו | שייים לו יייש לו | יומא אמוי | | | | | | |
|--|--|---|---|-------------------------------|---|--|-----------------------------|--|---------------------------------------|---|--------------------------------------|---------|--|
| (a) Name, address, and EIN of related organization | and EIN of itzation | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | g Predc income unre excluc tax tax sections | (e) Predominant Signocome (related, unrelated, excluded from tax under sections 512—514) | | (g) (h) Share of end-of- Disproportionate year assets allocations? | (h) Disproportiona allocations? | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing 1 partner? | | (k) Percentage ownership |
| | | | | | | • | | | Yes No | | Yes | No | - |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | · 他, 李纳 | | | | | |
| (5) | | | | | | 47.7 | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| Part IV Identi | ification of F 4, because it | 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. | ons Taxable | as a Corpo zations treat | ration or ed as a cc | Trust. Com | plete if the trust durir | organization | n answer | ed "Yes" on F | orm 99 | o, Part | , Š |
| Name, address, | (a) Name, address, and EIN of related organization | d organization | (b) Primary activity | Legal (state or for | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (G corp, S corp, or trust) | entity Sharr | total | (g) Share of end-of-year assets | (h) Percentage ownership | | (f) Section 512(b)(13) controlled entity? |
| | | | | | | | | | | | | Yes | No |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |

Schedule R (Form 990) 2017

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2017 Return The Young Me

| Schedule R (F | (Form 990) 2017 |
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| | |
| PartV | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. |

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| Yes | 3 | | | | | | | | | | | | | | | | | | ļ | > | | | | eshol | (d) Method of determining amount involved | 5 | | | | | | | 000 |
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| | II–IV? | | | | | | | | | | | | | | | | | | | | | | | hips a | Metho | MANAG | | | | | | | |
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| | ons lis | | | | | | | | | | | | | | | | | | | | | : | | cover | (c) Amount involved | | | | | | | | |
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| | e relate | | | | | | | • | | | | | 1 | • | · | | | | | | | | | this li | (b) Transaction type (a-s) | σ | | | | | | | |
| | r more | | | | | | | | | | | | | | | | | | | | | | | nplete | i ት | | | | | | | | |
| | one o | | | | | | | | | | | | , | (s)uc | (s)uc | | | | | | | • | | ust cor | | | | | | + | | | |
| | of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | | | | | | | anizati | ınizatic | ion(s) | | | | | | | | who mi | | | | | | | | | |
| | sactior | rent from a controlled entity | | : | | | | | | | | | | ed org | d orga | janizat | | | | | | | | no n | | ! | | | | | | | |
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| Sched | llowin | n a co | | | | | | | : | | | ation(| nizatic | ons fo | d suo | h relat | | | | : | | : | | or info | | | | | | | | | |
| of this | f the fo | nt fror | (s | (s)uc | | | | | | | | organization(s) | ed organization(s) | licitati | licitati | ets wit | | o | | Ses | | · (| s)uc | tions t | | | | | | | | | |
| or IV | any of | (i ₹) | ation(| nizatic | tion(s) | | | | : | | | | relate | ing so | ing so | er ass | . (s) | 2000 | | xbeus | : | ation(| nizatic | nstruc | tion | | | | | | | | |
| = | age in | ies, or | rganiz | dorga | janiza | tion(s) | | | | (s) | (s) | to rel | from | ndrais | ndrais | or oth | izatior | for o | | s) TOLE | • | rganız | d orga | e the i | organiza | | | | | | | | |
| Parts | n enga | royalti | ated o | relate | ed org | ganiza | | | | zation | zation | assets | assets | p or fu | p or fu | lists, | organ | ation/e | יייייייייייייייייייייייייייייייייייייי | ation | | ated c | relate | s," se | (a) related c | | | | | | | | |
| sted i | nizatio | 3S, (III) | to re | from r | or relat | ted or | | ion(s) | ation(s | organi | organi | other | other | bershi | bershi | nailing | elated | rioepi. | 9 | ırganı | | ytore o | y from | is "Ye | (a) Name of related organization | | | | | | | | |
| ity is l | e orga | nnuitie | ibution | ibutior | to or fo | by rela | | anizat | rganiza | elated | slated | ent, or | ent, or | r mem | r mem | nent, r | with | o pate | מוכל כן | area | • | ropert | ropert | above | 2 | | | | | | | | |
| nv en | did th | it, (ii) 8 | l contr | l conti | ntees | ntees | | ed org | ated o | from re | with re | quipm | anipm | ices o | ices o | ednibı | loyees | 4 | | n by re | _ | in or p | n or p | of the | | NC. | | | | | | | |
| e 1 if | year, | interes | capita | capita | guara | guara | | n relat | to rela | ssets 1 | assets | ties, e(| ties, e | of serv | of serv | ilities, | d emb | nt naic | | ii paic | 4 | ot cas | ot cas | to any | | LACE, | | | | | | | |
| lete lin | the tay | t of (i) | ant, or | ant, or | or loan | or loan | | ds fro | assets | se of a | ge of a | of facilli | of facili | ance | ance | of fac | of pa | rseme | | Sel le | , | anster | anster | Swer | | SAFE | | | | | | | |
| Comp | During the tax year, did the organization engage in any | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) | Gift, grant, or capital contribution to related organization(s) | Gift, grant, or capital contribution from related organization(s) | Loans or loan guarantees to or for related organization(s) | Loans or loan guarantees by related organization(s) | | Dividends from related organization(s) | Sale of assets to related organization(s) | Purchase of assets from related organization(s) | Exchange of assets with related organization(s) | Lease of facilities, equipment, or other assets to related | Lease of facilities, equipment, or other assets from relat | Performance of services or membership or fundraising solicitations for related organization(s) | Performance of services or membership or fundraising solicitations by related organization(s) | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Sharing of paid employees with related organization(s) | Baimhursamant naid to related organization(s) for evnonces | dmio | neimbursement paid by related organization(s) for expenses | 11. | Uther transfer of cash or property to related organization(s) | Other transfer of cash or property from related organization(s) | 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. | | NATIONAL SAFE PLACE, INC. | | | | | | | |
| Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule | 1 | | o Q | <u>ပ</u> | ק | e | | → | g S | - | <u></u> | | ¥ | _ | E | | ၀ | 2 | | <u>5</u> | | | ,, | 52 | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | € | <u> </u> | 8 | 4 | 4 | 0 | 9 | |

Schedule R (Form 990) 2017

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

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

| | 300 maanan ma | | second ogainment of contain investment partiers in par | מונס וסוומ | II III VESTILIEUR P | al ti lei si iips. | | | | |
|--------------------------------------|-------------------------|---|--|---|---------------------------------|--|-----------------------------------|---|------------------------------------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | Predominant income (related, unrelated, excluded from tax under fr | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (k) Percentage ownership |
| | | | sections 512—514) | Yes No | | | Yes No | • | Yes No | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
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2017 Return The Young Men's Christian Association of Greater Louisville-

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| Sent By: YMCA OF GREATER LOUISVILLE METRO; 502 587 9622; May-25-04 12:57FW, |
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May-25-04 12:57PM; Page 6/11 Sent By: YMCA OF GREATER LDUISVILLE METRO; 502 587 9622;

Sent By: YMCA OF GREATER LOUISVILLE METRO; 502 587 9622; M2V-25-04 12:58PM; COURTY OF JEVEERSON) I, a Lotary Public, in and for the state and county aforesaid, levely cartily that the foregoing county aforcomid, hereby cartily that the foregoing Articles of Amendment to Articles of Energy contion were this day produced to me in said thate and county by this day produced to me in said thate and county by this day produced to me in said thate and county by this Kendrick Eriag, Lao K. Brocker, J. Calvin Rieb, Bave Laprence, Psul Anistedt, Billiam A. Bash, Henry Schoirich, Lauren C. Guth, James H. Fasca, Filliam Rayburn II, Elliam H. Erryla, James H. Caldwell, John F. Rayburn II, Elliam H. Erryla, Jones, Franklin F. Rayburn, Jr., J. Fryor Wice, Royco J. Pautin, Jr., difficult C. Vetter, Jr., L. A. Silverman, Arthur F. Rusan, Jr., Cayle C. Troh, H. A. Ferencon, L. M. Boso, Harset H. Catinna III, and John U. Burr III, Directors, who admostedged the same to be the set and dead of orth of them and of said corporation. of them and of said corporation. RITHESS by significal thin 23th day of Loventie. 1966. My commission expired Jefferson Co JAN 23 1967 This instrument prepared by: Olchem Clarks 1112 Kentucky Home Life Sldg Louisville, Kentucky

Page 8/11 May-25-04 12:58PM; Sent By: YMCA OF GREATER LOUISVILLE METRO; 502 587 9622; . THE YOUR HEN'S CHRISTELY ASSOCIATION ANTICLES OF DICORPORATION The understand, bring fore that the thirds of the bern of The Young Ten's diministra Association of Louistre winterely, a corporation oradued by a special act of the carel Ascardly of Ecotocit on April 3, 1878, barely confirm to personne to the provisions of Section 273.050 of the marker Revised Statutes, the originar, or manded, of origin oration is haroby amanded by coleting the rame in its the substituted Articles of Incomporation: The memb of the corporation thail be The YOU'S STIAH ASSOCIATION OF ECULSVILL AND JEFFERSON COUNTY STRUCT. APTIMIL E COMPOSATE PREPOSE The corporation shall but no capital stock and it hall sorve religious, educationed and cheritable purposes from high to private pecuniary profit shall be derived.

The purpose of the corneration is to help people

to promote these and through religious training, edication, similar enterprise, and such that mans as may holp to ain these purposes.

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

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| | May-25-04 12:59PM; Page 10/11 |
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| Sent By: YMCA OF GREATER LOUISVILLE METRO;502 587 9622; | WEY-25-04 12:001 W |
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Sent By: YMCA OF GREATER LOUISVILLE METRO; 502 587 9622;

May-25-04 12:59PM;

Page 11/11

STATE OF REETTICKY

: 33

COMPTY OF JEFFERSON :

I, a Notary Public in and for the State and County of Chicagonia, horoby cortify that the Coregonia, horoby cortify that the Coregonia, honored and county by Chances J. Allen, Jr., John J. Line and County by Chances J. Allen, Jr., John J. Endert, Oldern Clarke, Millian G. Frederich, Walliam G. Frederich, Edward Lower, Fred A. Eratch, Millian G. Frederich, Indiana, Larry D. Johns, Fred A. Eratch, Millian G. Frederich, Direct H. Romana, Dillana A. Hand, Edward W. Hono, Charles E. Price, John Ranson, Dillana A. Hand, Edward W. Romanavall, Jr., Gradia H. Hovetree, Ralph A. Nich, Henry J. Scholrich, Money L. Schmitt, Ma. S. Mactor, Mainry W. Wales and W. Garin Wiltentt, Directors, who acknowledged the same to be the fet and Good of each of them and of said corporation.

WITNESS my algantare this ilth day of Dacamber,

Hy Commission Depires:

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Motary Public Jossesson Commity,

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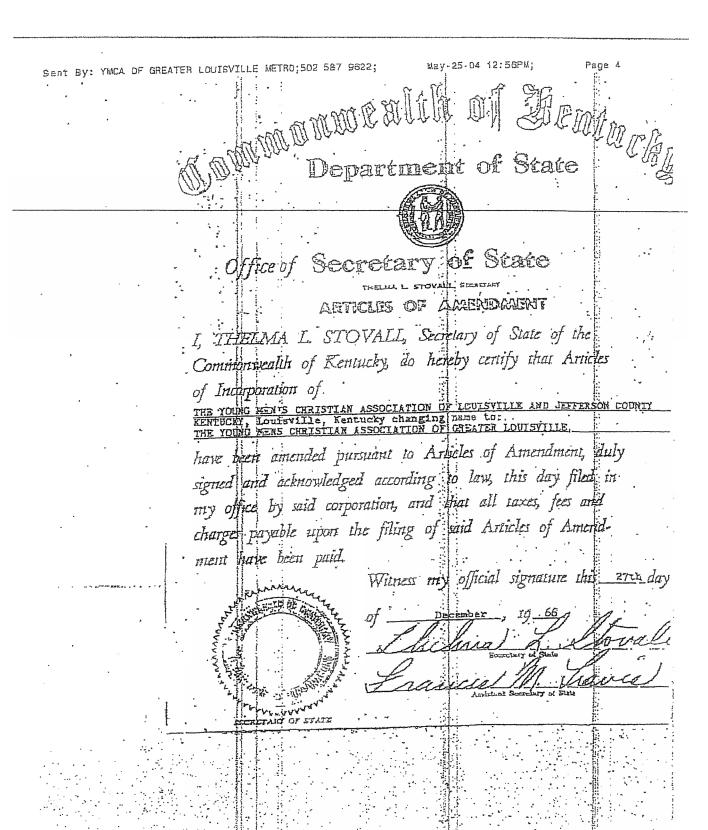
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SECRETARY OF STATE OF REPTORY
FRANKFOIT, KANTERY

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Book 73

Mey-25-04 12:56PN; Page 3 Department 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 YORK HER'S CHRISTLAN ASSOCIATION OF LOCASVILLE AND PROFESSOR COUNTY RESTORMS. delicered to me are found to be duly signed and acknowledged according to law; that all taxet 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, sufferent of the purposed of said amendment and the changes to be effected, signed and acknowledged encurrently in him by the proper afficials of said corporation, and the insumer of this certificate, is existence of the fact that the above named corporation articles have been WITTENESS WHEREOF, I have because set my hand and affixed my official scal. Done at Frankfort, this XC.



Form W=9 (Rev. December 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

| 1/ | Name (as shown on your income tax return) | 6 T | | |
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| y di | Chack appropriate box for federal tax classification: | Fartnership 7 | hard land with | |
| Ç P | ☐ Individual/sole proprietor ☐ C Corporation ☐ 8 Corporation | | EDSO BONTO | |
| Print or type Specific Instructions on page | ☐ Limited liability company, Enter the fax classification (G=C corporation, S= | S corporation, Papartner | abilp) > | Exempt payers |
| 是是 | ☐ Other (see instructions) >- | | add-on la | -Henri |
| # # # # # # # # # # # # # # # # # # # | Address (number, street, and apt. or suite no.) | | Requestor's name and address (o | puoran |
| Š | 545 S. 2nd Street | | | |
| See ! | City, state, and ZIP code | | | |
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| reside | id haddup withholding. For individuals, this is your about southly hour nit alien, sole propietion, or disregarded entity, see the Part I instruction is, it is your employer identification number (EIN). If you do not have a n | umber, see How to ge | ta L | |
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| шина | or so across | | | |
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| Unde | r pensities of perjury, I certify that: e number shown on this form is my correct texpayer identification numi | her for Lam wallfoo for | a number to be leaued to me), | end |
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| St | m not subject to backup withholding because; (a) I am exempt from bac w/sco (IRS) that I am subject to backup withholding as a result of a failur Longer subject to backup withholding, and | e to report all interest | or dividends, or (c) the IRS has | notified me that I am |
| 3. 16 | m a U.S. citizen or other U.S. person (defined below). | arm of the ethal property | but was an assemble perhlant to | hadan withhaldina |
| Carti | m a C.S. carzen or one: C.S. person desince subverse in you have bee Rection instructions. You must grose out liem 2 above if you have bee use you have falled to report all interest and dividends on your tax return | n nomeo by me inc a n. For real estate frans | actions, item 2 does not apply | For mortgege |
| intere | use you have falled to report all interest and dividence on your tax return at paid, acquisition or ebandonment of secured property, cancellation or ally, payments other than interest and dividence, you are not required t | of debt, contributions to somethe certification | io an individual ratirement arrac , but you must provida your co | meet TIN. See the |
| gene | elly, payments other than interest and dividence, you are not required ections on pixels 4. | - cagil in a same | | |
| Sign | Signature of | · n | 2/7/14 | |
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| Gol | nerei Instructions on references ere to the Internal Revenue Code unless otherwise | your TIN, you must to this Form W-9. | use the requesters form if it is | anoarenismy extriar |
| noted | 1. | Definition of a U.S. p | parson. For federal tax purpo: | ses, you are |
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| alleri | , to provide your correct TIN to the person reclossing it has | business in the Unit | ed States are generally require lariners' share of income from: | o to pay a withinional such business. |
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| effec | tively connected income. | Inggi¥ | F | cm W-9 (Hev. 12-2011) |

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE, INC. AND AFFILIATE

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years Ended December 31, 2017 and 2016

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Independent Auditors' Report

To the Board of Directors Young Men's Christian Association of Greater Louisville, Inc. and Affiliate Louisville, Kentucky

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of the Young Men's Christian Association of Greater Louisville, Inc. (YMCA) and National Safe Place, Inc. (Affiliate) (not-for-profit organizations), which comprise the consolidated statements of financial position as of December 31, 2017 and 2016, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organizations' preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organizations' internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the YMCA and Affiliate as of December 31, 2017 and 2016, and the consolidated changes in net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position, consolidating statements of activities, and consolidating statements of functional expenses on pages 36-41 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The accompanying schedules of expenditures of federal awards on pages 42 and 43, as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated May 15, 2018 on our consideration of the YMCA and Affiliate internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the YMCA and Affiliate's internal control over financial reporting and compliance.

Dening, Malone, Sway & Ostroff

Louisville, Kentucky May 15, 2018

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE, INC. AND AFFILIATE

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

December 31, 2017 and 2016

| Assets | 2017 | 2016 |
|---------------------------------------|---------------|---------------|
| Cash and cash equivalents | \$ 23,296,271 | \$ 19,910,466 |
| Cash and cash equivalents, restricted | 127,559 | 122,219 |
| Grants and accounts receivable | 1,491,951 | 1,347,352 |
| Pledges receivable, net | 988,405 | 1,836,234 |
| Prepaid expenses and inventories | 578,519 | 400,088 |
| Unemployment reserve | 97,397 | ,,,,,,,,,, |
| Certificates of deposit | 804,083 | 1,054,870 |
| Investments | 4,913,502 | 4,150,470 |
| Derivative financial instruments | 84,136 | 36,013 |
| Property and equipment, net | 59,686,328 | 57,835,406 |
| Total assets | \$ 92,068,151 | \$ 86,693,118 |
| Liabilities and Net Assets | | |
| Accounts payable and accrued expenses | \$ 3,571,820 | \$ 2,183,933 |
| Custodial liabilities | 133,913 | 68,329 |
| Debt | 22,565,166 | 23,684,646 |
| Capital lease obligations | 1,019,957 | 789,879 |
| Total liabilities | 27,290,856 | 26,726,787 |
| Net Assets | | |
| Unrestricted: | | |
| Board designated reserves | 21,795,329 | 17,946,199 |
| Board designated endowment | 3,571,065 | 3,056,480 |
| Undesignated | 33,124,205 | 33,166,460 |
| | 58,490,599 | 54,169,139 |
| Temporarily restricted | 4,940,773 | 4,452,939 |
| Permanently restricted | 1,345,923 | 1,344,253 |
| Total net assets | 64,777,295 | 59,966,331 |
| Total liabilities and net assets | \$ 92,068,151 | \$ 86,693,118 |

See Notes to Consolidated Financial Statements.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE, INC. AND AFFILIATE

CONSOLIDATED STATEMENTS OF ACTIVITIES

Years Ended December 31, 2017 and 2016

| | | 20 | 17 | |
|---|-------------------|--------------|--------------|---------------|
| | | Temporarily | Permanently | |
| | Unrestricted | Restricted | Restricted | Total |
| Public Support, Revenues and Gains | | | | |
| Public support: | | | | |
| Contributions | \$ 567,319 | \$ 999,853 | \$ 1,670 | \$ 1,568,842 |
| Special events (net of cost of direct benefits to | + ••••,••• | • ,,,,,, | - 1,0.0 | 1,000,012 |
| donors of \$68,441 for 2017 and \$70,675 for 2016) | 93,862 | | | 93,862 |
| Government grants | 5,325,029 | 677,000 | | 6,002,029 |
| In-kind donations | 737,594 | 0.7,000 | | 737,594 |
| Metro United Way grant | 8,886 | 565,422 | | 574,308 |
| Other grants | 145,914 | 500,000 | | 645,914 |
| Total public support | 6,878,604 | 2,742,275 | 1,670 | 9,622,549 |
| Revenues and gains: | | | | |
| Membership dues | 23,679,757 | | | 23,679,757 |
| Programs | 20,048,630 | | | 20,048,630 |
| Sales of merchandise | 67,833 | | | 67,833 |
| Investment income | 379,552 | | | 379,552 |
| Net realized and unrealized gains on investments | 511,673 | | | 511,673 |
| Change in fair value of derivative financial instruments | 48,123 | | | 48,123 |
| Garage and rental income | 252,988 | | | 252,988 |
| Gain (loss) on sale of property and equipment | 22,559 | | | 22,559 |
| Miscellaneous | 107,210 | | | 107,210 |
| Total revenues and gains | 45,118,325 | | · · · · · · | 45,118,325 |
| Net assets released from restriction | 2,254,441 | (2,254,441) | | |
| Total public support, revenues, and gains | 54,251,370 | 487,834 | 1,670 | 54,740,874 |
| Expenses | | | | |
| Program services | 43,550,565 | | | 43,550,565 |
| Management and general | 5,865,391 | | | 5,865,391 |
| Fund-raising | 513,954 | | | 513,954 |
| Total expenses | 49,929,910 | | | 49,929,910 |
| Increase (decrease) in net assets before | | | | |
| acquisition of YMCA of Southern Indiana, Inc. | 4,321,460 | 487,834 | 1,670 | 4,810,964 |
| Excess of assets acquired over liabilities assumed in the | | | | |
| acquisition of YMCA of Southern Indiana, Inc. (Note 20) | | | | |
| Increase in total net assets | 4,321,460 | 487,834 | 1,670 | 4,810,964 |
| Net assets at beginning of year | 54,169,139 | 4,452,939 | 1,344,253 | 59,966,331 |
| Net assets at end of year | \$ 58,490,599 | \$ 4,940,773 | \$ 1,345,923 | \$ 64,777,295 |

See Notes to Consolidated Financial Statements.

| | | To | 2016 nporarily | Permanently | | | | |
|----|--------------|----|-----------------------|-------------|-------------|----|---------------|--|
| 11 | Inrestricted | | nporarny estricted | | stricted | | Total | |
| | | | | | | | | |
| \$ | 554,318 | \$ | 847,345 | \$ | 2,035 | \$ | 1,403,698 | |
| | 77,975 | | | | | | 77,975 | |
| | 5,615,561 | | | | | | 5,615,561 | |
| | 155,013 | | 21,344 | | | | 176,357 | |
| | 4,114 | | 609,429 | | | | 613,543 | |
| _ | 394,537 | | 61,379 | | | _ | 455,916 | |
| | 6,801,518 | _ | 1,539,497 | | 2,035 | - | 8,343,050 | |
| | 22,416,282 | | | | | | 22,416,282 | |
| | 19,724,838 | | | | | | 19,724,838 | |
| | 112,078 | | | | | | 112,078 | |
| | 161,861 | | | | | | 161,861 | |
| | 184,664 | | | | | | 184,664 | |
| | 312,377 | | | | | | 312,377 | |
| | 292,170 | | | | | | 292,170 | |
| | (29,436) | | | | | | (29,436) | |
| | 21,995 | | | | | | 21,995 | |
| _ | 43,196,829 | _ | | | | - | 43,196,829 | |
| _ | 1,656,084 | | (1,656,084) | _ | | _ | | |
| _ | 51,654,431 | _ | (116,587) | | 2,035 | - | 51,539,879 | |
| | 43,277,996 | | | | | | 43,277,996 | |
| | 5,735,778 | | | | | | 5,735,778 | |
| | 461,688 | | | | | _ | 461,688 | |
| _ | 49,475,462 | _ | | _ | | - | 49,475,462 | |
| | 2,178,969 | | (116,587) | | 2,035 | | 2,064,417 | |
| | 7,351,876 | | 422,765 | _ | | | 7,774,641 | |
| | 9,530,845 | | 306,178 | | 2,035 | | 9,839,058 | |
| | 44,638,294 | | 4,146,761 | | 1,342,218 | | 50,127,273 | |
| \$ | 54,169,139 | \$ | 4,452,939 | \$ | 1,344,253 | | \$ 59,966,331 | |

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES

Years Ended December 31, 2017 and 2016

| | | 2017 | 7 | | | 2016 | | |
|---|---------------|--------------|------------|---------------|---------------|--------------|------------|---------------|
| | Program | Management | Fund - | | Program | Management | Fund - | |
| | Services | and General | Raising | Total | Services | and General | Raising | Total |
| | | | | | | | | |
| Salaries and wages | \$ 19,029,636 | \$ 3,011,130 | \$ 197,364 | \$ 22,238,130 | \$ 18,438,999 | \$ 3,013,814 | \$ 176,249 | \$ 21,629,062 |
| Employee benefits | 2,099,758 | 518,856 | 48,951 | 2,667,565 | 2,062,702 | 530,971 | 36,710 | 2,630,383 |
| Payroll taxes | 1,412,938 | 196,748 | 22,993 | 1,632,679 | 1,341,202 | 198,989 | 20,533 | 1,560,724 |
| Professional fees and contract services | 2,221,398 | 449,832 | 69,827 | 2,741,057 | 2,139,138 | 491,131 | 51,108 | 2,681,377 |
| Supplies | 4,060,268 | 107,356 | 10,683 | 4,178,307 | 3,877,343 | 123,570 | 12,664 | 4,013,577 |
| Telephone | 649,667 | 104,876 | 1,505 | 756,048 | 407,765 | 63,003 | 1,256 | 472,024 |
| Postage | 81,537 | 41,133 | 2,561 | 125,231 | 131,230 | 33,236 | 3,293 | 167,759 |
| Occupancy | 5,366,372 | 89,707 | 4,294 | 5,460,373 | 5,604,643 | 686,983 | 3,578 | 5,708,204 |
| Equipment rental and maintenance | 1,094,531 | 61,700 | 835 | 1,157,066 | 1,274,198 | 38,579 | 117 | 1,312,894 |
| Printing and promotion | 463,395 | 347,042 | 83,480 | 893,917 | 692,508 | 271,868 | 89,307 | 1,053,683 |
| Travel and employee expenses | 806,290 | 30,645 | 7,755 | 844,690 | 846,787 | 24,227 | 808 | 871,822 |
| Conferences, conventions and meetings | 511,852 | 228,527 | 52,818 | 793,197 | 741,069 | 158,371 | 54,799 | 954,239 |
| Conference stipends | 113,850 | | | 113,850 | 350,814 | | | 350,814 |
| Membership dues | 432,487 | 40,739 | 275 | 473,501 | 401,450 | 41,899 | 275 | 443,624 |
| Insurance | 791,716 | 51,928 | 1,498 | 845,142 | 755,913 | 44,220 | 1,290 | 801,423 |
| Interest | 565,670 | 257,338 | | 823,008 | 594,839 | 279,987 | | 874,826 |
| Miscellaneous | 140,783 | 26,927 | 4,615 | 172,325 | 119,008 | 22,460 | 5,201 | 146,669 |
| Depreciation | 3,708,417 | 300,907 | 4,500 | 4,013,824 | 3,498,388 | 299,470 | 4,500 | 3,802,358 |
| Total functional expenses | \$ 43,550,565 | \$ 5,865,391 | \$ 513,954 | \$ 49,929,910 | \$ 43,277,996 | \$ 5,735,778 | \$ 461,688 | \$ 49,475,462 |

See Notes to Consolidated Financial Statements.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended December 31, 2017 and 2016

| | 2017 | 2016 |
|---|---------------|---------------|
| Cash Flows from Operating Activities | | |
| Cash received from contributions and grants | \$ 9,199,081 | \$ 8,069,900 |
| Cash received from services | 43,993,959 | 42,440,253 |
| Cash paid to suppliers and employees | (44,954,950) | (44,160,270) |
| Interest received | 388,535 | 154,112 |
| Interest paid | (824,235) | (876,343) |
| Net cash provided by operating activities | 7,802,390 | 5,627,652 |
| Cash Flows from Investing Activities | | |
| Purchase of property and equipment | (2,987,225) | (2,221,010) |
| Proceeds from sale of property and equipment | 22,559 | 12,479 |
| Increase in custodial accounts | 65,584 | 47,638 |
| Proceeds from acquisition of the YMCA of Southern Indiana, Inc. | | 190,069 |
| Proceeds from sale of investments | 1,771,398 | 904,781 |
| Purchase of investments | (2,022,757) | (808,864) |
| Change in cash restricted for maintenance | (5,340) | 11,494 |
| Proceeds from certificates of deposit | 250,787 | |
| Net cash used in investing activities | (2,904,994) | (1,863,413) |
| Cash Flows from Financing Activities | | |
| Contributions for long-term purposes | 51,670 | 2,035 |
| Payments on line of credit | | (200,000) |
| Payments on debt | (1,119,480) | (1,084,803) |
| Payments on capital leases | (443,781) | (303,460) |
| Net cash used in financing activities | (1,511,591) | (1,586,228) |
| Net increase in cash and cash equivalents | 3,385,805 | 2,178,011 |
| Cash and cash equivalents at beginning of year | 19,910,466 | 17,732,455 |
| Cash and cash equivalents at end of year | \$ 23,296,271 | \$ 19,910,466 |

See Notes to Consolidated Financial Statements.

| | 2017 | 2016 |
|--|--------------|---------------|
| Reconciliation of Increase in Total Net Assets Before Acquisition to Net Cash Provided by Operating Activities | | |
| Increase in total net assets before acquisition | \$ 4,810,964 | \$ 2,064,417 |
| Adjustments to reconcile increase in total net assets before acquisition to net cash provided by operating activities: | | |
| Depreciation | 4,013,824 | 3,802,358 |
| Contributions for long term purposes | (51,670) | (2,035) |
| (Gain) loss on disposal of property and equipment | (22,559) | 29,436 |
| Donation of real estate | (1,090,000) | |
| Construction in progress written off | 38,997 | |
| Net realized and unrealized gain on investments | (511,673) | (184,664) |
| Change in fair value of derivative financial instruments | (48,123) | (312,377) |
| Provision for doubtful accounts and discounts | (3,916) | 26,104 |
| In-kind donations for use of facilities | 413,592 | 125,657 |
| Changes in assets and liabilities: | | |
| (Increase) decrease in: | | |
| Grants and accounts receivable | (153,582) | (127,110) |
| Accrued interest | 8,983 | (7,749) |
| Pledges receivable | 438,153 | (99,683) |
| Prepaid expenses and inventories | (178,431) | (54,768) |
| Unemployment reserve | (97,397) | |
| Increase in: | | |
| Accounts payable and accrued expenses | 235,228 | 368,066 |
| Total adjustments | 2,991,426 | 3,563,235 |
| Net cash provided by operating activities | \$ 7,802,390 | \$ 5,627,652 |
| Supplemental Schedule of Non-Cash Investing and Financing Activities | | |
| Property and equipment, net acquired in acquisition | | \$ 13,921,328 |
| Capital leases acquired in acquisition | | \$ 289,658 |
| Debt acquired in acquisition | | \$ 5,831,643 |
| Capital lease obligation for fitness equipment | \$ 673,859 | \$ 108,202 |
| Purchases of property and equipment in accounts payable | \$ 1,488,008 | \$ 335,349 |

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of operations:

Young Men's Christian Association of Greater Louisville, Inc. (YMCA) is a not-for-profit, charitable organization dedicated to providing services that are based on Judeo-Christian principles and that bring together and enable all persons, regardless of race, religion, income, gender, or physical ability, to achieve their full potential in Spirit, Mind and Body. The YMCA exists to Strengthen the Foundations of Community through Youth Development, Healthy Living, and Social Responsibility. The organization is built on four core values – Honesty, Caring, Respect, and Responsibility and seeks to demonstrate the positive characteristics of being Welcoming, Nurturing, Genuine, Hopeful, and Determined. Within available resources, the YMCA provides services for any youth or adult who desires to participate, regardless of their ability to pay the established membership, class or program fees.

As of December 31, 2017, the YMCA operated twelve chartered branches throughout Jefferson, Bullitt, Meade, and Oldham counties in Kentucky, one branch in Clark County and one in Floyd County, Indiana plus one extension center as well as two School Age Child Care operational units.

As of January 1, 2016, the YMCA of Greater Louisville and the YMCA of Southern Indiana merged their staffs, strengths, and services to meet the growing need across Kentuckiana, representing the growing concept of regionalism. The name of the merged entities was maintained as the YMCA of Greater Louisville, Inc. The YMCA has a history of meeting the changing needs of local communities. Collaboration is a key component of operations such that resources can be leveraged to increase scale and impact.

National Safe Place, Inc. is a not-for-profit, charitable organization that is a wholly-owned subsidiary of the YMCA. National Safe Place, Inc. services teens in crisis and shelters nationally for runaway teens through the implementation of the Safe Place Program. Their primary activities include promotional efforts to help shelters seek local businesses to serve as a Safe Place location and as sponsors of the program, training of those business employees as volunteers in the Safe Place program, training shelter staff in understanding best practices in communicating the availability of the concept to teens both in and out of school systems, providing support services to shelters in expanding the local knowledge of the shelter services provided and helping secure accessibility to shelters by teens in crisis. National Safe Place has also undertaken the activity of providing training and technical assistance, through funding from a federal grant, to all federally funded runaway and homeless youth service programs across the United States and its territories. This training is in the form of national grantee meetings, technical assistance clinics, one day trainings, web based training and on-site training visits.

Summary of significant accounting policies:

This summary of significant accounting policies of YMCA and National Safe Place, Inc. (Organization) is presented to assist in understanding the Organizations' consolidated financial statements. The consolidated financial statements are representations of the Organizations' management who is responsible for the integrity and objectivity of the consolidated financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the consolidated financial statements.

Principles of consolidation:

The accompanying consolidated financial statements, as of and for the years ended December 31, 2017 and 2016, include the accounts of the YMCA and National Safe Place, Inc. Consolidation is required based on the YMCA's majority voting interest in National Safe Place, Inc. All inter-company balances and transactions have been eliminated in consolidation.

Use of estimates:

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents:

For purposes of the statements of cash flows, the YMCA and National Safe Place, Inc. consider undesignated cash and investments with original maturities of three months or less, to be cash and cash equivalents excluding those amounts held as part of the investment portfolio.

Restricted cash:

Restricted cash consists of funds received from the New Albany Redevelopment Commission and matching funds, which are restricted for the maintenance and repairs of the Southern Indiana aquatic facility. As of December 31, 2017, and 2016, there was \$127,559 and \$122,219, respectively, in restricted cash.

Inventories:

Inventories of merchandise are stated at the lower of cost or net realizable value, utilizing the first-in, first-out (FIFO) method.

Investments and credit risk:

Investments are stated at fair value as of the date of the consolidated statements of financial position, which is determined based upon the most recent quoted price of the security.

The YMCA has significant investments in equity securities held by an investment manager and is, therefore, subject to concentrations of credit risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the financial condition of the Organizations. Investments are made by the investment manager and the investments are monitored by the Board of Directors. Though the fair value of investments is subject to fluctuations on a year-to-year basis, management believes the investment policy is prudent for the long-term welfare of the Organizations.

Grants and accounts receivable:

The valuation of receivables are based upon a detailed analysis of past due accounts and history of uncollectible accounts. The Organization periodically reviews doubtful accounts receivable to determine if write-offs are necessary. There were no allowance for doubtful accounts at December 31, 2017 and 2016.

Property and equipment:

Property and equipment are stated at cost if purchased, or in the case of donated property and equipment, at fair value at the date of donation. The YMCA's policy is to capitalize expenditures greater than \$5,000 with an estimated life greater than one year. Depreciation is recorded on a straight-line method over the following estimated useful lives:

| | Years |
|-------------------------|-------|
| Buildings | 10-40 |
| Furniture and equipment | 5-10 |
| Vehicles | 3-6 |
| Leasehold improvements | 3 |
| Software | 3 |

Designation of unrestricted net assets:

It is the policy of the Board of Directors of the Organizations to designate appropriate sums of unrestricted net assets for future maintenance and operations.

Advertising and promotion:

Advertising and promotion costs are expensed as incurred. Advertising and promotion costs for 2017 and 2016 were approximately \$890,000 and \$1,050,000, respectively.

Temporarily and permanently restricted net assets:

Temporarily restricted net assets are those whose uses by the YMCA and National Safe Place, Inc. have been limited by donors to a specific time period or purpose. When the donor restriction expires, or a purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of activities as net assets released from restriction. A donor restricted contribution is reported as an increase in unrestricted net assets if the restriction expires in the fiscal year in which the entire contribution is received.

Permanently restricted net assets have been restricted by donors to be maintained by the YMCA in perpetuity.

Donations other than cash:

Donations other than cash are recorded at their fair value as of the date of donation. Donated services must meet the specific expertise requirements and would normally have been purchased before they are recorded. Donations of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the YMCA reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated services are measured at their fair values as determined by management. During the year ended December 31, 2017 and 2016, the value of contributed services meeting the requirements for recognition totaled approximately \$10,000 and \$64,000, respectively and were recorded as a program expense, most of which consisted of marketing and consulting services.

Derivative financial instruments:

The YMCA makes limited use of derivative instruments for the purpose of managing interest rate risks. Interest rate swap agreements are used to convert the YMCA's floating rate long-term debt to a fixed rate (see Note 8). The differentials paid or received on interest rate swap agreements are accrued and recognized as adjustments to interest expense; gains and losses realized upon settlement of these agreements are deferred until the underlying hedged instrument is settled.

At December 31, 2017 and 2016, the YMCA's derivative financial instruments consisted of five interest rate swap agreements entered into with Republic Bank. The Republic Bank interest rate swap agreements are for the purpose of hedging against the risk of interest rate increases on certain variable rate bonds. These derivative financial instruments are recorded on the consolidated statements of financial position at their fair value. The fair value represented on the consolidated statements of financial position is the estimated settlement amount the YMCA would have to cancel the swap agreements. The difference between the floating rate and the swap rate is recognized as a component of interest expense on the consolidated statements of activities. If these interest rate swap agreements are held to maturity, as management intends to do, the cumulative effect of this recognized settlement on the change in net assets will be zero.

Compensated absences:

Compensated absences for sick pay time have not been accrued. The YMCA's policy is to recognize these costs when actually paid.

Income tax status:

The YMCA and National Safe Place, Inc. are exempt from federal, state and local income taxes as not-for-profit organizations as described under Internal Revenue Code Section 501(c)(3). The YMCA and National Safe Place, Inc. file informational tax returns 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 and National Safe Place, Inc.'s tax-exempt purpose may be subject to taxation as unrelated business income.

As of December 31, 2017 and 2016, the YMCA and National Safe Place, Inc. 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.

Newly issued standards not yet effective:

The Financial Accounting Standards Board has issued accounting standard No. 2014-09, Revenue from Contracts with Customers, concerning the accounting for revenue recognition, effective for years beginning after December 15, 2018 (per No. 2015-14); No. 2016-01, Financial Instruments: Recognition and Measurement of Financial Assets and Financial Liabilities, effective for years beginning after December 15, 2019; No. 2016-02, Leases, concerning the accounting for leases, effective for years beginning after December 15, 2019; No. 2016-14, Not-for-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities effective for years beginning after December 15, 2017; No. 2016-18, Statement of Cash Flows: Restricted Cash, concerning the presentation of restricted cash on the cash flow statement, effective for years beginning after December 15, 2019; and No 2017-12 Derivatives and Hedging: Targeted Improvements to Accounting for Hedging Activities, effective for years beginning after December 15, 2019. The Organization is evaluating the impact that adoption of these standards will have on future financial position and results of operations.

Subsequent events:

Subsequent events have been evaluated through May 15, 2018 which is the date the consolidated financial statements were available to be issued. (See Note 23).

Note 2. Grants and Accounts Receivable

Grants and accounts receivable for the YMCA consist of the following:

| | <u>2017</u> | <u>2016</u> |
|------------------|--------------------|-------------|
| Metro United Way | \$ 270,223 | \$ 287,242 |
| Federal grants | 548,026 | 644,731 |
| Program services | 233,831 | 153,593 |
| Other | 439,871 | 261,786 |
| | <u>\$1,491,951</u> | \$1,347,352 |

Note 3. Pledges Receivable

The YMCA had outstanding unconditional pledges to give for operations and a capital campaign totaling \$988,405 net of an allowance of \$40,018, and net of a discount of \$22,016 for 2017. The YMCA had outstanding unconditional pledges to give for operations and a capital campaign totaling \$1,422,642 net of an allowance of \$39,543, and net of a discount of \$26,407 for 2016.

The YMCA entered into an in-kind lease contract for future use of a facility, as described in detail below, which was terminated effective January 2017. The YMCA had outstanding pledges receivable for the future use of the facility of \$413,592, net of a discount of \$27,408 for 2016.

Pledges receivable due after one year from the date of pledge were discounted using interest rates ranging from four to five percent. The pledges receivable related to the campaigns and contracts for future use of facilities as of December 31, 2017 and 2016 were as follows:

| | <u>2017</u> | <u>2016</u> |
|--------------------------------------|-------------------|--------------------|
| Due less than one year | \$ 853,350 | \$1,394,092 |
| Due one to five years | 197,089 | 535,500 |
| | 1,050,439 | 1,929,592 |
| Less discount to net present value | (22,016) | (53,815) |
| Less allowance for doubtful accounts | (40,018) | (39,543) |
| Net unconditional promises to give | <u>\$ 988,405</u> | <u>\$1,836,234</u> |

In January 2015, the YMCA committed to a 5-year lease with Simons Publishing Company for land and building located at 409 Joe B. Hall Avenue, Shepherdsville, Kentucky. The lease payments were \$1 per year. The lease fair value had been determined to be \$735,000 and had been recorded in the consolidated statements of financial position as a pledge receivable and discounted accordingly over the term of the lease. The lease was terminated in January 2017, due to the lessor donating the land and building to the YMCA.

Note 4. Certificates of Deposit

Certificates of deposit for the YMCA and National Safe Place, Inc. are with financial institutions located in Kentucky, with original maturities greater than three months. The interest rates on the certificates of deposit range from of 0.60% to 1.29% and mature from May 2018 to March 2020.

Note 5. Investments and Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.
- Level 2 Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active or inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of an input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

All assets have been valued using a market approach. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2017 and 2016.

Common stocks - valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds - valued at the closing price reported on the active market on which the individual securities are traded.

Community Foundation of Louisville - valued at net asset value of shares held by the fund at year end. The net asset value is used as a practical expedient.

Community Foundation of Southern Indiana – valued at net asset value of shares held by the fund at year end. The net asset value is used as a practical expedient.

In-kind property and equipment - valued based on independent appraisal reports.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organizations believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth the level, within the fair value hierarchy, the Organizations' investments at fair value as of December 31, 2017 and 2016:

| | | 2017 | |
|---|--------------------|--------------------|------------------|
| | | | Unrealized |
| | | Fair | Appreciation |
| | Cost | <u>Value</u> | (Depreciation) |
| Level 1 investments: | | | - |
| Cash equivalents | \$ 41,886 | \$ 41,886 | |
| Common stocks | 4,600 | 400 | \$ (4,200) |
| Mutual funds: | | | |
| Fixed income funds | 1,117,258 | 1,116,198 | (1,060) |
| Equity funds | 2,874,747 | 3,671,432 | <u>796,685</u> |
| Total level 1 investments | 4,038,491 | 4,829,916 | <u>791,425</u> |
| Level 2 investments: | | | |
| Community Foundation of Southern | | | |
| Indiana | 8,920 | 10,179 | 1,259 |
| Community Foundation of Louisville | 68,771 | <u>73,407</u> | 4,636 |
| Total level 2 investments | 77,691 | 83,586 | 5,895 |
| Total investments | <u>\$4,116,182</u> | \$4,913,502 | <u>\$797,320</u> |
| Level 2 In-kinds: | | | |
| | | | |
| Measured on a non-recurring | | | |
| basis: | | | |
| Bullitt County real estate | | <u>\$1,090,000</u> | |
| | | 2016 | |
| | | 2010 | Unrealized |
| | | Fair | Appreciation |
| | Cost | <u>Value</u> | (Depreciation) |
| Level 1 investments: | Cost | value | (Depreciation) |
| Cash equivalents | \$ 47,687 | \$ 47,687 | |
| Common stocks | 4,600 | 400 | \$ (4,200) |
| Mutual funds: | 1,000 | 100 | Ψ (1,200) |
| Fixed income funds | 907,201 | 893,087 | (14,114) |
| Equity funds | 2,692,277 | 3,131,605 | 439,328 |
| Total level 1 investments | 3,651,765 | 4,072,779 | 421,014 |
| Level 2 investments: | | | |
| Community Foundation of Southern | | | |
| Indiana | 8,320 | 8,920 | 600 |
| Community Foundation of Louisville | 63,401 | 68,771 | 5,370 |
| Total level 2 investments | 71,721 | 77,691 | 5,970 |
| A STEEL AT LOUIS AND SOME AND | | | |
| Total investments | \$3,723,486 | <u>\$4,150,470</u> | <u>\$426,984</u> |

The Community Foundation of Southern Indiana and the Community Foundation of Louisville accounts have no unfunded commitments and can be redeemed daily, with no redemption notice period, without specific terms or conditions at the underlying investments' net asset value (NAV). The NAV is updated daily.

Note 6. Endowment Funds

The YMCA's endowment funds consist of investments and cash and cash equivalents held in various institution's investment accounts (see Note 5). 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 accounting principles generally accepted in the United States of America, 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.

The endowment net asset composition by type of fund and changes in endowment net assets as of and for the years ended December 31, 2017 and 2016 are as follows:

| | | 2017 | |
|---|--------------------|--------------------|--------------------|
| | Unrestricted - | | |
| | Board Designated | Permanently | |
| | Endowment | Restricted | <u>Total</u> |
| Endowment net assets, beginning of year | \$3,056,480 | \$1,344,253 | \$4,400,733 |
| Contributions | 3,229 | 1,670 | 4,899 |
| Investment income | 231,598 | | 231,598 |
| Unrealized gain | 375,048 | | 375,048 |
| Realized gain | 135,400 | | 135,400 |
| Transfers to operations | (230,690) | | (230,690) |
| Endowment net assets, end of year | <u>\$3,571,065</u> | <u>\$1,345,923</u> | <u>\$4,916,988</u> |
| | | 2016 | |
| | Unrestricted - | | |
| | Board Designated | Permanently | |
| | Endowment | Restricted | Total |
| Endowment net assets, beginning of year | \$2,959,816 | \$1,342,218 | \$4,302,034 |
| Contributions | 6,020 | 2,035 | 8,055 |
| Investment income | 113,739 | | 113,739 |
| Unrealized gain | 174,389 | | 174,389 |
| Realized gain | 9,717 | | 9,717 |
| Transfers to operations | <u>(207,201</u>) | | (207,201) |
| Endowment net assets, end of year | <u>\$3,056,480</u> | <u>\$1,344,253</u> | <u>\$4,400,733</u> |

Interpretation of relevant laws:

The Board of Directors of the Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the YMCA classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In accordance with UPMIFA, the YMCA considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The purpose of the YMCA's and the donor restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the YMCA
- (7) The investment policies of the YMCA

Return objectives and risk parameters:

The YMCA has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor restricted funds that the YMCA must hold in perpetuity as well as board designated funds. Under this policy, the endowment assets are invested in a manner that is intended to produce results that are comparable to price and yield a total return in excess of the Barclays Intermediate Government/Corporate Index and S&P 500 Index. The YMCA expects its endowment funds, over time, to provide an average rate of return of approximately seven percent annually. Actual returns in any given year may vary from this amount.

Strategies employed for achieving objectives:

To satisfy long-term rate-of-return objectives, the YMCA relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The YMCA targets a diversified asset allocation.

Spending policy and how investment objectives relate to spending policy:

The YMCA has a policy of appropriating for distribution an amount each year as deemed necessary to support their mission. In establishing this policy, the YMCA has considered the long term expected return on its Endowment. Accordingly, over the long term, the YMCA expects the current spending policy to allow its Endowment to grow at a rate to cover the annually approved spending policy plus an amount that allows assets over time to keep pace with the long-term inflation rate. This is consistent with the YMCA's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment returns.

Note 7. Property and Equipment, Net

A summary of property and equipment and accumulated depreciation at December 31 is as follows:

| | <u>2017</u> | <u>2016</u> |
|------------------------------------|---------------|---------------|
| Land and improvements | \$ 8,745,452 | \$ 8,544,163 |
| Buildings | 81,535,387 | 78,203,085 |
| Furniture and equipment | 11,545,086 | 10,424,135 |
| Vehicles | 280,458 | 290,852 |
| Leasehold improvements | 209,034 | 209,034 |
| Construction in progress (Note 12) | 3,844,079 | 2,649,636 |
| | 106,159,496 | 100,320,905 |
| Less accumulated depreciation | 46,473,168 | 42,485,499 |
| | \$ 59,686,328 | \$ 57,835,406 |

Note 8. Debt

Debt consisted of the following (all terms, collateral and interest rates are presented as of December 31, 2017):

| | <u>2017</u> | 2016 |
|---|--------------|--------------|
| Recreational Refunding Revenue Bond (Sub-note 1) with Republic Bank, due December 1, 2020. Semi-annual principal payment was due the note on June 1, 2015 for \$23,277. Semi-annual principal payments of \$349,437 began on the note on December 1, 2015, with a payment escalation of 1.26% per payment. Interest payments are due monthly. The note has an effective swap interest rate of 2.474%. The note is collateralized by substantially all of the YMCA's property and equipment. The bond agreement requires the YMCA to comply with certain covenants and financial ratios. | \$ 2,304,007 | \$ 3,034,256 |
| Recreational Refunding Revenue Bond (Sub-note 2), with Republic Bank, due December 1, 2022. Semi-annual principal payments of \$401,147 begin on the note on June 1, 2021, with a payment escalation of 1.55% per payment. Interest payments on the note are due monthly. The note has an effective swap interest rate of 3.038%. The note is collateralized by substantially all of the YMCA's property and equipment. The bond agreement requires the YMCA to comply with certain covenants and financial ratios. | 1,642,490 | 1,642,490 |
| Recreational Refunding Revenue Bond (Sub-note 3), with Republic Bank, due December 1, 2025. Semi-annual principal payments of \$426,745 begin on June 1, 2023, with a payment escalation of 1.77% per payment. Interest payments on the note are due monthly. The note has an effective interest rate of 3.454%. The note is collateralized by substantially all of the YMCA's property and equipment. The bond agreement requires the YMCA to comply with certain covenants and financial ratios. | 2,676,648 | 2,676,648 |
| Recreational Refunding Revenue Bond (Sub-note 4), with Republic Bank, due December 1, 2030. Semi-annual principal payments of \$474,188 begin on June 1, 2026, with a payment escalation of 1.99% per payment. Interest payments on the note are due monthly. The note has an effective interest rate of 3.908%. The note is collateralized by substantially all of the YMCA's property and equipment. The bond agreement requires the YMCA to comply with certain covenants and financial ratios. | 5,191,042 | 5,191,042 |

| | <u>2017</u> | <u>2016</u> |
|--|--------------|---------------------|
| Recreational Refunding Revenue Bond (Sub-note 5), with Republic Bank, due June 1, 2035. Semi-annual principal payments of \$577,750 begin on June 1, 2021, with a payment escalation of 2.15% per payment. Interest payments on the note are due monthly. The note has an effective interest rate of 4.211%. The note is collateralized by substantially all of the YMCA's property and equipment. The bond agreement requires the YMCA to comply with certain covenants and financial ratios. | 5,670,677 | 5,670,677 |
| Mortgage payable, with First Savings Bank, due August 9, 2028. The mortgage has a monthly payment of \$48,999, which includes principal and interest, with an interest rate of 3.75%. Collateralized by substantially all of the YMCA's property and equipment located in southern Indiana. | 5,072,412 | 5,459,539 |
| Note payable, with John Deere Financial, due September 1, 2021. The note has a monthly payment of \$175. This note is non-interest bearing. The note is collateralized by a utility vehicle with a net book value of \$7,364. | 7,890 | 9,994 |
| | \$22,565,166 | <u>\$23,684,646</u> |

In 2015, the YMCA entered into an interest rate swap agreement with Republic Bank concerning the Recreational Refunding Bonds, (Sub-note 1), with a remaining notional amount as of December 31, 2017 and 2016, of approximately \$2,304,000 and \$3,034,000, respectively. Under this swap agreement, a fixed swap interest rate of 2.474% is charged instead of a floating rate of 1.18% plus the Bank's Index rate. The swap agreement has an asset of \$30,152 and \$12,910, respectively, recognized on the consolidated statements of financial position at December 31, 2017 and 2016. The swap agreement matures on December 1, 2020.

In 2015, the YMCA entered into an interest rate swap agreement with Republic Bank concerning the Recreational Refunding Bonds, (Sub-note 2), with a remaining notional amount as of December 31, 2017 and 2016, of approximately \$1,642,000. Under this swap agreement, a fixed swap interest rate of 3.038% is charged instead of a floating rate of 1.18% plus the Bank's Index rate. The swap agreement has an asset of \$19,493 at December 31, 2017 and a liability of \$234 at December 31, 2016, recognized on the consolidated statements of financial position. The swap agreement matures on December 1, 2022.

In 2015, the YMCA entered into an interest rate swap agreement with Republic Bank concerning the Recreational Refunding Bonds, (Sub-note 3), with a remaining notional amount as of December 31, 2017 and 2016, of approximately \$2,676,000. Under this swap agreement, a fixed swap interest rate of 3.454% is charged instead of a floating rate of 1.18% plus the Bank's Index rate. The swap agreement has an asset of \$15,914 and \$2,335, respectively, recognized on the consolidated statements of financial position at December 31, 2017 and 2016. The YMCA has the ability to terminate the swap agreement early between June 1, 2022 and June 1, 2025, as long as the termination occurs on any day which is June 1st or December 1st.

In 2015, the YMCA entered into an interest rate swap agreement with Republic Bank concerning the Recreational Refunding Bonds, (Sub-note 4), with a remaining notional amount as of December 31, 2017 and 2016, of approximately \$5,191,000. Under this swap agreement, a fixed swap interest rate of 3.908% is charged instead of a floating rate of 1.18% plus the Bank's Index rate. The swap agreement has an asset of \$12,888 and \$6,669, respectively, recognized on the consolidated statements of financial position at December 31, 2017 and 2016. The swap agreement matures on December 1, 2030. The YMCA has the ability to terminate the swap agreement early between June 1, 2022 and June 1, 2030, as long as the termination occurs on any day which is June 1st or December 1st.

In 2015, the YMCA entered into an interest rate swap agreement with Republic Bank concerning the Recreational Refunding Bonds, (Sub-note 5), with a remaining notional amount as of December 31, 2017 and 2016, of approximately \$5,670,000. Under this swap agreement, a fixed swap interest rate of 4.211% is charged instead of a floating rate of 1.18% plus the Bank's Index rate. The swap agreement has an asset of \$5,689 and \$14,333, respectively, recognized on the consolidated statements of financial position at December 31, 2017 and 2016. The swap agreement matures on June 1, 2035. The YMCA has the ability to terminate the swap agreement early between June 1, 2022 and December 1, 2034, as long as the termination occurs on any day which is June 1st or December 1st.

The above interest rate swaps are considered derivative financial instruments and are classified as level 2 (fair value hierarchy as described in Note 5) and are included on the consolidated statements of financial position. The fair value represents the estimated settlement amounts the YMCA would have to cancel the swap agreements. The fair values of the derivatives have been estimated by a third party. The third party estimates are based upon models and forward rate assumptions in order to predict future cash flows on the floating side. The cash flows are then compared to the cash flows on the fixed side. The model then takes the net of the future payment amounts and uses the net present value to derive all values. Losses relating to their swap contracts totaled \$138,056 and \$61,379 for the years ended December 31, 2017 and 2016, respectively. The losses are included in interest expense and are reported in the consolidated statements of functional expenses.

As the YMCA makes its monthly installment payments, if the bank's rate is below the swap rate, then the YMCA pays the difference. If the bank's rate exceeds the swap rate, the YMCA is reimbursed from the bank. These arrangements effectively provide a fixed rate component of the total interest rate charged on these loans.

The future principal maturities of all debt are as follows:

| Year ending December 31, 2018 | \$ 1,153,016 |
|-------------------------------|---------------------|
| 2019 | 1,187,599 |
| 2020 | 1,222,820 |
| 2021 | 1,260,705 |
| 2022 | 1,301,958 |
| Thereafter | 16,439,068 |
| | <u>\$22,565,166</u> |

Note 9. Capital Advance

The YMCA has an outstanding capital advance of \$477,000 at December 31, 2017 from the Louisville Metro Affordable Housing Trust Fund, Inc., for the renovation of the West Chestnut Street dwellings. The dwellings are rented to families and individuals who are at or below 50% of the area median income for Jefferson County. The capital advance bears no interest and is not required to be repaid as long as the location remains available for renting to families and individuals who meet the previous mentioned criteria, for a period of fifteen years from the date of the advance of June 30, 2017, and is maintained in accordance with the program. The advance is secured by a mortgage on the property. Early termination of the project would require repayment of the original amount of the advance plus interest of 5% from origination date.

Note 10. Capital Leases

The YMCA has several fitness equipment leases and one lease for computer equipment and software that have been classified as capital leases. The economic substance of the leases is that the YMCA is financing the acquisition of equipment through leases and, accordingly, the leases are recorded in the Organization's assets and liabilities.

The future annual minimum lease payments and their net present value are as follows:

| Year ending December 31, 2018 | \$ 426,213 |
|---|--------------------|
| 2019 | 374,072 |
| 2020 | 153,546 |
| 2021 | 98,695 |
| 2022 | 25,020 |
| Total minimum lease payments | 1,077,546 |
| Less amount representing interest | (57,589) |
| D | \$1,019,957 |
| Present value of minimum lease payments | <u>\$1,019,937</u> |

The following is an analysis of the leased assets included in property and equipment:

| Equipment Accumulated amortization | \$1,800,022 (781,973) |
|------------------------------------|--------------------------|
| | <u>\$1,018,049</u> |

Note 11. Changes in Temporarily and Permanently Restricted Net Assets

| and the second | ** | |
|----------------|---------------|------------|
| Lemno | ramiv r | estricted: |
| | a contra y an | oon iotou. |

| 1 emporarily restricted: | | | | |
|---|--------------------|---------------|----------------------|--------------------|
| | Balance | | Released from | Balance |
| <u>Program</u> | 12-31-16 | Contributions | Restrictions | 12-31-17 |
| VACA CO . I . III | | | | |
| YMCA of Greater Louisville and Affiliate: | | | | |
| Day Care Programs (MUW) | \$ 34,446 | \$ 60,816 | \$ (64,853) | \$ 30,409 |
| Comprehensive Youth Development (MUW) | | 30,000 | (15,000) | 15,000 |
| Housing Programs (MUW) | 106,255 | 187,606 | (200,059) | 93,802 |
| Summer learning enrichment (MUW) | | 15,000 | (7,500) | 7,500 |
| Oldham County summer camp (MUW) | 6,671 | | | 6,671 |
| Black Achievers (MUW) | 4,072 | 22,000 | (15,071) | 11,001 |
| Project NOW (MUW) | 18,627 | 50,000 | (43,627) | 25,000 |
| Out of School Time (MUW) | 90,244 | 129,000 | (154,744) | 64,500 |
| YCAP and Diamonds (MUW) | 14,401 | 25,000 | (26,902) | 12,499 |
| Floyd County School Age Childcare (MUW) | 8,091 | 31,000 | (23,591) | 15,500 |
| Floyd County Diamonds and Youth (MUW) | 4,436 | 10,000 | (9,436) | 5,000 |
| Summer learning loss (MUW) | | 5,000 | (2,500) | 2,500 |
| Summer learning program | | 300,000 | (150,000) | 150,000 |
| Y-Now | | 100,000 | (50,000) | 50,000 |
| Bullitt Co. capital | 16,322 | ŕ | (,, | 16,322 |
| Black Achiever program | 6,375 | | | 6,375 |
| Camp Piomingo | 25,000 | 65,000 | (77,500) | 12,500 |
| Chestnut Street playground | • | 25,000 | (***,*****) | 25,000 |
| Chestnut Street capital advance | | 477,000 | | 477,000 |
| Annual Giving Campaign | 882,097 | 999,647 | (882,097) | 999,647 |
| Safe Place Services | 36,379 | 10,000 | (36,379) | 10,000 |
| West Louisville project | 2,500,000 | , | (00,075) | 2,500,000 |
| West Louisville grounds cleanup | | 200,000 | (19,090) | 180,910 |
| Bullitt County - In-kind use of facility | 413,592 | , | (413,592) | 100,510 |
| Clark County aquatics | 102,596 | 206 | (110,0)2) | 102,802 |
| Floyd County - use of facility | 112,500 | | (62,500) | 50,000 |
| New Albany maintenance reserve | 70,835 | | (0=,500) | 70,835 |
| • | | | | |
| | <u>\$4,452,939</u> | \$2,742,275 | <u>\$(2,254,441)</u> | <u>\$4,940,773</u> |

| <u>Program</u> | Balance 12-31-15 | Acquisition | Contributions | Released from Restrictions | Balance 12-31-16 |
|--|---|---|---|--|---|
| YMCA of Greater Louisville and Affiliate: Day Care Programs (MUW) Housing Programs (MUW) Oldham County summer camp (MUW) Black Achievers (MUW) Project NOW (MUW) Out of School Time (MUW) YCAP and Diamonds (MUW) Floyd County School Age Childcare (MUW) Floyd County Diamonds and Youth (MUW) Y-Now Mentoring Bullitt Co. capital Black Achiever program Camp Piomingo | \$ 34,714 124,678 4,174 19,094 98,913 100,000 16,322 6,375 | Acquisition | \$ 68,890 212,512 13,343 8,143 37,254 180,488 28,803 16,181 8,870 | \$ (69,158) (230,935) (6,672) (8,245) (37,721) (189,157) (14,402) (8,090) (4,434) (100,000) | \$ 34,446 106,255 6,671 4,072 18,627 90,244 14,401 8,091 4,436 16,322 6,375 25,000 |
| Annual Giving Campaign Safe Place Services West Louisville project Bullitt County – In-kind use of facility | 683,102 20,141 2,500,000 539,248 4,146,761 | | 882,097 36,379 21,344 1,539,304 | (683,102) (20,141) (147,000) (1,519,057) | 882,097 36,379 2,500,000 413,592 4,167,008 |
| YMCA of Southern Indiana: Metro United Way Clark County aquatics Floyd County – use of facility New Albany maintenance reserve | \$4,146,761 | \$ 60,924 110,240 162,500 <u>89,101</u> <u>422,765</u> \$422,765 | 193 193 \$1,539,497 | (60,924) (7,837) (50,000) (18,266) (137,027) \$(1,656,084) | 102,596 112,500 <u>70,835</u> <u>285,931</u> \$4,452,939 |
| Permanently restricted: | | | | | |
| Program | | Balance 12-31-16 | Contributio | Balanc ns 12-31- | |
| Endowments Bob Hook, Sr. Memorial Bill Ewing Memorial Safe Place Services: | \$ | 1,242,044 11,779 7,000 | \$1,670 | \$1,243,7 11,7 7,0 | 79 |
| Joan Cralle Day Fund Joyce Skees Memorial Camp Piomingo: | | 41,000 8,101 | | 41,0 8,1 | 01 |
| Boyce Greer Memorial Roy Griffin Fund William Early Fund Chestnut Street: | | 30,715 870 1,211 | | 30,7 8 1,2 | 70 |
| Robert Lee Christman Fund Reela O. Alexander Fund | · _ | 300 1,233 | | 3 1,2 | 000 |
| | <u>\$</u> | 1,344,253 | \$1,670 | \$1,345,9 | 23 |

| Program | Balance 12-31-15 | Contributions | Balance 12-31-16 |
|---------------------------|---------------------|----------------|---------------------|
| Endowments | \$1,240,009 | \$2,035 | \$1,242,044 |
| Bob Hook, Sr. Memorial | 11,779 | | 11,779 |
| Bill Ewing Memorial | 7,000 | | 7,000 |
| Safe Place Services: | | | |
| Joan Cralle Day Fund | 41,000 | | 41,000 |
| Joyce Skees Memorial | 8,101 | | 8,101 |
| Camp Piomingo: | | | |
| Boyce Greer Memorial | 30,715 | | 30,715 |
| Roy Griffin Fund | 870 | | 870 |
| William Early Fund | 1,211 | | 1,211 |
| Chestnut Street: | | | |
| Robert Lee Christman Fund | 300 | | 300 |
| Reela O. Alexander Fund | 1,233 | | 1,233 |
| | \$1,342,218 | <u>\$2,035</u> | <u>\$1,344,253</u> |

The majority of the permanent endowments have no specific use restrictions; therefore, the interest income from these assets is utilized for general operations of the YMCA. Gains and losses (net appreciation and depreciation) on permanent endowment fund investments will be recorded as an increase (decrease) in unrestricted board designated endowment net assets unless the donor has explicitly restricted the use of the net appreciation and depreciation.

Note 12. Construction in Progress

At December 31, 2017, the YMCA had expended approximately \$3,845,000 in planning and demolition costs for a new facility located in West Louisville. For the years ended December 31, 2017 and 2016, \$79,332 and \$44,590, respectively, of interest was capitalized for this project. Total costs for the project, are estimated to be approximately \$33.4 million. Construction began in spring of 2018. The project will be financed through a combination of donations and new market tax credits. The tax credits were available to finance \$9.8 million of the total project expense, with the YMCA responsible for the remaining \$23.6 million, through both fundraising and release of project reserves. The new market tax credits have been approved and allocated to the project in January 2018 (Note 23). The estimated completion period for finalizing plan design and construction is 18-24 months.

During 2014, the YMCA entered into a contract for the option to purchase a 14-acre tract of land in Hardin County, as a future site of a fitness facility. The YMCA has expended \$25,000 as a good faith deposit on the contract. During 2016, the YMCA expended \$13,997 for feasibility assessment on another possible site location. During 2017, it was determined not to pursue this project and the costs incurred on the project were expensed at that time.

During 2016, the YMCA had expended approximately \$390,000 for the expansion of the kid's club area, at the Norton Commons branch as of December 31, 2016. The project was completed in April 2017. Total project costs were approximately \$425,000.

Note 13. Memorandum of Agreement Commitment

As a result of a Memorandum of Agreement with the Board of Education for the Jefferson County Public School District (JCPS), the YMCA paid \$308,004 in 2017 and \$302,000 in 2016 to offset JCPS's expenses for hosting the Childcare Enrichment Program and to assure its continuation and expansion.

Note 14. Retirement Plan

The YMCA is a member of the National YMCA Retirement Fund, a separate corporation that administers the retirement plan. The plan is a co-contributory, defined contribution, individual account, money purchase retirement plan for the benefit of virtually all full-time and qualified part-time YMCA employees. The YMCA vesting periods are a two year waiting period and immediate vesting, qualified employee contributions are voluntary. The YMCA contributed 12% of the employee's compensation. The YMCA's contributions were \$1,535,931 for 2017 and \$1,539,597 for 2016.

Note 15. Concentration of Cash

The YMCA and National Safe Place, Inc. maintain cash balances at several financial institutions located in the Louisville, Kentucky area. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2017, the YMCA and National Safe Place, Inc.'s uninsured cash balances totaled approximately \$22.5 million. Cash balances fluctuate based upon operating needs and the timing of deposit and check clearing activity. Management believes that these financial institutions are of sufficient size to provide financial security of uninsured balances and does not believe the Organizations are exposed to any significant credit risk.

Note 16. Operating Leases

In November 2004, the YMCA committed to a lease for space located at the Middletown Plaza, 12330 Shelbyville Road, Middletown, Kentucky 40243. In November 2017, the lease term was extended through November 2018. The monthly lease payments are \$7,850.

In December 2001, the YMCA entered into a contract with Jefferson County Fiscal Court, whereby the YMCA operated a facility located in Berrytown Park as a YMCA branch. The land and building is owned by Jefferson County and was leased to the YMCA for a term of three years at a cost of \$1 per year with three five-year renewal options. The YMCA supplied equipment and furnishings for this facility at an estimated cost of \$187,000. The lease agreement was effective November 1, 2002 and the second five-year renewal option was exercised on November 1, 2010. The lease matured in November 1, 2015. The building continued to be leased until March 31, 2016 at which time the lease was discontinued. The lease fair value of \$34,000, has been recorded in the consolidated statements of activities as occupancy expense for 2016.

In January 2010, the YMCA committed to a five-year lease with Simons Publishing Company for land and building located at 409 Joe B. Hall Avenue, Shepherdsville, Kentucky 40165. The lease payments were \$1 per year. The facility is used for health, fitness and youth services. The property was donated to the YMCA in January 2017, at which time the lease was terminated. The lease fair value of \$12,250 and \$147,000, respectively has been recorded in the consolidated statements of activities as occupancy expense for 2017 and 2016.

In February 1975, the YMCA committed to a 20 year lease with an option to extend the term of the lease for six five-year renewal options with the Louisville Water Company. The lease for the land located at the Southwest Branch is in its fifth renewal option period. The lease payments are \$100 per month with additional consideration to erect and maintain on the premise leasehold improvements. The Lessor may terminate the lease with a nine month written notice. In the event that the Lessor should reoccupy the entire leased premises the Lessor shall pay the Lessee a sum equal to the depreciated cost of the improvements surrendered. The fifth renewal option period for the lease began in February 2015. Effective August 2015, an amendment to the lease was entered into at which time the lease payments increased to \$1,000 per month, through March 2016. Subsequent to March 2016 the lease is under review with the Louisville Water Company and is on a month to month basis.

In February 1987, the YMCA committed to a fifty-year lease with Metro Louisville Government, to operate Camp Piomingo. Camp Piomingo is located inside Otter Creek Outdoor Recreational Area, in Meade County Kentucky. Under the lease agreement, the YMCA is responsible for the maintenance of all buildings, swimming pools and structures on the property and the general maintenance of the grounds, utilities, and maintaining insurance. In 2011 the Park was acquired by the Commonwealth of Kentucky Fish and Wildlife Department. In May 2014, the YMCA committed to a 20-year lease with the Kentucky Fish and Wildlife Department with the option to extend the lease for an additional twenty-five years. The YMCA responsibilities indicated above continues to be in effect in the new lease with the Commonwealth of Kentucky Fish and Wildlife Department. Annual lease payments are \$6,000.

In January 2002, the YMCA committed to a 15-year lease with Jewish Hospital and St. Mary Elizabeth, Inc. for a 15,342 square feet facility located at 6801 Dixie Highway, Louisville, Kentucky to be utilized for health, fitness and youth services. Monthly lease payments were approximately \$21,000 for 2016. The lease was terminated effective January 1, 2017.

In December 2012, National Safe Place, Inc. committed to a five-year lease with BJ Real Estate, LLC, for a building located at 2429 Crittenden Drive, Louisville, Kentucky to be utilized for their administrative offices. Monthly lease payments were \$5,000 for each of the years 2017 and 2016. The lease was terminated in September 2017.

In July 2017, the YMCA and National Safe Place, Inc. committed to a five-year lease, with the option to extend the lease for two five-year renewal options, with 2722 Crittenden Drive, LLC, for a building located at 2722 Crittenden Drive, Louisville, Kentucky to be utilized for administrative offices, contact and operations center. Monthly lease payments were \$8,500 for the year ended 2017. The monthly lease payments increase by \$500 per month after the first year of the lease, and \$1,000 per month after the third year of the lease.

In January 2014, National Safe Place, Inc. committed to a 45-month lease with Country Road Properties, for a building located at 251 South Peters Road, Knoxville, Tennessee to be utilized for offices. This lease was renewed for a thirty-six month term with payments of \$1,087 per month. This lease has an option for an additional renewal for five years, with a 3% annual rent escalation effective on November 1st of each year.

The YMCA has committed to eight leases for fitness equipment to be used at various facilities. The leases start dates range from August 2015 through August 2017 and are over periods ranging from 24 to 36 months. The leases are structured as operating leases with monthly payments ranging from \$466 to \$27,441 per lease.

Following is the future minimum operating lease payments pertaining to the leases described above:

| December 31, | 2018 | \$1,029,953 |
|--------------|------|-------------|
| | 2019 | 729,037 |
| | 2020 | 302,760 |
| | 2021 | 126,000 |
| | 2022 | 66,000 |

Note 17. Litigation

The YMCA is a defendant in litigation relating to twelve personal injury claims. While the final outcome cannot be determined at this time, management is of the opinion that the ultimate liability, if any, from the final resolution of these matters will not have a material effect on the Organizations' consolidated financial statements.

Note 18. Long-Term Grant for Runaway and Homeless Youth Program

National Safe Place, Inc. was awarded a grant from the U.S. Department of Health and Human Services in October 2012 not to exceed \$10.5 million to conduct the Runaway and Homeless Youth Training and Technical Assistance Center program. The grant was payable to the Organization over a five-year period that ended in September 2017.

During September 2017, the U.S. Department of Health and Human Services has awarded National Safe Place, Inc. a \$6.3 million grant to conduct the Runaway and Homeless Youth Training and Technical Assistance Center program. The grant is payable over a three year period ending in September 2020.

As part of the grant agreements National Safe Place, Inc. is required to provide 10% a year in non-federal matching contributions to the program. For the years ended December 31, 2017 and 2016, \$2,302,244 and \$2,609,224, respectively, were recognized in grant revenue.

Note 19. Unemployment Reserve

The Organization participates in a self-funded unemployment trust. Deposits are made to a reserve account, and unemployment claims are paid from the trust as they arise. As of December 31, 2017, the Organization had a reserve balance of \$97,397 on deposit with the trustee. For 2017 the unemployment account is a Level 2 in the fair value hierarchy (as described in Note 5). The funds are invested by the trustee essentially as 70% in fixed-income and 30% in equity funds. During the year ended December 31, 2017 the Organization recorded an investment gain of \$8,877 on this trust that is included in miscellaneous revenues on the statements of activities.

Note 20. Partially Self-Funded Health Insurance Program

Effective September 1, 2013, the YMCA adopted a partially self-funded health insurance program for its employees' health care costs. Prior to this, the YMCA had a fully insured health care plan. Under the partially self-funded health insurance program, the YMCA is liable for losses up to a fixed dollar amount per covered participant per plan year of \$100,000 with any excess benefit claims being paid by the third-party insurance company under the contract up to a maximum aggregate stop loss limit of \$1,000,000 per participant. In June 2015, the Executive Committee with authority from the Board of Directors approved to accumulate a reserve for the health insurance program. As of December 31, 2017 and 2016, the board designated reserve totaled \$280,144 and \$201,144, respectively, and is included in board designated reserves on the statements of financial position. The liability for the partially self-funded health insurance program included in the accrued expenses was \$17,000 and \$30,000, respectively, at December 31, 2017 and 2016.

Note 21. Acquisition of YMCA of Southern Indiana

The Board members of the YMCA approved an acquisition of the YMCA of Southern Indiana on November 23, 2015. The agreement of acquisition and plan of acquisition documents were signed by both Organizations' boards in December 2015. The acquisition was effective January 1, 2016. Through this acquisition, YMCA seeks to further its mission by increasing services to their members throughout the Louisville Metro and Southern Indiana community.

As part of the acquisition, YMCA received the following which was reported on the statement of financial position as of January 1, 2016:

Assets

| Cash Investments Grants, pledges and accounts receivable Prepaids and other Property and equipment | \$ 323,782 8,320 304,985 49,886 _13,921,328 |
|--|---|
| Total assets | \$14,608,301 |

Liabilities

| Line of credit Accounts payable and accrued expenses Mortgage payable Capital leases | \$ 200,000 512,359 5,831,643 |
|--|--|
| Total liabilities | 6,833,660 |
| Net Assets Unrestricted Temporarily restricted | 7,351,876 422,765 |
| Total net assets | 7,774,641 |
| Total liabilities and net assets | <u>\$14,608,301</u> |

Note 22. Lease Revenue

In November 2008, the YMCA committed to leasing office space at the Floyd County branch to Floyd Memorial Hospital for ten years, with an annual base rent of \$50,000. The lease has the option to be renewed for two five-year terms.

In January 2013, the YMCA committed to leasing office space at the Floyd County branch to Jewish Hospital & St. Mary's Healthcare, Inc. d/b/a Frazier Rehab Institute for twenty years, with an annual rent of \$39,831. The annual rent may escalate up to 3% per year. The lease has the option to be renewed for one five-year term.

In November 2008, the YMCA committed to leasing office space at the Floyd County branch to Lifespan Resources, Inc. for ninety-nine years. The rent is based upon a portion of the building's annual costs. Lifespan Resources, Inc. also pays for shared expenses incurred for use of common areas.

The YMCA verbally committed to leasing office space at the Floyd County branch to Horseshoe Foundation of Floyd County, Inc., on a month to month basis, for \$1 a year. Horseshoe Foundation of Floyd County, Inc. pays for shared expenses incurred for use of common areas.

Note 23. Subsequent Events

During 2018, the YMCA entered into a New Market Tax Credit Loan agreement to finance construction of the Republic Bank Foundation YMCA, to be located at 1700 W. Broadway, Louisville, Kentucky. A new legal entity, Health Equity Partners Properties (HEPP) (a not-for-profit organization), has been formed as a consolidated subsidiary for administering the transaction. HEPP received cash for construction, with corresponding loans from the YMCA of Greater Louisville in addition to four federal Community Development Entities (CDE) for a total note payable in the amount of \$27.7 million. The portion of this note that is external is \$9.8 million, so for consolidated financial statements, the YMCA debt in the amount of \$17.9 million will be eliminated. Until December of 2024, only interest payments will be due, annually on December 15th at a rate of 1.59%. Principal payments are due beginning in December 2025 and will be based on the lender's amortization schedule. The loan agreement reaches maturity in December 2047 and is secured by a mortgage on the related property.

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

December 31, 2017

| Assets | YMCA of Greater Louisville, Inc. | National Safe Place, Inc. | Eliminations | Consolidated |
|---------------------------------------|--|------------------------------|--------------|---------------------------------------|
| Cash and cash equivalents | \$ 23,193,390 | \$ 102,881 | | £ 22.207.251 |
| Cash and cash equivalents, restricted | 127,559 | φ 102,881 | | \$ 23,296,271 |
| Grants and accounts receivable | 1,348,721 | 302,287 | \$ (159,057) | 127,559 1,491,951 |
| Pledges receivable, net | 969,425 | 18,980 | Ψ (139,037) | 988,405 |
| Prepaid expenses and inventories | 538,924 | 40,475 | (880) | 578,519 |
| Unemployment reserve | 97,397 | , | (000) | 97,397 |
| Certificates of deposit | 504,083 | 300,000 | | 804,083 |
| Investments | 4,913,502 | , | | 4,913,502 |
| Derivative financial instruments | 84,136 | | | 84,136 |
| Property and equipment, net | 59,686,091 | 237 | | 59,686,328 |
| Total assets | <u>\$ 91,463,228</u> | \$ 764,860 | \$ (159,937) | \$ 92,068,151 |
| Liabilities and Net Assets | | | | |
| Accounts payable and accrued expenses | \$ 3,539,460 | \$ 30,848 | \$ 1,512 | \$ 3,571,820 |
| Due to YMCA | | 161,449 | (161,449) | , , , , , , , , , , , , , , , , , , , |
| Custodial liabilities | 133,913 | | | 133,913 |
| Debt | 22,565,166 | | | 22,565,166 |
| Capital lease obligations | 1,019,957 | | | 1,019,957 |
| Total liabilities | 27,258,496 | 192,297 | (159,937) | 27,290,856 |
| Net Assets | | | | |
| Unrestricted: | | | | |
| Board designated reserves | 21,250,511 | 544,818 | | 21,795,329 |
| Board designated endowment | 3,571,065 | | | 3,571,065 |
| Undesignated | 33,115,440 | 8,765 | | 33,124,205 |
| T | 57,937,016 | 553,583 | | 58,490,599 |
| Temporarily restricted | 4,921,793 | 18,980 | | 4,940,773 |
| Permanently restricted | 1,345,923 | **** | | 1,345,923 |
| Total net assets | 64,204,732 | 572,563 | | 64,777,295 |
| Total liabilities and net assets | \$ 91,463,228 | \$ 764,860 | \$ (159,937) | \$ 92,068,151 |

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

December 31, 2016

| Assets | YMCA of Greater Louisville, Inc. | National Safe Place, Inc. | Eliminations Consolidated |
|--|---|---|--|
| Cash and cash equivalents Cash and cash equivalents, restricted Grants and accounts receivable Pledges receivable, net Prepaid expenses and inventories Certificates of deposit Investments Derivative financial instruments | \$ 19,910,466 122,219 1,040,475 1,800,555 377,691 752,298 4,150,470 36,013 | \$ 506,003 35,679 22,880 302,572 | \$ 19,910,466 122,219 \$ (199,126) 1,347,352 1,836,234 (483) 400,088 1,054,870 4,150,470 |
| Property and equipment, net Total assets | \$ 86,022,347 | \$ 870,380 | \$ (199,609) \$ 86,693,118 |
| Liabilities and Net Assets | | | |
| Accounts payable and accrued expenses Due to YMCA Custodial liabilities Debt Capital lease obligations Derivative financial instruments | \$ 2,112,843 68,329 23,684,646 789,879 | \$ 69,472 201,227 | \$ 1,618 \$ 2,183,933 (201,227) 68,329 23,684,646 789,879 |
| Total liabilities | 26,655,697 | 270,699 | (199,609) 26,726,787 |
| Net Assets Unrestricted: Board designated reserves Board designated endowment Undesignated | 17,438,370 3,056,480 | 507,829 | 17,946,199 3,056,480 |
| Temporarily restricted Permanently restricted | 33,095,831 53,590,681 4,431,716 1,344,253 | 70,629 578,458 21,223 | 33,166,460 54,169,139 4,452,939 1,344,253 |
| Total net assets | 59,366,650 | 599,681 | 59,966,331 |
| Total liabilities and net assets | \$ 86,022,347 | \$ 870,380 | \$ (199,609) \$ 86,693,118 |

CONSOLIDATING STATEMENT OF ACTIVITIES Year Ended December 31, 2017

| | | YMCA of Grea | YMCA of Greater Louisville, Inc. | ıš | | National Safe Place, Inc. | | | | Conso | Consolidated | |
|---|----------------------|---------------------------|----------------------------------|----------------------|----------------------|------------------------------|-------------------|------------------------|-------------------------|---------------------------|---------------------------|-------------------------|
| | Unrestricted | Temporarily Restricted | Permanently Restricted | Total | Unrestricted | Temporarily Restricted | Total | Eliminations | Unrestricted | Temporarily Restricted | Permanently Restricted | Total |
| Public Support, Revenues and Gains | | | | | | | | | | | | |
| Public support: | | | | | | | | | | | | |
| Contributions | \$ 321,521 | \$ 980,873 | \$ 1,670 | \$ 1,304,064 | \$ 245,798 | \$ 18,980 | \$ 264,778 | | \$ 567,319 | \$ 999,853 | \$ 1,670 | \$ 1,568,842 |
| Special events (net of cost of direct benefits to | | | | | | | | | | | | |
| donors of \$68,441) | 93,862 | | | 93,862 | | | | | 93,862 | | | 93,862 |
| Government grants | 3,022,785 | 677,000 | | 3,699,785 | 2,302,244 | | 2,302,244 | | 5,325,029 | 677,000 | | 6,002,029 |
| In-kind donations | 696,794 | | | 696,794 | 40,800 | | 40,800 | | 737,594 | | | 737,594 |
| Metro United Way grant | 8,886 | 565,422 | | 574,308 | | | | | 8,886 | 565,422 | | 574,308 |
| Other grants | 145,914 | 500,000 | | 645,914 | | | | | 145,914 | 500,000 | | 645,914 |
| Total public support | 4,289,762 | 2,723,295 | 1,670 | 7,014,727 | 2,588,842 | 18,980 | 2,607,822 | | 6,878,604 | 2,742,275 | 1,670 | 9,622,549 |
| Revenues and gains: | | | | | | | | | | | | |
| Membership dues | 23,529,119 | | | 23,529,119 | 152,238 | | 152,238 | \$ (1,600) | 23,679,757 | | | 23,679,757 |
| Programs | 19,942,584 | | | 19,942,584 | 106,046 | | 106,046 | | 20,048,630 | | | 20,048,630 |
| Sales of merchandise | 35,786 | | | 35,786 | 32,047 | | 32,047 | | 67,833 | | | 67,833 |
| Investment income | 376,907 | | | 376,907 | 2,645 | | 2,645 | | 379,552 | | | 379,552 |
| Management fees | 1,431,565 | | | 1,431,565 | | | | (1,431,565) | | | | |
| Net realized and unrealized gains on investments | 511,673 | | | 511,673 | | | | | 511,673 | | | 511,673 |
| Change in fair value of derivative financial | | | | | | | | | | | | |
| instruments | 48,123 | | | 48,123 | | | | | 48,123 | | | 48,123 |
| Garage and rental income | 252,988 | | | 252,988 | | | | | 252,988 | | | 252,988 |
| Gain on sale of property and equipment | 22,559 | | | 22,559 | | | | | 22,559 | | | 22,559 |
| Miscellaneous | 107,210 | | | 107,210 | | | | | 107,210 | | | 107,210 |
| Total revenues and gains | 46,258,514 | | | 46,258,514 | 292,976 | | 292,976 | (1,433,165) | 45,118,325 | | | 45,118,325 |
| Net assets released from restriction | 2,233,218 | (2,233,218) | | | 21,223 | (21,223) | | | 2,254,441 | (2,254,441) | | |
| Total public support, revenues, and gains | 52,781,494 | 490,077 | 1,670 | 53,273,241 | 2,903,041 | (2,243) | 2,900,798 | (1,433,165) | 54,251,370 | 487,834 | 1,670 | 54,740,874 |
| Expenses | | | | | | | | | | | | |
| Program services Management and general | 42,204,932 5,730,868 | | | 42,204,932 5,730,868 | 2,329,714 538,912 | | 2,329,714 538,912 | (984,081) (404,389) | 43,550,565 5,865,391 | | | 43,550,565 5,865,391 |
| Fund-raising | 499,359 | | | 48435159 | 59,290 | | 59,290 | (44,695) | 513,954 | | | 513,954 |
| esembles and | | | | Carlo | مارس الم | | 27/1 | Contraction (| 010000000 | | | 11/10/07/04 |
| Increase (decrease) in total net assets | 4,346,335 | 490,077 | 1,670 | 4,838,082 | (24,875) | (2,243) | (27,118) | | 4,321,460 | 487,834 | 1,670 | 4,810,964 |
| Net assets at beginning of year | 53,590,681 | 4,431,716 | 1,344,253 | 59,366,650 | 578,458 | 21,223 | 189'665 | | 54,169,139 | 4,452,939 | 1,344,253 | 59,966,331 |
| Net assets at end of year | \$ 57,937,016 | \$4,921,793 | 5 1,345,923 | \$ 64,204,732 | \$ 553,583 | \$ 18,980 | \$ 572,563 | 49 | \$ 58,490,599 | \$ 4,940,773 | \$ 1,345,923 | \$ 64,777,295 |

CONSOLIDATING STATEMENT OF ACTIVITIES Year Ended December 31, 2016

| | | YMCA of Grea | YMCA of Greater Louisville, Inc. | G. | Nati | National Safe Place, Inc. | nc. | | | Consc | Consolidated | |
|---|--------------|---------------------------|----------------------------------|---------------|--------------|---------------------------|------------|--------------|---------------|---------------------------|---------------------------|---------------|
| | Unrestricted | Temporarily Restricted | Permanently Restricted | Totai | Unrestricted | Temporarily Restricted | Total | Eliminations | Unrestricted | Temporarily Restricted | Permanently Restricted | Total |
| Public Support, Revenues and Gains | | | | | | | | | | | | |
| Public support: Contributions | \$ 297 757 | \$ 826 122 | \$ 2.035 | \$ 1125014 | 195 956 3 | \$ 21.223 | \$ 277.784 | | \$ 554 318 | \$ 847 345 | 2035 | 1 402 609 |
| Special events (net of cost of direct benefits to | | | | | | | | | | | | |
| donors of \$70,675) | 77,975 | | | 27,975 | | | | | 279,77 | | | 576,77 |
| Government grants | 3,006,337 | | | 3,006,337 | 2,609,224 | | 2,609,224 | | 5,615,561 | | | 5,615,561 |
| In-kind donations | 116,95 | 21,344 | | 78,321 | 98,648 | | 98,648 | \$ (612) | 155,013 | 21,344 | | 176,357 |
| Metro United Way grant | 4,114 | 609,429 | | 613,543 | | | | | 4,114 | 609,429 | | 613,543 |
| Other grants | 394,537 | 61,379 | | 455,916 | | | | | 394,537 | 61,379 | | 455,916 |
| Total public support | 3,837,697 | 1,518,274 | 2,035 | 5,358,006 | 2,964,433 | 21,223 | 2,985,656 | (612) | 6,801,518 | 1,539,497 | 2,035 | 8,343,050 |
| Nevenues and gains: | | | | | | | | | | | | |
| Membership dues | 22,260,580 | | | 22,260,580 | 157,702 | | 157,702 | (2,000) | 22,416,282 | | | 22,416,282 |
| Programs | 19,550,009 | | | 19,550,009 | 174,829 | | 174,829 | | 19,724,838 | | | 19,724,838 |
| Sales of merchandise | 82,200 | | | 82,200 | 30,088 | | 30,088 | (210) | 112,078 | | | 112,078 |
| Investment income | 159,184 | | | 159,184 | 2,677 | | 2,677 | | 161,861 | | | 161,861 |
| Management fees | 1,618,044 | | | 1,618,044 | | | | (1,618,044) | | | | |
| Net realized and unrealized gains on investments | 184,664 | | | 184,664 | | | | | 184,664 | | | 184,664 |
| Creatige in rail value of desilvative infaticial | | | | | | | | | | | | |
| instrument | 312,377 | | | 312,377 | | | | | 312,377 | | | 312,377 |
| Garage and rental income | 292,170 | | | 292,170 | | | | | 292,170 | | | 292,170 |
| Loss on sale of property and equipment | (29,436) | | | (29,436) | | | | | (29,436) | | | (29,436) |
| Miscellaneous | 21,995 | | | 566,12 | | | | | 21,995 | 1 | | 21,995 |
| Total revenues and gains | 44,451,787 | | | 44,451,787 | 365,296 | | 365,296 | (1,620,254) | 43,196,829 | | | 43,196,829 |
| Net assets released from restriction | 1,643,268 | (1,643,268) | | | 12,816 | (12,816) | | | 1,656,084 | (1,656,084) | | |
| Total public support, revenues, and sains | 49,932,752 | (124.994) | 2.035 | 49,809,793 | 3.342.545 | 8.407 | 3.350.952 | (1.620.866) | 51.654.431 | (116.587) | 2.035 | 51.539.879 |
| 9.00 | | | | | | | | | | (actions) | 20012 | 200000000 |
| Expenses Program services | 41,691,463 | | | 41.691.463 | 2,739,980 | | 2,739,980 | (1.153.447) | 43.277.996 | | | 43,277,996 |
| Management and general | 5,621,608 | | | 5,621,608 | 531,116 | | 531,116 | (416,946) | 5,735,778 | | | 5,735,778 |
| Fund-raising | 451,699 | | | 451,699 | 60,462 | | 60,462 | (50,473) | 461,688 | | | 461,688 |
| Total expenses | 47,764,770 | | | 47,764,770 | 3,331,558 | | 3,331,558 | (1,620,866) | 49,475,462 | | | 49,475,462 |
| | | | | | | | | | | | | |
| ancrease (detrease) in net assets defore acquisition of YMCA of Southern Indiana, Inc. | 2,167,982 | (124,994) | 2,035 | 2,045,023 | 10,987 | 8,407 | 19,394 | | 2,178,969 | (116,587) | 2,035 | 2,064,417 |
| Excess of assets acquired over liabilities assumed in the acquisition of YMCA of Southern Indiana, Inc. | 7,351,876 | 422,765 | | 7,774,641 | | | | | 7,351,876 | 422,765 | | 7,774,641 |
| Increase in total net assets | 9,519,858 | 177,771 | 2,035 | 9,819,664 | 10,987 | 8,407 | 19,394 | | 9,530,845 | 306,178 | 2,035 | 9,839,058 |
| Net assets at beginning of year | 44,070,823 | 4,133,945 | 1,342,218 | 49,546,986 | 567,471 | 12,816 | 580,287 | | 44,638,294 | 4,146,761 | 1,342,218 | 50,127,273 |
| Net assets at end of year | \$53,590,681 | \$4,431,716 | \$1,344,253 | \$ 59,366,650 | \$ 578,458 | \$ 21,223 | \$ 599,681 | \$ | \$ 54,169,139 | \$ 4,452,939 | \$1,344,253 | \$ 59,966,331 |
| | | | | | | | | | | | | |

CONSOLIDATING STATEMENT OF FUNCTIONAL EXPENSES Year Ended December 31, 2017

| | | Total | | \$ 22,238,130 | 2,667,565 | 1,632,679 | | 2,741,057 | 4,178,307 | 756.048 | 125.231 | 5.460.373 | 1.157.066 | 893.917 | 844.690 | 703 107 | 113.850 | 473 501 | 845 142 | 873 008 | 300,020 | 4.013.824 | | \$ 49,929,910 |
|----------------------------------|--------------|-------------------|--------------------|-------------------|---------------|-----------------|---|-----------|-----------|---------|-----------|----------------------------------|------------------------|------------------------------|---------------------------------------|---------------------|-----------------|-----------|----------|---------------|--------------|-----------|---------------------------|---------------|
| | Consolidated | Fund - Raising | ! | \$ 197,364 | 48,951 | 22,993 | | 69,827 | 10,683 | 1,505 | 2,561 | 4.294 | 835 | 83.480 | 7.755 | 52.818 | | 275 | 1.498 | | 4615 | 4,500 | | \$ 513,954 |
| { | Conso | and General | | \$ 3,011,130 | 518,856 | 196,748 | | 449,832 | 107,356 | 104,876 | 41,133 | 702'68 | 61,700 | 347,042 | 30,645 | 228,527 | | 40,739 | 51,928 | 257,338 | 76 97 | 300,907 | | \$ 5,865,391 |
| | Brooms | Services | | \$ 19,029,636 | 2,099,758 | 1,412,938 | | 2,221,398 | 4,060,268 | 649,667 | 81,537 | 5,366,372 | 1,094,531 | 463,395 | 806,290 | 511,852 | 113,850 | 432,487 | 791,716 | 565,670 | 140.783 | 3,708,417 | ; | \$ 43,550,565 |
| | | Eliminations | | | | | \$ (1,116,565) | (315,000) | | | | | | | | | | (1,600) | | | | | | 3 (1,433,165) |
| | | Total | | | | | \$ 1,110,303 | 1,070,820 | 40,485 | 30,091 | 4,997 | 80,437 | 2,214 | 20,390 | 139,663 | 274,267 | 113,850 | 15,413 | 9,951 | | 5,764 | 3,009 | 700000 | 07,77,910 |
| National Safe Place, Inc. | Fund - | Raising | | | | 307 44 9 | 44,090 | į | 579 | 1,505 | 36 | 4,022 | 111 | | 5,899 | 1,772 | | | 498 | | 173 | | 20203 | 067,450 |
| National Sar | Management | and General | | | | 00360 | 400,400 | 400,420 | 1,157 | 3,009 | 73 | 8,044 | 221 | | 11,798 | 3,732 | | 13,728 | 566 | | 346 | | \$ 538.013 | 220,212 |
| | Program | Services | | | | \$ 087.481 | 664 400 | 004,400 | 56,749 | 72,577 | 4,888 | 68,371 | 1,882 | 20,390 | 121,966 | 268,763 | 113,850 | 1,685 | 8,458 | | 5,245 | 3,009 | \$ 2 320 714 | |
| Inc. | | Total | \$22,238,130 | 2.667.565 | 1.632.679 | | 1 085 237 | 4 137 000 | 770,161,1 | /56,62/ | 120,234 | 5,379,936 | 1,154,852 | 873,527 | 720,507 | 518,930 | | 459,688 | 835,191 | 873,008 | 166,561 | 4,010,815 | \$48,435,150 | |
| r Louisville, | Fund - | Raising | \$ 197,364 | 48,951 | 22,993 | | 69.827 | 10 104 | 10163 | 203.0 | 676,7 | 717 | 47/ | 03,480 | 1,630 | 51,046 | i i | 617 | 1,000 | | 4,442 | 4,500 | \$ 499,359 | |
| YMCA of Greater Louisville, Inc. | Management | and General | \$3,011,130 | 518,856 | 196,748 | • | 358.412 | 106 199 | 101 867 | 41.060 | 41,000 | 61,003 | 247.047 | 240,142 | 10,04/ | 661,422 | | 110,72 | 50,933 | 055,75 | 20,081 | 300,907 | \$ 5,730,868 | |
| ٨ | Program | Services | \$19,029,636 | 2,099,758 | 1,412,938 | | 1,556,998 | 4.021.519 | 624.090 | 76 640 | 5 298 001 | 1 002 649 | 442 005 | 684 374 | 243 080 | 600,642 | 422 402 | 207,207 | 565 670 | 135 530 | 2 705 400 | 3,703,408 | \$42,204,932 | |
| | | | Salaries and wages | Employee benefits | Payroll taxes | Management fees | Professional fees and contract services | Supplies | Telephone | Postage | Occupancy | Equipment rental and maintenance | Printing and promotion | Travel and employee expenses | Conferences, conventions and meetings | Conference stipends | Membership dues | Insurance | Interest | Miscellaneous | Depreciation | | Total functional expenses | |

CONSOLIDATING STATEMENT OF FUNCTIONAL EXPENSES Year Ended December 31, 2016

| | Y. | YMCA of Greater Louisville, Inc | r Louisville, I | JC. | | National Sar | National Safe Place, Inc. | | | | Consolidated | dated | |
|---|---------------|---------------------------------|-----------------|---------------|--------------|--------------|---------------------------|---------------|----------------|---------------|--------------|------------|---------------|
| | Program | Management | Fund - | | Program | Management | Fund - | | | Program | Management | Fund - | |
| | Services | and General | Raising | Total | Services | and General | Raising | Total | Eliminations | Services | and General | Raising | Total |
| Colamina on the second | 4 | | | | | | | | | | | | |
| Salaries and wages | \$ 18,438,999 | \$ 3,013,814 | \$ 176,249 | \$ 21,629,062 | | | | | | \$ 18,438,999 | \$ 3,013,814 | \$ 176,249 | \$ 21,629,062 |
| Employee benefits | 2,062,702 | 530,971 | 36,710 | 2,630,383 | | | | | | 2,062,702 | 530,971 | 36,710 | 2,630,383 |
| Payroll taxes | 1,341,202 | 198,989 | 20,533 | 1,560,724 | | | | | | 1,341,202 | 198,989 | 20,533 | 1,560,724 |
| Management fees | | | | | \$ 1,150,710 | \$ 100,946 | \$ 50,473 | \$ 1,302,129 | \$ (1,302,129) | | | | |
| Professional fees and contract services | 1,652,208 | 421,422 | 51,108 | 2,124,738 | 486,930 | 385,709 | | 872,639 | (316,000) | 2,139,138 | 491,131 | 51,108 | 2,681,377 |
| Supplies | 3,814,172 | 121,175 | 11,466 | 3,946,813 | 63,783 | 2,395 | 1,198 | 67,376 | (612) | 3,877,343 | 123,570 | 12,664 | 4,013,577 |
| Telephone | 386,413 | 60,491 | | 446,904 | 21,352 | 2,512 | 1,256 | 25,120 | | 407,765 | 63,003 | 1,256 | 472,024 |
| Postage | 123,778 | 32,359 | 2,855 | 158,992 | 7,452 | 877 | 438 | 8,767 | | 131,230 | 33,236 | 3,293 | 167,759 |
| Оссирансу | 5,548,084 | 93,329 | 251 | 5,641,664 | 56,559 | 6,654 | 3,327 | 66,540 | | 5,604,643 | 99,983 | 3,578 | 5,708,204 |
| Equipment rental and maintenance | 1,272,212 | 38,345 | | 1,310,557 | 1,986 | 234 | 117 | 2,337 | | 1,274,198 | 38,579 | 117 | 1,312,894 |
| Printing and promotion | 665,298 | 271,868 | 89,307 | 1,026,473 | 27,210 | | | 27,210 | | 692,508 | 271,868 | 89,307 | 1,053,683 |
| Travel and employee expenses | 693,315 | 16,149 | 808 | 710,272 | 153,472 | 8,078 | | 161,550 | | 846,787 | 24,227 | 808 | 871,822 |
| Conferences, conventions and meetings | 340,423 | 151,484 | 51,679 | 543,586 | 400,646 | 6,887 | 3,120 | 410,653 | | 741,069 | 158,371 | 54,799 | 954,239 |
| Conference stipends | | | | | 350,814 | | | 350,814 | | 350,814 | | | 350,814 |
| Membership dues | 399,974 | 26,156 | 275 | 426,405 | 3,476 | 15,743 | | 19,219 | (2,000) | 401,450 | 41,899 | 275 | 443,624 |
| Insurance | 750,983 | 43,640 | 1,000 | 795,623 | 4,930 | 580 | 290 | 5,800 | | 755,913 | 44,220 | 1,290 | 801,423 |
| Interest | 594,839 | 279,987 | | 874,826 | | | | | | 594,839 | 279,987 | | 874,826 |
| Miscellaneous | 112,850 | 21,959 | 4,958 | 139,767 | 6,283 | 501 | 243 | 7,027 | (125) | 119,008 | 22,460 | 5,201 | 146,669 |
| Depreciation | 3,494,011 | 299,470 | 4,500 | 3,797,981 | 4,377 | | | 4,377 | | 3,498,388 | 299,470 | 4,500 | 3,802,358 |
| £ | 6 41 601 463 | 0071073 | 0071373 | 055 435 54 9 | 000 000 0 | \$ 631116 | 3 | 0.3.311.6.6.3 | (220 022 17 8 | 200 222 000 | 0000 3000 3 | 007 177 4 | 0 40 476 469 |
| I otal lunctional expenses | \$ 41,091,403 | 3 3,021,006 | 3 451,099 | 9 47,704,770 | \$ 4,739,900 | 011,100 | 3 00,407 | 0,731,730 | 3 (1,020,000) | 044,117,04 € | 9 2,725,770 | 3 401,000 | 704,0/4,44 6 |

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Years Ended December 31, 2017 and 2016

| | Federal CFDA | Passed | E.J. 17 | 3. 34. |
|--|-----------------|------------------------------|---|--|
| Federal Grantor/Program Title | Number | Through to Sub-recipients | 2017 | Expenditures |
| U.S. Department of Health and Human Services: Basic Center Grant: RHYTTAC Program | 11011001 | <u>Buo Teorpions</u> | 2017 | <u>2016</u> |
| Nine months ended September 30 Three months ended December 31 | | | \$ 1,485,765 <u>816,479</u> 2,302,244 | \$ 2,473,899 <u>860,523</u> <u>3,334,422</u> |
| Runaway & Homeless Youth Program: Eight months ended August 31 Four months ended December 31 | | | 74,191 63,952 138,143 | 69,127 125,809 194,936 |
| Street Outreach: | 93.623 | | 2,440,387 | 3,529,358 |
| Ten months ended October 31 | 93.557 | | | 137,424 |
| U.S. Department of Agriculture: Pass through Kentucky Research Foundation Cooperative Extension Service | 10.500 | | 59,827 | |
| Pass through Kentucky Department of Education Child Care Food Program | 10.558 | | 219,354 | 187,765 |
| U.S. Department of Housing and Urban Development: Pass through Louisville Metro Housing Department Rent Supplement | 14.249 | | 252,241 | 250,082 |
| Pass through Louisville Metro Housing Department Emergency Solutions Pass through Louisville Metro Housing Department Community Development Block Grant | 14.231 | | 36,558 | 32,226 |
| U.S. Department of Justice | 14.218 | | 36,949 | <u>37,781</u> |
| Juvenile Justice and Delinquency Program | 16.540 | | 76,604 | |
| U.S. Environmental Protection Agency Brownfields Assessment and Cleanup Cooperative Agreement | 66.818 | | 200,000 | |
| Total expenditures of federal awards | | | <u>\$3,321,920</u> | <u>\$4,174,636</u> |

The accompanying notes are an integral part of this schedule.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") include the federal grant activity of YMCA of Greater Louisville, Inc. (YMCA) and National Safe Place, Inc. (Affiliate) under programs of the federal government for the years ended December 31, 2017 and 2016. The information in the schedule is presented in accordance with the requirements of Title 2 U.S. Code of federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the schedule presents only a selected portion of the operations of YMCA and Affiliate, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the YMCA and Affiliate.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3. Indirect Cost Rate

The YMCA and Affiliate have elected not to use the 10-percent *de minimis* indirect cost rate allowed under the Uniform Guidance.



Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

To the Board of Directors Young Men's Christian Association of Greater Louisville, Inc. and Affiliate Louisville, Kentucky

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Young Men's Christian Association of Greater Louisville, Inc. (YMCA) and National Safe Place, Inc. (Affiliate) (not-for-profit organizations), which comprise the consolidated statement of financial position as of December 31, 2017, and the related consolidated statements of activities, and cash flows for the year then ended, and the related consolidated notes to the financial statements, and have issued our report thereon dated May 15, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered YMCA and Affiliate's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the YMCA and Affiliate's internal control. Accordingly, we do not express an opinion on the effectiveness of the YMCA and Affiliate's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the YMCA and Affiliate's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dening, Molone, Swessy & Octroff

Louisville, Kentucky May 15, 2018



Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance

The Board of Directors
Young Men's Christian Association of
Greater Louisville, Inc. and Affiliate
Louisville, Kentucky

Report on Compliance for Each Major Federal Program

We have audited Young Men's Christian Association of Greater Louisville, Inc.'s (YMCA) and National Safe Place, Inc.'s (Affiliate) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of YMCA and Affiliate's major federal programs for the year ended December 31, 2017. YMCA and Affiliate's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of YMCA and Affiliate's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and audit requirements of *Title 2 U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about YMCA and Affiliate's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination for YMCA and Affiliate's compliance.

Opinion on Each Major Federal Program

In our opinion, YMCA and Affiliate complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2017.

Report on Internal Control Over Compliance

Management of YMCA of Greater Louisville, Inc. and Affiliate is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered YMCA and Affiliate's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of YMCA and Affiliate's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the result of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dening, molone, Lieuzay & Ostroff

Louisville, Kentucky May 15, 2018

SCHEDULE OF FINDINGS AND QUESTIONED COSTS Year Ended December 31, 2017

| Conti | ion I – Summary of Auditors' Results | |
|-------|--|---|
| 1. | The auditors' report expresses an unn statements of the YMCA and Affiliate for | nodified opinion on the consolidated financial r the year ended December 31, 2017. |
| 2. | Internal control over financial reporting: Material weakness identified? Significant deficiency identified | |
| 3. | No instances of noncompliance material which would be required to be reported i were disclosed during the audit. | to the financial statements of YMCA and Affiliate, n accordance with <i>Government Auditing Standards</i> |
| 4. | Internal control over major programs: Material weakness identified? Significant deficiency identified | ed?Yes _X_ None reports |
| 5. | expresses an unmodified opinion on an | the major federal programs of YMCA and Affiliate, major federal awards. |
| 6. | The audit disclosed no audit findings 200.516(a). | required to be reported in accordance with 2 CFR |
| 7. | The program audited as a major progra | am was: |
| | Federal CFDA Number | Name of Major Federal Program |
| | | U.S. Department of Health and Human Services: |
| | 93.623 | Basic Center Program |
| 8 | . The threshold used to distinguish bety | ween Type A and Type B programs was \$750,000. |

The auditee did qualify as a low-risk auditee. 9.