** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

A I	For th	e 2014 calendar year, or tax year beginning and e	ending	_	
B	Check if applicab	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION		D Employer identific	cation number
Г	Addre	SS OF CREAMED OF LOUIS			
	Name chang			43-0	653616
F	Initial return Final return		Room/suite 1TH FL	E Telephone numbe 314-	436-1177
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	61,668,551.
	Amen return	ded cm tottte mo 63103		H(a) Is this a group re	
	Application	F Name and address of principal officer: TIMOTHY HELM		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Гах-ех	empt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1) o	or 527	1	list. (see instructions)
J	Websi	te: ► YMCASTLOUIS.ORG		H(c) Group exemptio	
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1853 N	State of legal domicile: MO
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O	
anc					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			44
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			41
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			4736
įχ	6	Total number of volunteers (estimate if necessary)			4899
Act		Total unrelated business revenue from Part VIII, column (C), line 12			36,913.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	35,913.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		6,246,443.	7,586,899.
Revenue	9	Program service revenue (Part VIII, line 2g)		46,577,796.	47,131,131.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		888,434.	5,387,431.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		412,181.	466,251.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		54,124,854.	60,571,712.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,741,801.	2,502,669.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		33,726,390.	34,389,697.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		33,120,390.	34,309,097.
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25) 480,60		20,545,738.	20,986,600.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		57,013,929.	57,878,966.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,889,075.	2,692,746.
SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	12,028,308.	111,441,950.
Ass. Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		15,434,437.	15,505,457.
Net, und	22	Net assets or fund balances. Subtract line 21 from line 20		96,593,871.	95,936,493.
Pa	art II	Signature Block		20,020,012	20,200,2200
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			,
Sig	n	Signature of officer		Date	
Her		FRANCIS X. WARD, SR. VP OF FINANCE AND	CFO		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	JAMES R. RITTS		if self-employe	
Pre	parer	Firm's name RUBINBROWN LLP		Firm's EIN	43-0765316
Use	Only	Firm's address ONE NORTH BRENTWOOD			
		SAINT LOUIS, MO 63105		Phone no. (3	
May	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
2	he prior Form 990 or 990-EZ? Yes X No
	f "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No f "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	evenue, if any, for each program service reported. Code: 1,322,307. (Revenue \$ 28,126,411.) SEE SCHEDULE O
4b	Code:) (Expenses \$9,951,277. including grants of \$133,750.) (Revenue \$7,627,545.) SEE SCHEDULE O
4c	Code:) (Expenses \$ 6,132,397. including grants of \$143,208.) (Revenue \$7,153,232.) SEE SCHEDULE O
4d	Other program services (Describe in Schedule O.) Expenses \$ 9,640,494 • including grants of \$ 903,404 •) (Revenue \$ 4,601,883 •)
	Fotal program service expenses > 52,794,356.

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Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	H		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	١		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

Form 990 (2014)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	х	
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	Х	
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	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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		Х
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
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	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٦,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	X	l

Form **990** (2014)

OF GREATER ST. LOUIS

Pai							
	Check if	Schedule O contains a response or note to any line in this Part V					Ш
				l 4-F		Yes	No
1a			\vdash	45			
b			esponse or note to any line in this Part V orm 1096. Enter -0- if not applicable ed in line 1a. Enter -0- if not applicable bed in line 1a. Enter -0- if not applicable on withholding rules for reportable payments to vendors and reportable gaming on withholding rules for reportable payments to vendors and reportable gaming on the organization file all required federal employment tax returns? 2a 4736 3a 4736 3a 4736 3a 4736 3a 4736 3b 4736 3b 4736 3b 4736 3c 474 3c 4736 3c 474				
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2a				1736			
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b					20	Λ	
2-					20	x	
					30		
-t a	•			•	42		x
h		· · · · · · · · · · · · · · · · · · ·	accou		Ta		
			Accour	nts (FRAR)			
5a					5a		х
b							Х
	•						
		the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0 0 organization comply with backup withholding rules for reportable payments to vendors and reportable gaming organization comply with backup withholding rules for reportable payments to vendors and reportable gaming organization comply with backup withholding rules for reportable payments to vendors and reportable gaming organization provided to provide the calendary ear ending with or within the year covered by this return 2a 473 of the same organization for within the year covered by this return 2a 473 of the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2a 473 of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2a 3a organization have unrelated business gross income of \$1,000 or more during the year? 3a 2a 1a account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 1a					
					6a		Х
b							
	were not tax de	ductible?	applicable 11a 45 11b 0 0 portable payments to vendors and reportable gaming 1c X all of Wage and Tax Statements, by this return 2a 4736 sequired federal employment tax returns? 2a 4736 sequired federal employment tax returns? 2b required to e-file (see instructions) ,000 or more during the year? 3a X provide an explanation in Schedule O 3b X in interest in, or a signature or other authority over, a ecurities account, or other financial account)? 4a 2 port of Foreign Bank and Financial Accounts (FBAR). 3b X in interest in, or a signature or other authority over, a ecurities account, or other financial accounts)? 5b 5c 1 llly greater than \$100,000, and did the organization solicit riributions? 5c 1 llly greater than \$100,000, and did the organization solicit riributions? 6a 2 press statement that such contributions or gifts 6b 2 press statement that such contributions or gifts 6b 2 press statement that such contributions or gifts 6c 2 press statement that such contributions or gifts 6c 3 press statement th				
7	Organizations	that may receive deductible contributions under section 170(c).					
а	Did the organization	on receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		
b	If "Yes," did the	organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organiza	ation sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 828				7c		X
d							37
е							X
f	ŭ						Х
g							
h					/n		
8							
9					•		
e e		the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
b			inter -0- if not applicable				
10	· ·	cer the number reported in Box 3 of Form 1096. Enter 0- if not applicable the number of Forms W-2G included in line 1a. Enter-0- if not applicable the number of Forms W-2G included in line 1a. Enter-0- if not applicable the number of Forms W-2G included in line 1a. Enter-0- if not applicable the number of Forms W-2G included in line 1a. Enter-0- if not applicable the number of Forms w-2G included in line 1a. Enter-0- if not applicable the number of Enter of the Calendary services and the organization of the calendary services reported on Form W-3, Transmittal of Wage and Tax Statements, and the organization of the calendary services are not in the calendary services and the organization file all required federal employment tax returns? The calendary services and the organization file all required federal employment tax returns? Let If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year? Yes, * has it filed a Form 990-ff for this year? If 'No', if the 3b, provide an explanation in Schedule O any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nuncial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes, * services, * enter the name of the foreign country be instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), is the organization aparty to a prohibited tax shelter transaction and year year than \$100,000, and did the organization solicit year, in the San					
а			10a				
b			-				
11							
а	Gross income fr	om members or shareholders	11a				
b	Gross income fr	om other sources (Do not net amounts due or paid to other sources against					
			11b				
12a	Section 4947(a	re the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45 1b 0 1the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming hibling winnings to prize winners? If the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, 2a 4736 1east one is reported on line 2a, did the organization file all required deferal employment tax returns? If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year? If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year? If the organization have unrelated business gross income of \$1,000 or more during the year? If the organization have unrelated business gross income of \$1,000 or more during the year? If the organization have unrelated business gross income of \$1,000 or more during the year? If the organization is a fireign country If *No.** to line 8b, provide an explanation in Schedule O If the organization is a fireign country If *No.** to line 8b, provide an explanation in Schedule O If the organization is organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? In the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit contributions that were not tax deductible as chariable contributions? If the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit contributions that were not tax deductible as chariable contributions? If the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit contributions that were not tax deductible as chariable contributions? If the organiza			12a		
b	If "Yes," enter the	ne amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)	29) qualified nonprofit health insurance issuers.					
а	-				13a		
		•					
b			1	I			
			\vdash				
							X
14a		ation receive any payments for indoor tanning services during the tax year?			14a	-	<u> </u>

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 44						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 41						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a					
b	anization have local chapters, branches, or affiliates? d the organization have written policies and procedures governing the activities of such chapters, affiliates, nes to ensure their operations are consistent with the organization's exempt purposes? ganization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Schedule O the process, if any, used by the organization to review this Form 990. anization have a written conflict of interest policy? If "No," go to line 13 s, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? anization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe anization have a written whistleblower policy? anization have a written document retention and destruction policy? cess for determining compensation of the following persons include a review and approval by independent		X				
С							
		12c					
13		13					
14		14	Х				
15							
			77				
		14					
b		15b	X				
46							
16a	a any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or resons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? the committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ganization's mailing address? If "Yes," provide the names and addresses in Schedule O In B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) If the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, do branches to ensure their operations are consistent with the organization's exempt purposes? Is the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? scribe in Schedule O the process, if any, used by the organization to review this Form 990. If the organization have a written conflict of interest policy? If "No," go to line 13 recoffices, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? If the organization have a written whistleblower policy? If the process for determining compensation of the following persons include a review and approval by independent resons, comparability data, and contemporaneous substantiation of the deliberation and decision? Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation oint venture arrangements un						
		16a		X			
b							
	, , , , , , , , , , , , , , , , , , , ,						
0		16b					
17 10		-ا دازمیر	lo.				
18		ıvallab	ie				
10		l fina:	oial				
19		mian	uai				
20							
20							

Form **990** (2014)

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	Ĭ		(()			(D)	(E)	(F)
Name and Title	Average hours per		not c	Pos heck ss pe	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week			nd a d				from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	mpen		(** 27 1033 141100)		and related
	below	idual	tution	er	Key employee	est co lo yee	Je.			organizations
	line)	Indiv	Instit	Officer	Key 6	High emp	Former			
(1) RICK ANDREWS	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(2) CHERYL ANTHONY	1.00								_	
DIRECTOR		Х						0.	0.	0.
(3) JOSHUA BANES	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MICHAEL BERWIN	1.00	l								•
DIRECTOR	1 00	Х						0.	0.	0.
(5) TIM CARPENTER (WILDWOOD CHAIR)	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(6) BONNIE DANIELS	1.00								•	0
DIRECTOR	1 00	Х						0.	0.	0.
(7) JIM DIERKING (FOUR RIVERS CHAIR	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) L.B. ECKELKAMP, JR.	1.00	,,							0	0
DIRECTOR	1.00	Х				_		0.	0.	0.
(9) SERGIO FERNANDES	1.00	x						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(10) RON FINNAN	1.00	x						0.	0.	0.
(11) SARA E. FOSTER	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(12) ASTRID GARCIA	1.00							0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) DR. THOMAS GEORGE	1.00							0.	•	
DIRECTOR	100	x						0.	0.	0.
(14) MICHAEL GIBBONS	1.00									
DIRECTOR		x						0.	0.	0.
(15) LYLE GILBERTSON (EDWARD JONES C	1.00							-		
DIRECTOR		х						0.	0.	0.
(16) SERENA GREGORY (MONSANTO CHAIR)	1.00									
DIRECTOR		х						0.	0.	0.
(17) JEFF GUEBERT	1.00									
DIRECTOR		Х						0.	0.	0.
432007 11-07-14						•				Form 990 (2014)

432007 11-07-14

Form **990** (2014)

43-0653616 Form 990 (2014) OF GREATER ST. LOUIS Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) (18) STEVE HANLEY 1.00 0. 0. 0. DIRECTOR (19) MELISSA HARPER 1.00 X 0 0 . 0. DIRECTOR 1.00 (20) CHRIS HARRIS, SR. 0 X 0 0. DIRECTOR 1.00(21) ROBIN HATTORI (WASH U CHAIR) X 0 0 DIRECTOR 0. (22) TERRY HENDERSON (TRI COUNTY CHA 1.00 0 0 0. DIRECTOR Х (23) ANNE HILL 2.00 X X 0 0. SECRETARY 0. (24) JOSEPH M. HOFF 1.00 X 0 0 0. DIRECTOR 1.00 (25) ROBERT T. HORSFIELD X 0. 0. 0. DIRECTOR 1.00(26) GEORGE JOHN DIRECTOR Х 0 0 0. 0. 0. 1b Sub-total

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

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

Section B. Independent Contractors

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRICO, 3109 S GRAND BLVD SUITE 200, ST.	CONSTRUCTION	
LOUIS, MO 63118	CONTRACTOR	881,532.
ROCK HILL MECHANICAL CORP		
524 CLARK AVE, ST. LOUIS, MO 63122	HVAC CONTRACTOR	605,100.
SERVICES MASTERS ST CHARLES	COMMERCIAL &	
137 COMPASS POINT DR, ST CHARLES, MO 63301	DISASTER RESTORATION	553,095.
FIRST STUDENT		
22157 NETWORK PLACE, CHICAGO, IL 60673-1221	BUS TRANSPORTATION	242,819.
MIDWEST POOL & COURT COMPANY		
7841 MANCHESTER RD, ST. LOUIS, MO 63143	POOL SERVICES	197,175.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 11		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

215,450.

215,450.

6

0.

1,274,776.

1,274,776.

Form 990 OF GREAT	ER ST. I	700	λΤ?	<u> </u>					43-065	3616
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	l		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per .							from	from related	other
	week	ъ				oloyee		the	organizations	compensation
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	9e or	stee			nsate		(** 2/ 1000 1/1100)		and related
	organizations	truste	al tru) yee	mpe				organizations
	below	Individual trustee or director	nstitutional trustee	ь e	Key employee	Highest compensated employee	ıer			· ·
	line)	lpdi	Insti	Officer	Key	High	Former			
(27) JAMES JUMP (EMERSON CHAIR)	1.00									
DIRECTOR		Х						0.	0.	0.
(28) KURT KALLAUS	1.00									
DIRECTOR		х						0.	0.	0.
(29) ALEX KANTER (CARONDELET CHAIR)	1.00									
DIRECTOR		х						0.	0.	0.
(30) KAR ARINDAM (DOWNTOWN CHAIR)	1.00							-	-	
DIRECTOR		х						0.	0.	0.
(31) NEVADA (AL) A. KENT, IV	2.00									
CHAIR		x		x				0.	0.	0.
(32) JOHN KNUDSEN	1.00	-							•	
DIRECTOR	<u> </u>	x						0.	0.	0.
(33) BRADFORD KOENEMAN	1.00									
DIRECTOR	100	x						0.	0.	0.
(34) STAN LABAT (W. COUNTY CHAIR)	1.00								•	
DIRECTOR	1.00	х						0.	0.	0.
(35) MELISSA LACKEY	1.00								•	
DIRECTOR	1.00	Х						0.	0.	0.
(36) JAMES W. LAWSON	1.00							•	•	
DIRECTOR	1.00	Х						0.	0.	0.
(37) DAVID LAYTON	1.00							•	•	- 0 (
DIRECTOR	1.00	Х						0.	0.	0.
	1.00	^						0.	0.	0.
(38) MARK D. LEEKER	1.00	Х		x				0.	0.	0 .
VICE CHAIR	1.00	^		^				0.	0.	0.
(39) TRISH LOVAN (ST. CHARLES CHAIR)	1.00	х						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(40) MARILYN LUNNEMANN	1.00	v						0.	0.	0
DIRECTOR	1 00	Х						0.	0.	0.
(41) RYAN J. MARTIN	1.00							_	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(42) LAURA MATLOCK (O'FALLON CHAIR)	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(43) SANDY MCCANDLESS, III	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(44) SCOTT MCKINNIS	1.00								_	•
DIRECTOR	1 22	Х			_			0.	0.	0.
(45) MIKE MILOSOVICH	1.00	<u>-</u> _								•
DIRECTOR	1	Х						0.	0.	0 .
(46) JOSEPH M. MOONEY	1.00	x						0.	0.	0.
										^

	ER ST. 1	יטנ) T 2						43-065	3616
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all 1	that	app	ly)	compensation	compensation	amount of
	per week					ap.		from the	from related organizations	other compensation
	(list any	tor				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	direc.				ma pa		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	related	tee or	ustee			ensati		,		and related
	organizations	al trus	nal tr		loyee	dwo				organizations
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	hest (Former			
	line)	프	lus	₽	ā	ijĔ	F			
(47) PATRICK J. MOORE	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(48) JIM MOSES	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(49) JULIA K. MULLER	1.00	\ \						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0.
(50) RICHARD J. NICOLETTI	1.00	Х						0.	0.	0.
DIRECTOR (51) TRACI O'BRYAN	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(52) MICHAEL O'KEEFE	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(53) GARY OLSON	1.00								•	· ·
DIRECTOR	1100	x						0.	0.	0.
(54) EMILY PITTS	1.00									<u> </u>
DIRECTOR		x						0.	0.	0.
(55) DAVID B. PRICE, JR.	1.00							•	•	•
DIRECTOR		х						0.	0.	0.
(56) JON N. REED	2.00									
DIRECTOR		Х						0.	0.	0.
(57) JASON RINEY (SO. CITY CHAIR)	1.00									
DIRECTOR		Х						0.	0.	0.
(58) KURT M. SCHWAGER	1.00									
DIRECTOR		Х						0.	0.	0.
(59) RALPH P. SCOZZAFAVA	1.00									
DIRECTOR		Х						0.	0.	0.
(60) DANIEL J. SESCLEIFER	2.00									
TREASURER		Х		Х				0.	0.	0.
(61) DIANE SHER CPA, PFS, CFP, WBE	1.00									
DIRECTOR		Х						0.	0.	0.
(62) JUDY SIMMS (JEFFERSON COUNTY CH	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(63) JERRY STRICKLAND (SOUTH COUNTY	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(64) RON SUCHANEK	1.00	٠,								0
DIRECTOR	1 00	Х			_			0.	0.	0.
(65) KEVIN THOMPSON	1.00								_	0
DIRECTOR	1.00	Х	\vdash	_		\vdash		0.	0.	0.
(66) KURT THOMPSON (MID COUNTY CHAIR	1.00	х						0.	0.	0.
DIRECTOR										

Form 990

Form 990 OF GREAT	ER ST. I	JOL	TY	<u> </u>					43-065	3616
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	<u> </u>			C)	<u> </u>		(D)	(E)	(F)
Name and title	Average			Pos	-			Reportable	Reportable	Estimated
	hours	(cl				app	ly)	compensation	compensation	amount of
	per	Ť				Ė	<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	director director				em plc		organization	(W-2/1099-MISC)	from the
	hours for	or di	8			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	frust		es	suadı				and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) ROBERT TOMEK	1.00									
DIRECTOR		Х						0.	0.	0.
(68) JERRY TOWNSEND (OZARKS CHAIR)	1.00							_		_
DIRECTOR		Х						0.	0.	0.
(69) TIMOTHY R. WALSH	1.00	ļ							•	
DIRECTOR	1 00	Х						0.	0.	0.
(70) SANDY WASHINGTON (KIRK/WEB CHAI	1.00								0	•
DIRECTOR (71) PANIE MILITARIA	1.00	Х						0.	0.	0.
(71) DAVID WILSDORF DIRECTOR	1.00	X						0.	0.	0.
(72) REV. STARSKY WILSON	1.00							0.	0.	0.
DIRECTOR		x						0.	0.	0.
(73) GREIG WOODRING	1.00									
DIRECTOR		Х						0.	0.	0.
(74) DR. FARA ZAKERY	1.00									
DIRECTOR		Х						0.	0.	0.
(75) DONNA L. ZOELLER, AAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(76) GARY SCHLANSKER	45.00									
PRESIDENT & CEO(RETIRED)				Х				292,680.	0.	45,173
(77) TIMOTHY HELM	45.00								_	
PRESIDENT & CEO (CURRENT)				Х				87,616.	0.	3,135
(78) KAREN KOCKER	45.00							100 006		05 450
EXECUTIVE SR. VP & COO	45 00			Х				189,336.	0.	25,459
(79) FRANCIS X. WARD	45.00	-		x				152 750	0	27 152
SR. VP OF FINANCE & CFO	40.00	_		Λ				153,758.	0.	27,152
(80) DONA SHERWOOD VP OF OPERATIONS	40.00	-				х		111,215.	0.	26,103
(81) VICTORIA ADRIAN	45.00					22		111,219.	0.	20,105
SR. VP OF HUMAN RESOURCES	13.00	1				x		113,318.	0.	17,315
(82) CENIA BOSMAN	40.00							223,3233		27,7323
SR. VP OF ADMINISTRATIVE SERVICES		1				x		101,815.	0.	30,122
(83) LAURIE MCTEARNEN	45.00					\vdash		, •		,
VP OF CHILD CARE SERVICES		1				х		105,559.	0.	22,004.
(84) WENDY CORNETT-MARQUITZ	40.00									
SR. VP OF FINANCIAL DEVELOPMENT						Х		119,479.	0.	18,987.
		-								
		_								
								1 274 776		215 450
Total to Part VII, Section A, line 1c								1,274,776.		215,450.

Form 990 (2014) OF GREA
Part VIII Statement of Revenue

Paı	rt VII	Statement of Rever	iue					
		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	1,651,718.				
ou l	b	Membership dues	1b					
Ağ,	С	Fundraising events	1c	412,546.				
<u>a</u>	d	Related organizations	1d					
ž, ž	е	Government grants (contributi	ons) 1e	1,222,434.				
5 P	f	All other contributions, gifts, grant	s, and					
₹		similar amounts not included abov	/e 1f	4,300,201.				
פַּס	g	Noncash contributions included in lines	1a-1f: \$	178,022.				
5 €	h	Total. Add lines 1a-1f			7,586,899.			
				Business Code				
9	2 a	HEALTH ENHANCEMENT		713940	28,126,411.	28,126,411.		
Revenue	b	CAMPING		900099	7,627,545.	7,627,545.		
en en	С	SCHOOL AGE CHILD CARE		624410	7,153,232.	7,153,232.		
Be a	d	DAY CARE ALL OTHER PROGRAM SERV		624310	3,067,347.	3,067,347.		
5	e			900099	931,050.	931,050.		
-	T	All other program service reve			225,546. 47,131,131.	225,546.		
	<u>g</u> 3	Total. Add lines 2a-2f			47,131,131.			
	3	other similar amounts)			670,429.			670,429
	4	Income from investment of tax			7 7			, , , , , , , , , , , , , , , , , , , ,
	5	Royalties		· •				
	_		(i) Real	(ii) Personal				
	6 a	Gross rents	V	38,837.				
	b			1,924.				
	С	5		36,913.				
	d	N			36,913.		36,913.	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,475,000.	717,340.				
	b	Less: cost or other basis						
		and sales expenses	268,119.					
	С	Gain or (loss)	4,206,881.	510,121.				
	d	Net gain or (loss)		······	4,717,002.			4,717,002
e l	8 a	Gross income from fundraising	g events (not					
Other Revenue		including \$ 412						
Be		contributions reported on line	,					
ЭĒ		Part IV, line 18						
₹		Less: direct expenses			40.745			40 745
		Net income or (loss) from fund	•	>	-40,745.			-40,745
	эa	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	u	and allowances		278,010.				
	b	Less: cost of goods sold						
		Net income or (loss) from sales			150,789.	150,789.		
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a	FEES FROM Y-USA		900099	165,084.	165,084.		
	b	Y-CLUB SITE TRAINING F	EES	900099	62,067.	62,067.		
	С							
	d	***************************************		900099	92,143.			92,143
		Total. Add lines 11a-11d		•	319,294.			
	е	Total revenue. See instructions.			60,571,712.	47,509,071.	36,913.	5,438,829

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).

0001	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo			mipiete column (Ay.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,400,669.	2,400,669.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	102,000.	102,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	004 200	120 244	F16 0F0	155 602
	trustees, and key employees	824,309.	130,344.	516,272.	177,693
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	07 605 471	25 744 267	1 060 036	01 160
7	Other salaries and wages	27,695,471.	25,744,367.	1,869,936.	81,168
8	Pension plan accruals and contributions (include	1 200 001	1 105 704	04 777	0 (10
_	section 401(k) and 403(b) employer contributions)	1,299,091.		94,777.	8,610
9	Other employee benefits	2,062,047.		182,634.	24,294
10	Payroll taxes	2,508,779.	2,338,007.	153,135.	17,637
11	Fees for services (non-employees):				
а	•	1.60 200		160 200	
b	•	169,280. 62,500.		169,280.	
С	•	64,500.		62,500.	
	Lobbying				
е	,	48,627.		10 627	
f	Investment management fees	40,047.		48,627.	
g	,	1,906,788.	1,355,261.	495,823.	55,704
	column (A) amount, list line 11g expenses on Sch O.)	1,053,471.	694,068.	325,716.	33,704
12	Advertising and promotion	481,258.	418,078.	60,543.	2,637
13	Office expenses	401,230.	410,070.	00,545.	2,037
14	Information technology				
15	Royalties	5,403,610.	5,357,912.	45,698.	
16 17	Occupancy	529,584.	493,191.	33,774.	2,619
17 18	Travel Payments of travel or entertainment expenses	323,304.	400,1010	33,774	2,010
10	·				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	751,159.	450,475.	248,319.	52,365
20		373,657.	373,657.	210,010	32,333
20 21	Payments to affiliates	336,027.	316,012.	20,015.	
22	Depreciation, depletion, and amortization	4,305,946.	4,251,695.	54,251.	
23	Insurance	868,172.	860,830.	7,342.	
23 24	Other expenses. Itemize expenses not covered			.,	
_7	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 0.) PROGRAM SUPPLIES	3,921,068.	3,840,217.	77,744.	3,107
a b	EQUIPMENT	246,738.	189,392.	56,153.	1,193
С	SUBSCRIPTIONS AND DUES	83,797.	34,709.	29,195.	19,893
d	AMORTIZATION	23,088.	23,088.	20,100	±5,055
	All other expenses	421,830.	369,561.	52,269.	
25	Total functional expenses. Add lines 1 through 24e	57,878,966.	52,794,356.	4,604,003.	480,607
<u>25</u> 26	Joint costs. Complete this line only if the organization	3.,3.0,500	3_,.5_,550	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_00,001
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	- In following 501 30-2 (A50 336-120)				Form 990 (2014)

Part X Balance Sheet

Part	I X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	17,949.	1	18,655
	2	Savings and temporary cash investments	5,392,921.	2	3,761,929
	3	Pledges and grants receivable, net	3,577,372.	3	3,882,101
	4	Accounts receivable, net	690,235.	4	2,081,561
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	212,655.	8	211,157
	9	Prepaid expenses and deferred charges	539,964.	9	559,648
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 140,548,878.			
	b	Less: accumulated depreciation 10b 65,291,535.		10c	75,257,343
	11	Investments - publicly traded securities	6,361,239.	11	7,572,682
	12	Investments - other securities. See Part IV, line 11	17,508,101.	12	17,612,131
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	96,173.	14	73,096
	15	Other assets. See Part IV, line 11	399,468.	15	411,647
	16	Total assets. Add lines 1 through 15 (must equal line 34)	112,028,308.	16	111,441,950
	17	Accounts payable and accrued expenses	2,057,849.	17	2,739,152
	18	Grants payable		18	
	19	Deferred revenue	698,896.	19	1,054,437
	20	Tax-exempt bond liabilities	9,003,000.	20	8,741,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	90,244.	21	206,617
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	124 055
	23	Secured mortgages and notes payable to unrelated third parties		23	134,057
	24	Unsecured notes and loans payable to unrelated third parties		24	44,917
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	2 504 440		2 505 277
		Schedule D	3,584,448. 15,434,437.		2,585,277 15,505,457
- 1	26	Total liabilities. Add lines 17 through 25	13,434,437.	26	15,505,457
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Se		complete lines 27 through 29, and lines 33 and 34.	75,621,114.		74,618,707
a	27	Unrestricted net assets	15,453,626.	27	15,782,914
Ba	28	Temporarily restricted net assets	5,519,131.	28	5,534,872
Fund Balances	29	Permanently restricted net assets	3,313,131.	29	3,334,074
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here			
0 8	20	and complete lines 30 through 34.		200	
se l	30	Capital stock or trust principal, or current funds		30	
Y As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
, ⊢	32	Retained earnings, endowment, accumulated income, or other funds	96,593,871.	32	95,936,493
_ [33	Total net assets or fund balances	112,028,308.	33 34	111,441,950
	34	Total liabilities and net assets/fund balances	112,020,300.	ა 4	Form 990 (201

Form **990** (2014)

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		60,57		
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,87		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,69		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		96,59		
5	Net unrealized gains (losses) on investments	5	-2,94	7,8	21.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-40	2,3	03.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	95,93	6,4	93.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER ST. LOUIS

Employer identification number 43-0653616

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
Γhe	organ	ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					-	the hospital's name.
		city, and state:	•					,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,		, 3		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					public described in
•		section 170(b)(1)(A)(vi). (C	•	artial part of its support	rom a gov	orrintoritai	anic or nom the general	pasile accombed in
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ 11)			
9	Ħ	An organization that norma				contribution	one membershin fees a	and arose receints from
,		activities related to its exen	•	•	-			
		income and unrelated busin	•	•				•
		See section 509(a)(2). (Cor		(less section of reax) if	om busine	sses acqu	illed by the organization	arter durie 30, 1973.
10		An organization organized a	•	ively to test for public es	ofaty Saa	saction 50	10(a)(A)	
11	一	An organization organized a	•	•	-			nurnoses of one or
••		more publicly supported or	•	•	•		•	
		lines 11a through 11d that	•					DIECK THE DOX III
_		Type I. A supporting orga				•		, aivina
а		the supported organization	•	•				
		organization. You must o			a majomy (or tine direc	ciois of trustees of the s	supporting
h		¬ ~	•		tion with it	o cupport	ad arganization(s) by he	wing
b	L		•					•
		control or management o			arrie perso	טווס נוומנ טנ	ontrol of manage the sup	pported
_		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·		in connoc	tion with	and functionally integrat	ad with
C							• •	ea with,
		its supported organization						
d								
		that is not functionally int	-		•			iveriess
_		requirement (see instruct	•	- ·				
е		☐ Check this box if the orga					ттурет, туреті, туретіі	
	Enta	functionally integrated, or						
١ ~		er the number of supported of vide the following information						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization	. ,	(described on lines 1-9	listed i governing o	n your	support (see	other support (see
				above or IRC section	Yes	No	Instructions)	Instructions)
				(see instructions))		-110		
[nts	d .							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Sed	ction A. Public Support						-	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9022391.	6927502.	6901663.	6246443.	7586899.	36684898.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	9022391.	6927502.	6901663.	6246443.	7586899.	36684898.	
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)						1814487.	
6	Public support. Subtract line 5 from line 4.						34870411.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	9022391.	6927502.	6901663.	6246443.	7586899.	36684898.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	717,382.	775,330.	924,352.	584,680.	670,429.	3672173.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	610,725.		31,490.	37,225.	36,913.	716,353.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	283,769.	300,935.	1209761.	1268883.		4112263.	
11	Total support. Add lines 7 through 10						45185687.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 230	,477,473.	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a section	n 501(c)(3)		
	organization, check this box and stop	here					>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	77.17 %	
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	78.13 %	
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this b		
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization			
b	10% -facts-and-circumstances tes							
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	е	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ns ▶	
						dule A (Form 990		

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

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

Se	ction A. Public Support	olow, please com	proto r urt m,				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	, ,		, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ					11	
	Public support percentage for 2014 (I					15	<u>%</u>
	Public support percentage from 2013					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box at						
t	33 1/3% support tests - 2013. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n ala not check a	. DOX ON line 14, 19	ia, or 190, check th	his box and see in	STRUCTIONS	▶ ∟

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3D		
3с		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
 10b	0_E7\	2014

Par	T IV Supporting Organizations (continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	1a		
b	A family member of a person described in (a) above?	1b		
С	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.	1c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations	_		
000	non of Type in Supporting Organizations		Yes	No
4	Were a majority of the expenization's directors or trustees during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	· · · · · · · · · · · · · · · · · · ·			
	or management of the supporting organization was vested in the same persons that controlled or managed			
S00	the supported organization(s). tion D. Type III Supporting Organizations	1		
360	don B. Type in Supporting Organizations		V	Na
	Did the association associated to each of its associated associations, but the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	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 instruc	tions) T		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	· · · · · · · · · · · · · · · · · · ·	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

432025 09-17-14

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Cont	Section A - Adjusted Net Income (B) Current Year							
Seci	ion A - Adjusted Net Income		(A) Prior rear	(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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
_7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distribution Allocations (555 metablishe)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
b				
C				
<u>d</u>				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	Distance will of little 1.			
b				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2012 AMOUNT: \$ 293,416.

2013 AMOUNT: \$ 263,875.

2014 AMOUNT: \$ 319,294.

CAPITAL LEASE CONCESSION

2010 AMOUNT: \$ 130,263.

2011 AMOUNT: \$ 205,115.

2013 AMOUNT: \$ 187,657.

ST. LOUIS CITY REIMBURSEMENTS

2010 AMOUNT: \$ 153,506.

2011 AMOUNT: \$ 95,820.

2012 AMOUNT: \$ 74,505.

SALES OF INVENTORY

2012 AMOUNT: \$ 423,251.

2013 AMOUNT: \$ 339,336.

2014 AMOUNT: \$ 278,010.

FUNDRAISING EVENTS

2012 AMOUNT: \$ 418,589.

2013 AMOUNT: \$ 478,015.

2014 AMOUNT: \$ 451,611.

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

Employer identification number

43-0653616

Organization type (check one):							
Filers of:		Section:					
Form 990 or 990-EZ X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	ly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
;	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
		at is not covered by the General Rule and/or the Special Rules does not file Schedule R (Form 900, 900.F7, or 900.PF)					

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

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER ST. LOUIS

Employer identification number

43-0653616

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,215,005</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,622,118.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$609,444.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>183,157.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 3,570,950.	Person X Payroll

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER ST. LOUIS

Employer identification number

43-0653616

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$178,022.	Person X Payroll X Noncash X (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 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 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.)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER ST. LOUIS

Employer identification number

43-0653616

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	ASSORTED ITEMS DONATED FOR AUCTIONS. 891 SHARES OF VARIOUS PUBLICLY TRADED		
	STOCK.	\$\$	12/31/14
(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
		\$	

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION Employer identification number

lusively rengious, charmable, etc., compared year from any one contributor. Complete obleting Part III, enter the total of exclusively religious duplicate copies of Part III if addition	Columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 wing line entry. For organizations less for the year. (Enter this info. once.)			
		less for the year. (Enter this info. once.)			
dapiloate copiec of fart in it addition	al space is needed	. (
# N TO 1 4 141		/			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift	t			
	,,,				
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	.,, ,	., .			
	(e) Transfer of gift	t			
Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee			
Transferee 3 fiame, address, and Zir + 4		Trotation of transfer to transfer to			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift	t			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		1			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(a) Tuamatan et eitt				
(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	(b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and	(e) Transfer of gif Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gif Transferee's name, address, and ZIP + 4			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

Employer identification number 43-0653616

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements is		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Do	conservation easements.	f Art Historical Tracquires or C	Ather Similar Assets
Pai	t III Organizations Maintaining Collections o		Miler Sillillar Assets.
	Complete if the organization answered "Yes" to Form		
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that described expansion elected as permitted under SEAS 116 (A)		t and balance about works of art, historical
b	If the organization elected, as permitted under SFAS 116 (Astreasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in furtherance of po	iblic service, provide the following amounts
			• •
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	pasuras, or other similar assets for financia	
2			ai gairi, provide
~	the following amounts required to be reported under SFAS 1		> \$
a h	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		A
IJ	7,000to moludou irri orini 000, i art 7		🚩 Ψ

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Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or C	ther	Similar A	ssets(continued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that are	a sign	nificant use c	of its collection items
	(check all that apply):						
а	Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's col	lections and explain	how they further t	ne organization's	exemp	ot purpose ir	n Part XIII.
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be mai						Yes No
Pai	t IV Escrow and Custodial Arrang						
	reported an amount on Form 990, Part	·	•				
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contribution	s or other assets	not inc	cluded	
	on Form 990, Part X?						Yes X No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:				
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	ustodial account	liability	?	X Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						X
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" to Fo	rm 990, Part IV, I	ne 10.		
	L	(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three years I	
1a	Beginning of year balance	20,817,812.	18,222,803.	17,641,89	9.	17,877,8	16,069,079.
b	Contributions	119,188.	14,599.	87,5	75.	34,7	
С	Net investment earnings, gains, and losses	1,725,000.	3,321,106.	1,188,43	30.	429,3	339. 2,186,615.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	770,000.	740,696.	695,10)1.	700,0	1,155,831.
f	Administrative expenses						
g	End of year balance	21,892,000.	20,817,812.	18,222,80	3.	17,641,8	399. 17,877,807.
2	Provide the estimated percentage of the curre		e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment	48.20	_%				
	Permanent endowment ► 24.10	%					
С	Temporarily restricted endowment ▶ 27	<u>.70</u> %					
	The percentages in lines 2a, 2b, and 2c shoul	d equal 100%.					
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	nd administered	for the	organization	1
	by:						Yes No
	(i) unrelated organizations						
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations						3b
4	Describe in Part XIII the intended uses of the		wment funds.				
Pai	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	"Yes" to Form 990,			t X, line	e 10.	
	Description of property	(a) Cost or ot	1 ' '		•	umulated	(d) Book value
		basis (investm	,	(other)	depre	eciation	10 005 150
	Land		-	7,150.			12,287,150.
	Buildings		-			23,678.	
	Leasehold improvements		-			7,715.	
	Equipment				9,35	0,142.	
	Other			5,515.			325,515.
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part 2	X, column (B), line 1	0c.)			75,257,343.

Part VII Investments - Other Securitie
--

Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CTF	2,551,956.	END-OF-YEAR MARKET VALUE
(B) S&P 500 INDEX CTF	9,747,082.	END-OF-YEAR MARKET VALUE
(C) PASSIVE BOND MARKET CTF	2,768,643.	END-OF-YEAR MARKET VALUE
(D) TIPS INDEX CTF	1,212,767.	END-OF-YEAR MARKET VALUE
(E) OTHER INVESTMENTS	696,797.	END-OF-YEAR MARKET VALUE
(F) CUSTODIAL TRUST FUNDS	288,003.	END-OF-YEAR MARKET VALUE
(G) INTEREST IN CHARITABLE		
(H) GIFT ANNUITIES	346,883.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	17,612,131.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(7) (8) (9)

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR WORKERS COMP.	97,570.
(3) RESERVE FOR RETIREE HEALTH INS.	360,567.
(4) COND. ASSET RETIREMENT OBLIG.	93,850.
(5) LIABILITIES TO GIFT ANNUITANTS	752,337.
(6) CAPITAL LEASES	527,890.
(7) INSTALLMENT NOTE INSURANCE	227,086.
(8) INTEREST RATE SWAP CONTRACT	405,123.
(9) MISCELLANEOUS LIABILITIES	120,854.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,585,277.

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

OF GREATER ST. LOUIS

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	55,215,098.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
	Net unrealized gains (losses) on investments	2a	-2,947,821.				
	Donated services and use of facilities						
	Recoveries of prior year grants		10.010				
d	Other (Describe in Part XIII.)	2 d	-10,048.				
	Add lines 2a through 2d			2e	-2,957,869.		
	Subtract line 2e from line 1			3	58,172,967.		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b		2 200 745				
	Other (Describe in Part XIII.)	4b	2,398,745.		2 200 745		
	Add lines 4a and 4b			4c	2,398,745. 60,571,712.		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5			
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents v	vitn Expenses per	Rett	ırn.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				FE 071 60E		
1	Total expenses and losses per audited financial statements			1	55,871,605.		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما					
	Donated services and use of facilities	2a					
	Prior year adjustments	2b					
	Other losses	2c	393,308.				
	Other (Describe in Part XIII.)			0-	393,308.		
	Add lines 2a through 2d			2e 3	55,478,297.		
	Subtract line 2e from line 1			3	33,470,237.		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مد ا					
	Investment expenses not included on Form 990, Part VIII, line 7b	$\overline{}$	2,400,669.				
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	2,400,669.		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	57,878,966.		
	t XIII Supplemental Information.				37707075000		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines	1b and 2b: Part V line	4· Part	X line 2: Part XI		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			i, i ai i	, , , , , , , , , , , , , , , , , , ,		
PAR	T IV, LINE 2B:						
THE	YMCA IS CUSTODIAN FOR SEVERAL CUSTODIAL A	CCO	UNTS REPRESE	NTI	NG BALANCES		
RAI	SED BY VARIOUS CLUBS AND GROUPS.						
PAR	T V, LINE 4:						
THE	YMCA USES THE ENDOWMENT FUNDS TO SUPPORT	THE	OPERATIONS	OF	THE		
ASS	OCIATION, AS WELL AS WORLD SERVICE. SPENDI	NG	IS BASED UPO	N A	FORMULA,		
APP	ROVED ANNUALLY BY THE FINANCE COMMITTEE OF	' TH	E BOARD OF D	IRE	CTORS,		
			_	_			
WHI	CH APPLIES A PERCENTAGE TO THE AVERAGE OF	THE	PRIOR 5 YEA	RS'	MARKET		
VAL	UES AS OF JUNE 30. THE USE OF A 5-YEAR AVE	RAG	E HELPS LESS	EN	THE IMPACT		
. -	VIDUOR DI HOMES DE COMPANION DE	. ~ -	0.073.57.01-1.5				
OF	MARKET FLUCTUATIONS ON THE FUNDING OF THE	ASS	OCIATION'S O	PER	ATIONS. IN		
REC	ENT YEARS, THE PERCENTAGE USED TO DETERMIN	JE E	ACH YEAR'S S	PEN	DING AMOUNT		

Schedule D (Form 990) 2014 OF GREATER ST. LOUIS	43-0053010 Page 5
Part XIII Supplemental Information (continued)	
HAS BEEN 4% TO 4.5%.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
POST RETIREMENT PLAN CHANGE OTHER THAN NET PERIODIC COSTS	-27,119.
UNREALIZED LOSS ON INTEREST RATE SWAP	92,694.
UNREALIZED CHANGE IN TRUST INTERESTS	-75,623.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-10,048.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-1,924.
FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL	,-
STATEMENT REVENUE	2,400,669.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,398,745.
TOTAL TO SCHEDOLE D, FART XI, LINE 4D	2,390,743.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	1,924.
UNCOLLECTIBLE PLEDGES	391,384.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	393,308.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL ASSISTANCE TO INDIVIDUALS INCLUDED IN FINANCIAL	
STATEMENT REVENUE	2,400,669.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER ST. LOUIS

Employer identification number

43-0653616

Part I Gen	eral Info	mation on 4	ctivities Ou	tside the United States. Comple	ete if the organization answered "\	/es" on		
	990, Part I\		.5	total till dilitad diatoo omp	oto ii tilo organization answered	100 011		
		•	n maintain recor	ds to substantiate the amount of its or	rants and other assistance.			
	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
· ·	0 ,	J	,					
2 For grantma	kers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance out	side the		
United States	S.							
3 Activities per	Region. (T	he following Par	t I, line 3 table ca	an be duplicated if additional space is	needed.)			
(a) Regio	n	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total		
		offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and		
		in the region	independent contractors	services, investments, grants to	describe specific type	investments		
			in region	recipients located in the region)	of service(s) in region	in region		
SOUTH AMERICA								
ARGENTINA, BOL								
BRAZIL, CHILE,								
COLUMBIA, ECUA		О	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	53,000.		
RUSSIA & THE N								
INDEPENDENT ST								
ARMENIA, AZERB	IJAN,	_	_					
BELARUS,		0	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	16,000.		
CENTRAL AMERIC								
THE CARIBBEAN								
ANTIGUA & BARB				DDOGDAM GEDUTGEG	GUDDODE HOD LOGAL WAS	21 000		
ARUBA, BAHAMAS		C	0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	21,000.		
SUB-SAHARAN AF								
ANGOLA, BENIN, BOTSWANA, BURK								
FASO,	INA,		0	PROGRAM SERVICES	SUPPORT FOR LOCAL YMCA	12,000.		
ADO,				I ROGRAM BERVICES	BOTTORT FOR EGGAL IMCA	12,000.		
3 a Sub-total		О	0			102,000.		
b Total from co	ontinuation							
sheets to Pa	rt I	О	0			0.		
c Totals (add I	ines 3a							
and 3b)		0	0			102,000.		

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

Schedule F (Form 990) 2014

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		16,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA		30,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA		7,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN		21,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES		16,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA		12,000.	WIRE TRANSFER	0.		
	he grantee or couns	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter					1

43-0653616

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Part V | Supplemental Information

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

PART I, LINE 2:
THE YMCA OF GREATER ST. LOUIS SUPPORTS WORLD SERVICE PARTNERS BY
PROVIDING CASH SUPPORT AND TECHNICAL ASSISTANCE. THE FUNDS PROVIDED TO
PARTNER YMCAS IN THOSE COUNTRIES ARE USED FOR PROGRAMS AND GENERAL
OPERATIONS OF THE FACILITIES. THE ASSOCIATION MONITORS THE USAGE OF THE
FUNDS BY REQUIRING FINANCIAL STATEMENTS AND/OR BY MAKING ON-SITE VISITS
TO VIEW FACILITIES AND PROGRAMS THE ASSOCIATION SUPPORTS.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

YOUNG MEN'S CHRISTIAN ASSOCIATION Emplo

Doen to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OF GREATER ST. LOUIS 43-0653616

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

Togalied to complete the pair	•						
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicitat f Solicitat g Special or oral agreement with any individual	tion of tion of fundra (inclu	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru	stees or		
key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) purs						
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (iv) Gross receipts from activity fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i)							
		Yes	No				
Total			. ▶				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit (contrib	outions	s or has been notifie	d it is exempt from re	egistration	

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

43-0653616 Page 2

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

		of fundraising event contributions and g				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	SALES/AUCTIO		(add col. (a) through
			TOURNAMENTS	NS	29	col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	407,842.	296,396.	159,919.	864,157.
	2	Less: Contributions	205,307.	129,905.	77,334.	412,546.
	3	Gross income (line 1 minus line 2)	202,535.	166,491.	82,585.	451,611.
	4	Cash prizes	1,480.		1,793.	3,273.
"	5	Noncash prizes	11,400.	98,296.	8,836.	118,532.
penses	6	Rent/facility costs	93,949.	41,520.	10,079.	145,548.
Direct Expenses	7	Food and beverages	17,316.	2,639.	21,745.	41,700.
亩	8	Entertainment		2,650.	2,573.	6,732.
	9	Other direct expenses		77,543.	45,867.	176,571.
	10	· · · · · · · · · · · · · · · ·			>	492,356.
Pa	11 rt			.000 Dort IV line 10 or r		-40,745.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res to ronn	1990, Part IV, line 19, Or I	eported more trian	
		Ψ10,000 0111 01111 930-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
evel						
ď	1	Gross revenue				
Ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other direct expenses				
	۲	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
_						
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a	-	etatos?		Yes No
		No," explain:				L les L NO
10a	We	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax v	/ear?	Yes No
		Yes," explain:				

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

YOUNG MEN'S CHRISTIAN ASSOCIATION

Sch	nedule G (Form 990 or 990-EZ) 2014 OF GREATER ST. LOUIS 43	-0653616	Page 3
	Does the organization conduct gaming activities with nonmembers?		☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		_
	Name ►		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sum_{\text{s}} = \text{s} \\		
(c If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	!	
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	l, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule G	(Form 990 or 990-EZ)	OF GREATER	ST.	LOUIS	43-0653616	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
		· · · · · · · · · · · · · · · · · · ·				
_						
•						
-						
-						
_						
<u></u>					 	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

YOUNG MEN'S CHRISTIAN ASSOCIATION Name of the organization Employer identification number OF GREATER ST. LOUIS 43-0653616 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government if applicable cash grant non-cash non-cash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2014)

3

Page 2

Schedule 1 (1 01111 990) (2014)					10 0000010 rage
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		organization answ	ered "Yes" to Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUBSIDIES FOR PROGRAM AND MEMBERSHIP	5632	0 .	2,400,669.	INCOME SCALE	SUBSIDY FOR PROGRAMS
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE YMCA OF GREATER ST. LOUIS WIL	L NOT TUR	N AWAY ANY	ONE BASED	ON THEIR	
INABILITY TO PAY FOR MEMBERSHIPS	OR PROGRA	MS. A SLII	OING SCALE	OF AVAILABLE	
FINANCIAL SCHOLARSHIPS BASED UPON	HOUSEHOL	D INCOME 1	S USED TO	DETERMINE THE	
AMOUNT OF SUBSIDY GRANTED TO AN I	NDIVIDUAL	OR HOUSE	HOLD. SUBSI	DIES OF	
APPROXIMATELY \$2,400,000 WERE GRAD	NTED DURI	NG 2014. T	THE ASSOCIA	TION'S	
INTERNAL AUDITOR VERIFIES COMPLIA	NCE WITH	SUBSIDY PO	DLICY DURIN	G HIS ANNUAL	
BRANCH AUDITS.					

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

Employer identification number 43-0653616

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
	and one of a new order of the case of the	_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom 300 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
2		4a		х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
0	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
C		1		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
h	Any related organization?	5b		X
J	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
2		6a		х
a h	The organization?			X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		
7	·			
′	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		х
0	not described in lines 5 and 6? If "Yes," describe in Part III			- 23
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990		
(1) GARY SCHLANSKER	(i)	279,489.	0.	13,191.	24,615.	20,558.	337,853.	0.		
PRESIDENT & CEO(RETIRED)	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) KAREN KOCKER	(i)	177,884.	0.	11,452.	17,715.	7,744.	214,795.	0.		
EXECUTIVE SR. VP & COO	(ii)	0.	0.	0.	0.	0.				
(3) FRANCIS X. WARD	(i)	143,499.	0.	10,259.	14,617.	12,535.		0.		
SR. VP OF FINANCE & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

pplemental	Information
Į	ıpplemental

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. FORM 990, SCHEDULE J, LINE 3 THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. THEIR RECOMMENDATIONS OF PAY INCREASES MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE PRIOR TO SUBMITTING THEIR RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR ELECT OF THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARATIVE SIZE. THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST YEAR DATA WAS COLLECTED FROM SULLIVAN COTTER WAS 2014. PERIODICALLY IN PRIOR YEARS, AND USING DATA PROVIDED BY COMPENSATION MATTERS, A SECOND PROVIDER, THE EXECUTIVE COMPENSATION COMMITTEE, WOULD REVIEW COMPENSATION LEVELS AND PRACTICES OF OTHER ST. LOUIS BASED CHARITIES.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

Employer identification number 43-0653616

art I Bond Issues						_							_
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	l (e) Issu	e price	(f) Descript	scription of purpose		feased	(h) On of is:		(i) Po	
								Yes	No	Yes	No	Yes	Γ
MISSOURI DEVELOPMENT						REFINANC							ſ
A FINANCE BOARD	43-1387649	NONE	03/01/11	9,500	,000.F	ACILITI	ES BOND		Х		Х		ļ
В													L
C													
D													
Part II Proceeds													
1 Amount of bonds retired			75	59,000.		В	С				D		_
2 Amount of bonds legally defeased													_
3 Total proceeds of issue				00,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds			10	05,000.									
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
O Capital expenditures from proceeds				5,000.									
1 Other spent proceeds													
2 Other unspent proceeds													
13 Year of substantial completion			2	2011									
			Yes	No	Yes	No	Yes	No		Yes		No	
Were the bonds issued as part of a current ref	funding issue?		Х										
5 Were the bonds issued as part of an advance	refunding issue?			X									_
6 Has the final allocation of proceeds been mad	e?												_
7 Does the organization maintain adequate books and records to	to support the final allocation	of proceeds?	X										_
Part III Private Business Use													
				•		В	Ç				P		
1 Was the organization a partner in a partnershi	•		Yes	No	Yes	No	Yes	No		Yes	\perp	No	_
which owned property financed by tax-exemp				X					+		+		_
2 Are there any lease arrangements that may re				37									
bond-financed property?				X									_

43-0653616

Part III Private Business Use (Continued)									
			A		В	()
3a Are there any management or service co		Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property	?		X						
b If "Yes" to line 3a, does the organization	routinely engage bond counsel or other outside								
counsel to review any management or se	ervice contracts relating to the financed property?								
c Are there any research agreements that may r	esult in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization	routinely engage bond counsel or other outside								
counsel to review any research agreeme	nts relating to the financed property?								
4 Enter the percentage of financed proper	ty used in a private business use by								
entities other than a section 501(c)(3) or	ganization or a state or local government		%		%		%		%
5 Enter the percentage of financed proper	ty used in a private business use as a result of								
unrelated trade or business activity carri	ed on by your organization, another								
section 501(c)(3) organization, or a state	or local government		%		%		%		%
6 Total of lines 4 and 5			%		%		%		%
7 Does the bond issue meet the private se	ecurity or payment test?		X						
8a Has there been a sale or disposition of a	ny of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage	of bond-financed property sold or disposed								
of			%		%		%		%
c If "Yes" to line 8a, was any remedial acti	on taken pursuant to Regulations sections								
1.141-12 and 1.145-2?									
9 Has the organization established written									
bonds of the issue are remediated in acc	cordance with the requirements under								
Regulations sections 1.141-12 and 1.145	5-2?		X						
Part IV Arbitrage									
			Α		В	(•	D	
1 Has the issuer filed Form 8038-T, Arbitra	ge Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X							
2 If "No" to line 1, did the following apply?									
If "Yes" to line 2c, provide in Part VI the									
performed									
		Х							
4a Has the organization or the governmenta									
hedge with respect to the bond issue?	·	Х							
		COMMERCE 1			•				•
c Term of hedge		7.	000000						
		Х							
			X						
432122					•		-		

43-0653616

Part IV Arbitrage (Continued)									
	A B)	D		
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X							
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X							
7 Has the organization established written procedures to monitor the requirements of									
section 148?		X							
Part V Procedures To Undertake Corrective Action									
	,	Α	ı	3)	I)	
	Yes	No	Yes	No	Yes	No	Yes	No	
Has the organization established written procedures to ensure that violations of									
federal tax requirements are timely identified and corrected through the voluntary									
closing agreement program if self-remediation is not available under applicable									
regulations?		X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K (see instr	ructions).	•				•	
PART III, LINE 9		·	•						
AS THERE IS NO CONTEMPLATED PRIVATE BUSINESS USE	OF THI	E PROPE	ERTY,						
WRITTEN PROCEDURES ON REMEDIATION ARE NOT REQUIR	ED.		-						
PART IV, LINE 7									
AS ALL BOND PROCEEDS WERE USED IMMEDIATELY TO RE	FUND PI	RIOR BO	NDS AN	D TO					
PAY BOND ISSUANCE COSTS, ARBITRAGE CANNOT OCCUR,	THERE	FORE NO	WRITT	EN					
PROCEDURES ARE NECESSARY.			·						

SCHEDULE L

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Inspection

2014
Open To Public

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

OF G	REATE	ER ST. LO	UIS	3				43	-06	536	16		
Part I Excess Benefit Tr	nsact	ions (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50)1(c))(29) organizatior	ns only	/).				
Complete if the organization	tion ans	wered "Yes" on	Form	990, Pa	art IV, line 25a or 25l	b, or	r Form 990-EZ, P	art V,	line 40	Db.			
1 (a) Name of diagnalified person	(b)	Relationship betv			lified	(c) Description of transaction			(d) Corrected?				
(a) Name of disqualified person		person and or	ganiz	ation	(0	3) D	Description of transaction			Y	es	No	
											_		
											_		
											+	_	
2 Enter the amount of tax incurred section 4958	•	· ·	•		L qualified persons du	•	•		•				
3 Enter the amount of tax, if any,									• \$				
Enter the amount of tax, it any,		abovo, romnouro	, ca 5 ,	1110 01	gamzanon				·				
Part II Loans to and/or F	om In	terested Per	sons	.									
Complete if the organization	tion ans	wered "Yes" on	Form	990-EZ	, Part V, line 38a or	Forn	n 990, Part IV, lir	e 26;	or if th	ne orga	ınizati	on	
reported an amount on	orm 990	0, Part X, line 5, 6	6, or 2	2.									
	ationship			oan to or	(C) Original	(f	f) Balance due	(g)		(h) App by boo comm	oroved ard or	(i) W	ritten
interested person with or	ganization	of loan	organ	ization?	principal amount			defa	luit?	comm	ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
Total					> \$								
Part III Grants or Assista		•											
Complete if the organization	tion ans	wered "Yes" on	Form	990, Pa			,						
(a) Name of interested person		(b) Relationship	betwe	een	(c) Amount of		(d) Type					ose of	
		interested pers the organiza		na	assistance		assistan	ce 		•	assista	ance	
									_				
	-+						-		-+				
									-+				
							 		-+				
							1		-				

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

Schedule L (Form 990 or 990-EZ) 2014

Part IV | Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	_		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's nues?
				Yes	No
SARA FOSTER	BOARD MEMBER	320,645.	INTEREST RA		X
DAVID LAYTON	BOARD MEMBER	116,198.	INSURANCE B		Х
KAROLYN CARMACK	SISTER OF COO	•	EMPLOYMENT		X
RYAN MARTIN	BOARD MEMBER	1,906,640.	STANDARD EL		X
LAUREN THOMPSON	DAUGHTER OF BOARD M	14,327.	EMPLOYMENT		X
SANDY MCCANDLESS	BOARD MEMBER	491,000.	BANKING SER		X

Part V | Supplemental Information

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

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

- (A) NAME OF PERSON: SARA FOSTER
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

- (C) AMOUNT OF TRANSACTION \$ 320,645.
- (D) DESCRIPTION OF TRANSACTION: INTEREST RATE SWAP
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: DAVID LAYTON
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

- (C) AMOUNT OF TRANSACTION \$ 116,198.
- (D) DESCRIPTION OF TRANSACTION: INSURANCE BROKER FEES & COMMISSION
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: KAROLYN CARMACK
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SISTER OF COO

- (C) AMOUNT OF TRANSACTION \$ 33,504.
- (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

Schedule L (Form 990 or 990-EZ) 2014

Part V | Supplemental Information

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

- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: RYAN MARTIN
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

- (C) AMOUNT OF TRANSACTION \$ 1,906,640.
- (D) DESCRIPTION OF TRANSACTION: STANDARD ELECTRICITY FEES
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: LAUREN THOMPSON
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF BOARD MEMBER

- (C) AMOUNT OF TRANSACTION \$ 14,327.
- (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: SANDY MCCANDLESS
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

- (C) AMOUNT OF TRANSACTION \$ 491,000.
- (D) DESCRIPTION OF TRANSACTION: BANKING SERVICES
- (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV

LINE 1: MRS. FOSTER IS AN EXECUTIVE VICE PRESIDENT OF COMMERCE

BANCSHARES. SHE STARTED SERVING ON THE ASSOCIATION'S BOARD IN 2012.

PRIOR TO 2012, THE ASSOCIATION ENTERED INTO A MULTI YEAR INTEREST RATE

SWAP AGREEMENT WITH COMMERCE BANCSHARES RELATED TO THE INTEREST RATE ON

432461 05-01-14

Schedule L (Form 990 or 990-EZ)

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions). THE TAX EXEMPT BONDS (SEE SCHEDULE K). IN 2014 THE ASSOCIATION MADE INTEREST PAYMENTS TO COMMERCE BANCSHARES IN THE SUM OF \$320,645 TO SATISFY THE FIXED BOND INTEREST OF \$311,197. THE SMALL DIFFERENCE BETWEEN THESE TWO FIGURES IS ATTRIBUTED TO THE VARIATION IN THE FLOATING INTEREST RATES TIED TO THE SWAP AGREEMENT. THE ASSOCIATION ALSO HOLDS MISCELLANEOUS CHECKING ACCOUNTS AND A LINE OF CREDIT WITH COMMERCE BANKSHARES. TOTAL FEES AND INTEREST PAID TO COMMERCE BANCSHARES DURING 2014 AS A RESULT OF THESE TRANSACTIONS WAS LESS THAN \$16,000. AS PART OF THE ASSOCIATION'S PROCUREMENT PROCESS, VISA CREDIT CARDS ISSUED BY COMMERCE BANCSHARES ARE USED TO MAKE BUSINESS PURCHASES. IN 2014 SLIGHTLY UNDER \$1.5 MILLION DOLLARS IN TRANSACTIONS WERE BILLED AGAINST THESE CARDS. THE ASSOCIATION PAID NO FEES TO COMMERCE BANCSHARES AS A RESULT OF THESE CREDIT CARD PAYMENTS. LINE 2: MR. LAYTON IS A MEMBER OF THE ASSOCIATION'S BOARD OF DIRECTORS AND A VICE PRESIDENT OF THE CRANE INSURANCE AGENCY. \$116 THOUSAND IN BROKER FEES AND COMMISSIONS PAID TO CRANE INSURANCE AGENCY IN 2014 WERE REVIEWED AND APPROVED BY A COMMITTEE OF THE BOARD OF DIRECTORS. LINE 3: KAROLYN CARMACK, A BRANCH ADMINISTRATOR, IS THE SISTER OF KAREN KOCHER, WHO SERVES AS THE COO FOR THE ASSOCIATION. THE ASSOCIATION'S EMPLOYMENT POLICY IMPOSES CERTAIN RESTRICTIONS ON EMPLOYMENT OF RELATIVES. EXCEPTIONS TO THIS POLICY ARE MADE ONLY UPON APPROVAL BY THE PRESIDENT AND CEO. LINE 4: MR. MARTIN IS THE TREASURER OF AMEREN CORPORATION AND SERVES ON THE ASSOCIATION'S BOARD OF DIRECTORS. THE ASSOCIATION CONDUCTED UTILITY TRANSACTIONS WITH AMEREN TOTALING \$1.9 MILLION FOR ELECTRICITY SERVICES USING STANDARD STATE REGULATED USAGE RATES. LINE 5: LAUREN THOMPSON, AN EMPLOYEE, IS THE DAUGHTER OF KEVIN THOMPSON, WHO SERVES ON THE ASSOCIATION'S BOARD OF DIRECTORS. THE ASSOCIATION'S EMPLOYMENT POLICY IMPOSES CERTAIN RESTRICTIONS ON EMPLOYMENT OF

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
RELATIVES. EXCEPTIONS TO THIS POLICY ARE MADE ONLY UPON APPROVAL BY THE
PRESIDENT AND CEO. LINE 6: MR. MCCANDLESS IS A MEMBER OF THE
ASSOCIATION'S BOARD OF DIRECTORS AND A SENIOR VICE PRESIDENT OF US
BANK, WHICH IS ONE OF THE ASSOCIATION'S PREFERRED BANKING PARTNERS. IN
2014 THE ASSOCIATION PAID APPROXIMATELY \$24,000 IN BANK FEES. ELAVON, A
SUBSIDIARY OF US BANK, IS THE ASSOCIATION'S PRIMARY CREDIT CARD
PROCESSOR, THE ASSOCIATION PAID \$467,000 IN MERCHANT FEES ON \$24.95
MILLION IN CREDIT CARD SALES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

Employer identification number 43-0653616

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art		items contributed	T Offit Goo, T are vini, iii G 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	79,726.	FAIR MARKET	' VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	77	616	00 206	DATE MARKET	1 773 T	TTT	
25	Other (ASSORTED AUCT)	X	616	98,296.	FAIR MARKET	VAL	105	
26	Other ()							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organi	zation durin	the tax year for a	contributions				
23	for which the organization completed Form 82		•					
	To whom the organization completed Form oz	00,1 art 10,1	Bonce Acknowled	gement <u>23 </u>		,	Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	ported in Part I. lines 1 throu	gh 28, that it		100	110
	must hold for at least three years from the dat	•	* * * * *		-			
	exempt purposes for the entire holding period			· · · · · · · · · · · · · · · · · · ·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	Х	
	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) (2014)

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule M	(Form 990) (2014)	OF GREATE	R ST.	LOUIS			43-0653616	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. P I, column (b), the n Iditional information	rovide the umber of 1.	information recontributions,	equired by Part I, the number of ite	lines 30b, 32b, and 33 ems received, or a con	3, and whether the organizants of both. Also com	ation plete

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

Employer identification number 43-0653616

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

THE ASSOCIATION PUTS CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTH, STRONG FAMILIES AND COMMUNITIES, YOUTH LEADERSHIP AND INTERNATIONAL UNDERSTANDING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE YMCA OF GREATER ST. LOUIS IS A NONPROFIT ORGANIZATION WHOSE MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. THE VALUES INCORPORATED INTO OUR DAILY ACTIVITIES, WHICH INCLUDE CARING, HONESTY, RESPECT, RESPONSIBILITY AND FAITH, REMAIN THE BASIS FOR WHAT WE DO. IN ADDITION TO MENTAL AND PHYSICAL COMPONENTS, OUR VISION FOR YOUTH INCLUDES A SPIRITUAL COMPONENT, THE GOAL OF WHICH IS TO INCREASE SPIRITUAL AWARENESS IN CHILDREN AND TEENS BY ENCOURAGING VOLUNTEER SERVICE AS AN EXPRESSION OF LOVE TOWARD ONE ANOTHER. THE MISSION FOR THE YMCA OF GREATER ST. LOUIS HAS REMAINED CONSISTENT SINCE ITS FOUNDING IN 1853. THE ASSOCIATION HAS SET SPECIFIC MEASURABLE GOALS TO EXCEED IN THE FOLLOWING YEARS.

SPIRITUAL GROWTH - BY THE YEAR 2020 INCREASE SPIRITUAL AWARENESS OF LOVING ONE ANOTHER AND SERVICE TO OTHERS BY DOUBLING THE NUMBER OF YOUTH VOLUNTEERS.

MENTAL DEVELOPMENT - BY THE YEAR 2020 INCREASE THE NUMBER OF YOUTH

READING AT OR ABOVE THEIR GRADE LEVEL BY 3 PERCENT.

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

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PHYSICAL HEALTH - BY THE YEAR 2020 STOP THE INCREASE IN YOUTH OBESITY.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL, CHILDHOOD OBESITY HAS

TRIPLED FROM 1980 TO 2004.

THE YMCA DIVERSITY INITIATIVE IS AN ONGOING, COMPREHENSIVE EFFORT TO

FULFILL OUR MISSION BY SERVING "ALL" AND HAVING A BASE OF VOLUNTEERS,

PROGRAM PARTICIPANTS, MEMBERS AND EMPLOYEES THAT REFLECT THE FULL

CHARACTER AND COMPLETE MOSAIC OF OUR COMMUNITIES. WE ARE WORKING HARD

TO ENSURE THAT RESPECT FOR DIVERSITY IS THE FOUNDATION FOR EVERYTHING

WE DO; THAT STAFF AND VOLUNTEERS REFLECT THE DIVERSITY OF THE

COMMUNITIES WE SERVE; THAT BRANCHES OFFER CLASSES, PROGRAMS, AND

SERVICES TO THE COMMUNITIES THEY SERVE, AND LASTLY, THAT WE IMPLEMENT

POLICIES AND PROCEDURES THAT EMBRACE DIVERSITY. THE YMCA SERVES MEN,

WOMEN AND CHILDREN OF ALL AGES, INCOMES, ABILITIES, FAITHS, NATIONAL

ORIGINS, RACES AND SEXUAL-ORIENTATIONS.

BOTH OUR MISSION AND DIVERSITY INITIATIVES ARE THE FOUNDATIONS ON WHICH
THE PROGRAMS, ACTIVITIES AND OTHER SERVICES THE YMCA OFFERS THE

COMMUNITY ARE BUILT UPON. THE ASSOCIATION ACCOMPLISHES ITS MISSION BY

OPERATING 21 BRANCH LOCATIONS, NUMEROUS ON-SITE OR OFF-SITE CAMPS AND

DAY CARE FACILITIES IN THE CITY OF ST. LOUIS, ST. LOUIS COUNTY, ST.

CHARLES COUNTY, WASHINGTON COUNTY, FRANKLIN COUNTY AND JEFFERSON

COUNTY, MISSOURI.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

WELLNESS PROGRAMMING. THE NATIONAL YMCA MOVEMENT IS BUILT ON THE

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OF GREATER ST. LOUIS 43-0653616 CONCEPT OF PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE BY DEVELOPING THE WHOLE INDIVIDUAL IN BODY, MIND AND SPIRIT. YMCA HEALTH ENHANCEMENT PROGRAMS ARE MEDICALLY BASED AND STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE HABITS AND HEALTH LIVING. PROGRAM FEES ARE SET AT A LEVEL THAT IS AFFORDABLE FOR A MAJOR SEGMENT OF THE COMMUNITY, WITH FINANCIAL ASSISTANCE PROVIDED ON A SLIDING SCALE FOR THOSE WHO CANNOT AFFORD THE BASIC FEE. IN 2014, THE YMCA PROVIDED HEALTH ENHANCEMENT PROGRAMS TO 89,726 PERSONS, WHICH INCLUDES YOUTHS, ADULTS, SENIORS AND PEOPLE OF ALL ABILITIES. YMCA HEALTH ENHANCEMENT ACTIVITIES TEACH PARTICIPANTS THE VALUE OF POSITIVE, SUBSTANCE ABUSE-FREE LIFESTYLES THAT PREVENT DISEASE, MEDICAL PROBLEMS AND STRESS. YMCA AQUATICS. AQUATIC PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL TO BUILD A HEALTHY SPIRIT, MIND AND BODY. IN ADDITION TO PROVIDING SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH INCREASED EXERCISE, TEAMWORK, AND SELF-CONFIDENCE. LAST YEAR, WE ENROLLED 49,643 PARTICIPANTS IN AQUATICS PROGRAMS. YOUTHS PARTICIPATED IN LEARN-TO-SWIM CLASSES AND COMPETITIVE PROGRAMS, ADULTS PARTICIPATED IN LESSONS AND WATER FITNESS, AND SENIORS TOOK AQUATIC EXERCISE PROGRAMS INCLUDING OUR ARTHRITIS AQUATICS CLASS, WHICH INCREASES FLEXIBILITY AND RELIEVES PAIN FOR THOSE UNABLE TO PARTAKE IN MANY OTHER FORMS OF EXERCISE. FINANCIAL ASSISTANCE IS PROVIDED TO THOSE IN NEED. YMCA YOUTH SPORTS PROGRAMS. THESE PROGRAMS PROMOTE EQUAL PARTICIPATION AND EVERYONE HAS THE OPPORTUNITY TO SUCCEED. YMCA YOUTH SPORTS PROGRAMS EMPHASIZE DEVELOPMENT OF SKILL, HEALTH AND FITNESS, SAFETY, COOPERATION, VALUES, SELF-ESTEEM, AND RESPECT FOR OTHERS. PARENTS ARE ENCOURAGED TO SERVE AS PROGRAM <code>VOLUNTEERS.</code> IN 2014, 12,701 YOUTHS ENROLLED IN YMCA SPORTS PROGRAMS. FINANCIAL ASSISTANCE WAS PROVIDED TO THOSE IN NEED. OTHER HEALTH ENHANCEMENT PROGRAMS. LAST YEAR, THE YMCA ENROLLED 7,358 YOUTHS IN Schedule O (Form 990 or 990-EZ) (2014) TOTAL CLIENTS SERVED).

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER ST. LOUIS

GYMNASTICS PROGRAMS, 5,536 PEOPLE IN SPORTS SKILL AND RECREATIONAL
PROGRAMS, AND 9,303 ADULTS IN EXERCISE OR SPORTS LEAGUES. (174,267

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: YMCA DAY CAMP. YMCA DAY CAMPS PROVIDE MANY WORKING PARENTS WITH AN ALTERNATIVE CHILDCARE OPTION FOR THE SUMMER MONTHS WHEN CHILDREN ARE OUT OF SCHOOL BY PROVIDING A SAFE AND FUN LEARNING ENVIRONMENT. IN2014, THE YMCA HAD 27,166 PARTICIPANTS AGED 5-16 IN ITS DAY CAMPS AT SITES THROUGHOUT THE METROPOLITAN AREA. FINANCIAL ASSISTANCE MAKES DAY CAMP ACCESSIBLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY. RESIDENT CAMP YMCA. RESIDENT CAMP LAKEWOOD SERVED 2,107 YOUTHS IN 2014. THE CAMP PROVIDES CHILDREN WITH NEW EXPERIENCES SUCH AS HORSEBACK RIDING, CANOEING AND TEACHES SOCIALIZATION WITH FELLOW CAMPERS IN AN OVERNIGHT CABIN SETTING. AS AN ADDED BENEFIT, RESIDENT CAMP PROVIDES YOUTHS WITH AN ENRICHING AWAY-FROM-HOME EXPERIENCE THAT LEADS TO INDEPENDENT THINKING AND VALUE CLARIFICATION. FOR SOME OF THE CHILDREN IT PROVIDES THEIR FIRST EXPERIENCE IN A BACK-TO-NATURAL ENVIRONMENT. FINANCIAL ASSISTANCE IS MADE AVAILABLE TO CAMPERS IN NEED. OUTDOOR EDUCATION: THE YMCA PARTNERS WITH SCHOOLS TO PROVIDE EDUCATIONAL PROGRAMS ABOUT WILDLIFE AND NATURE THROUGH OUR RESIDENT CAMP VISITS. IN 2014, 5,375 STUDENTS PARTICIPATED. RESIDENT FAMILY/CONFERENCE CAMPING. OTHER AGENCIES, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE PROVIDERS, FAMILIES AND SENIOR ADULT ORGANIZATIONS BENEFITED FROM THE RUSTIC SURROUNDINGS AND PROGRAMS OFFERED AT OUR RESIDENT CAMPSITE AND OUTDOOR EDUCATIONAL EXPERIENCES. IN 2014, THERE WERE 37,760 CAMPING REGISTRATIONS FOR THE YEAR. (72,408 TOTAL CLIENTS SERVED).

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOL AGE CHILD CARE: Y-CLUB IS THE YMCA OF GREATER ST. LOUIS' BEFORE SCHOOL AND AFTER SCHOOL CHILDCARE PROGRAM HELD IN PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS. IN Y-CLUB, KIDS ENGAGE IN PHYSICAL, LEARNING AND IMAGINATIVE ACTIVITIES THAT ENCOURAGE THEM TO EXPLORE WHO THEY ARE AND WHAT THEY CAN ACHIEVE. IN ADDITION TO SUPPLEMENTING WHAT THEY HAVE LEARNED IN SCHOOL, THEY PARTICIPATE IN INTERACTIVE LEARNING MODELS THAT ENGAGE CRITICAL THINKING SKILLS, GET ASSISTANCE WITH THEIR HOMEWORK FROM TRAINED YMCA STAFF, HAVE A CHANCE TO SOCIALIZE WITH EACH OTHER AND FORM LONG-LASTING FRIENDSHIPS THAT ENHANCE THEIR DEVELOPMENT, GROWTH AND SELF-CONFIDENCE. IN 2014 THE ASSOCIATION OFFERED PROGRAMS AT 121 LICENSED SITES. THE MAJORITY OF THESE SITES ARE ACTUAL SCHOOL CLASSROOMS AT THE SCHOOLS THE CHILDREN ATTEND. THE YMCA PROVIDES A SECURE, SAFE AND SIMULATING LEARNING ENVIRONMENT FOR APPROXIMATELY 6,251 CHILDREN IN A GIVEN DAY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH DEVELOPMENT PROGRAMS: TO HELP ADDRESS ILLITERACY IN AMERICA, THE

YMCA OF GREATER ST. LOUIS HAS TWO LITERACY PROGRAMS THAT FOCUS ON YOUNG

CHILDREN AND YOUTHS. THESE PROGRAMS ARE REFERRED TO AS Y-READ, AND

BEGINNING BABIES WITH BOOKS. THE Y-READ PROGRAM PROVIDES ONE-ON-ONE

TUTORING DESIGNED TO HELP CHILDREN AND TEENS BECOME MORE CONFIDENT

READERS. IN 2014 THE YMCA SERVED 734 CHILDREN WITH Y-READ TUTORS IN

WEEKLY SESSIONS HELD THROUGHOUT THE ACADEMIC YEAR AT NO COST TO THE

PARTICIPANT. BEGINNING BABIES WITH BOOKS OFFERS PARENTS EDUCATIONAL

WORKSHOPS AND BOOK DISTRIBUTIONS TO HELP THEM BUILD AT-HOME LIBRARIES

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FOR THEIR CHILDREN AND BECOME MORE CONFIDENT IN THEIR PARENTING SKILLS.

THIS PROGRAM PROVIDED BOOKS AND LEARNING OPPORTUNITIES TO 793 NEW

MOTHERS AND THEIR BABIES IN 2014. THE ASSOCIATION ALSO OFFERS LEARNING

LABS AND A SCIENCE PROGRAM FOR YOUTH GROUPS. THE LEARNING LABS CONSIST

OF SMALL COOPERATIVE GROUPS THAT FOCUS ON READING AND MATH THAT ALLOWS

YOUNG PEOPLE TO STRENGTHEN THEIR THINKING AND COMPREHENSION SKILLS

WHILE BUILDING CONNECTIONS WITH OTHERS. THE SCIENCE GONE MAD SESSIONS

ENGAGE MIDDLE SCHOOL STUDENTS IN A 12-WEEK STEM (SCIENCE, TECHNOLOGY,

ENGINEERING, AND MATH) CURRICULUM. THE OBJECTIVE IS FOR STUDENTS TO

IMPROVE THEIR SCIENCE AND MATH SKILLS WHILE LEARNING TO WORK IN SMALL

COOPERATIVE GROUPS IN SOLVING EVERYDAY PROBLEMS. COMBINED THESE TWO

PROGRAMS POSITIVELY TOUCHED THE LIVES OF 453 STUDENTS IN 2014.

COMMUNITY LITERACY INITIATIVE: BESIDES THE Y-READ AND BEGINNING BABIES

WITH BOOKS A THIRD ASPECT OF THE YMCA COMMUNITY LITERACY INITIATIVE IS

OUR LITERACY COUNCIL PROJECT THAT OFFERS FREE ONE-ON-ONE AND SMALL

GROUP BASIC LITERACY AND ENGLISH LANGUAGE TUTORING TO HELP ADULTS REACH

THEIR POTENTIAL. THIS YEAR WE SERVED 135 ADULT STUDENTS.

YMCA LEADERSHIP DEVELOPMENT: THIS YEAR, YMCA YOUTH AND TEEN PROGRAMS

SERVED A TOTAL OF 493 PARTICIPANTS THROUGH YMCA YOUTH IN GOVERNMENT AND

TEEN LEADERS PROGRAMS. OUR SUPERVISED ACTIVITIES HELP FURTHER DEVELOP

THE CONCEPTS OF SELF-ESTEEM, POSITIVE VALUES, GOOD CITIZENSHIP, A

STRONG WORK ETHIC AND COMMUNITY SERVICE BY WORKING WITH THEIR PEERS IN

A VARIETY OF LEADERSHIP ROLES.

YMCA FAMILY PROGRAMS: THIS PROGRAM HELPS PEOPLE GROW AS RESPONSIBLE
MEMBERS OF THE FAMILY UNIT. THEY PROVIDE ACTIVITIES THAT FOSTER

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UNDERSTANDING AND COMPANIONSHIP. LAST YEAR, SOME 12,894 PERSONS
PARTICIPATED IN THE YMCA FAMILY NIGHTS AND FAMILY HUBS.

YMCA COMMUNITY OUTREACH PROGRAMS: YMCA YOUTH OUTREACH PROGRAMS ARE
PROVIDED AT SITES THROUGHOUT THE GREATER ST. LOUIS AREA, MAKING Y

PROGRAMS EVEN MORE ACCESSIBLE BY PLACING THEM IN THE NEIGHBORHOODS THEY

SERVE. OUTREACH PROGRAMS PROVIDE POSITIVE ALTERNATIVES FOR AT-RISK

YOUTH, INCLUDING AFTER SCHOOL RECREATIONAL ACTIVES PROVIDED AT SCHOOLS,

YMCA FACILITIES, AND HOUSING DEVELOPMENTS.

YMCA OLDER ADULT PROGRAMS: OLDER ADULT PROGRAMS HELP SENIORS MAINTAIN

INDEPENDENCE THROUGH INCREASED HEALTH AND SOCIALIZATION. LAST YEAR,

5,739 OLDER ADULTS WERE SERVED THROUGH CHAIR AEROBICS, ARTHRITIC

EXERCISE, WALKING CLINICS, DANCE, AND SOCIAL CLUBS.

GREATER NEEDS PROGRAMS: THESE PROGRAMS SERVE OUR YOUTHS IN URBAN

COMMUNITIES. IN 2014 SUCH PROGRAMS INCLUDE A CITY CHOIR, WHICH SERVES

65 CHILDREN, A PERFORMING ARTS CENTER THAT OFFERS DANCE AND TUMBLING

PROGRAMS THAT SERVED 974 CHILDREN, AND A LEARNING RESOURCE CENTER THAT

PROVIDES COMPUTER TRAINING. CLIMBING ABOVE CONFLICT, A

CONFLICT-RESOLUTION SKILLS PROGRAM FOR URBAN YOUTHS, SERVES 3RD AND 4TH

GRADERS EACH YEAR AND HAD ENROLLMENTS OF 355 CHILDREN. (1394 CLIENTS).

PRESCHOOL CHILD CARE: THE YMCA PROVIDES PRESCHOOL CHILD CARE IN FULL

AND HALF DAY SESSIONS. THE CURRICULUM HELPS PREPARE CHILDREN FOR THEIR

EVENTUAL INTRODUCTION IN TO KINDERGARTEN BY DEVELOPING THE CHILDREN'S

SOCIAL AND PHYSICAL WELL-BEING. PARENTS ARE ENCOURAGED TO PARTICIPATE

IN FAMILY ACTIVITIES AND TO SERVE ON ASSORTED COMMITTEES SUPPORTING OUR

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST. LOUIS

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PRESCHOOL PROGRAM. LAST YEAR, 458 CHILDREN WERE ENROLLED AND FINANCIAL AID WAS PROVIDED TO THOSE IN NEED.

INCLUSION SERVICES: THE YMCA OF GREATER ST. LOUIS WELCOMES ALL CHILDREN REGARDLESS OF ANY PHYSICAL OR LEARNING CHALLENGES. CHILDREN WITH DISABILITIES ARE ENCOURAGED TO TAKE PART IN THE YOUTH SERVICES OFFERED BY THE YMCA, WHICH INCLUDE SUMMER CAMPS, INTEGRATED FITNESS PROGRAMS, AND SPORTING ACTIVITIES. AT THE YMCA EACH CHILD'S SAFETY, PHYSICAL WELL BEING AND LEARNING SUCCESSES ARE IMPORTANT CONSIDERATIONS FOR A POSITIVE EXPERIENCE AND ARE FACTORS WHEN WE MODIFY OUR ONGOING PROGRAMS. THE YMCA CHILD CARE AND BEFORE-AND-AFTER SCHOOL PROGRAMS ARE ALSO INCLUSIVE IN NATURE AND TAILORED TO MEET THE NEEDS OF THE CHILD. THE YMCA ALSO PROVIDES HABILITATION SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES. WE ARE LICENSED FOR 27 ADULTS WHO IN MOST SITUATIONS NEED A HIGH LEVEL OF SUPERVISION DURING THE DAY. OVERALL, DURING THIS FISCAL YEAR 3,274 PEOPLE WITH DISABILITIES RECEIVED DIRECT SUPPORT WHILE 7,705 RECEIVED INDIRECT SERVICES AT THE YMCA AS PART OF OUR INCLUSION SERVICES INITIATIVE.

INTERNATIONAL UNDERSTANDING PROGRAMS (WORLD SERVICE): THE YMCA IS A WORLDWIDE MOVEMENT WITH A GOAL OF PROMOTING GLOBAL UNDERSTANDING. BY PROMOTING UNDERSTANDING THROUGH EDUCATION, OVERSEAS OPPORTUNITIES AND LEADERSHIP TRAINING. THE YMCA OF GREATER ST. LOUIS IS ONE OF THE LEADING YMCAS IN THE USA IN ITS INTERNATIONAL UNDERTAKING. CONTRIBUTIONS GIVEN TO OUR INTERNATIONAL PARTNERS ARE USED TO FUND THEIR PROGRAMS CENTERED ON YOUTHS, FAMILIES, AT RISK CHILDREN, AND EDUCATIONAL OR TRAINING ACTIVITIES.

EXPENSES \$ 9,640,494. INCL GRANTS OF \$ 903,404. REVENUE \$ 4,601,883.

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FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JOSHUA BANES AND SARA FOSTER HAVE A BUSINESS RELATIONSHIP.

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

THE FINAL PRESENTATION OF THE ASSOCIATION'S ANNUAL 990 TAX RETURN IS THE RESULT OF COLLABORATION AMONG MANAGEMENT, OUR INDEPENDENT PUBLIC ACCOUNTING FIRM AND MEMBERS ON THE ASSOCIATION'S AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE FINAL REVIEW OF THE RETURN. UPON THEIR FINAL APPROVAL, THE RETURN IS DISTRIBUTED VIA EMAIL TO THE MEMBERS OF THE BOARD OF DIRECTORS IN ADVANCE OF FILING THE RETURN ELECTRONICALLY. ONCE FILED, THE RETURN IS MADE AVAILABLE TO THE PUBLIC ON THE ASSOCIATION'S PUBLIC WEBSITE.

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

THE YMCA OF GREATER ST. LOUIS HAS A CONFLICT OF INTEREST POLICY TO ENSURE
THAT BOARD MEMBERS, OFFICERS AND EMPLOYEES MAINTAIN THE HIGHEST LEVEL OF
ETHICAL STANDARDS WHEN CONDUCTING ASSOCIATION AFFAIRS. THE YMCA OF GREATER
ST. LOUIS PROMOTES A CULTURE OF AWARENESS AS TO BUSINESS DEALINGS WHICH MAY
BE CONSIDERED A CONFLICT OF INTEREST OR CONTRARY TO APPLICABLE STATE, LOCAL
OR FEDERAL LAWS. THIS CULTURE PERMEATES ALL LEVELS OF THE ORGANIZATION
FROM BOARD MEMBERS TO OFFICERS AND EMPLOYEES. THE EMPLOYEE MANUAL, WHICH IS
SIGNED BY ALL EMPLOYEES, INCLUDES A DISCUSSION OF THE ASSOCIATION'S
CONFLICT OF INTEREST POLICY AND OUTLINES PROCEDURES FOR REPORTING POTENTIAL
CONFLICTS OF INTEREST. ANNUALLY, BOARD MEMBERS, OFFICERS AND EXECUTIVE
MANAGEMENT ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE,
WHICH IS SUBMITTED TO AND REVIEWED BY THE PRESIDENT, THE CHIEF OPERATING
OFFICER AND THE SENIOR VICE PRESIDENT OF FINANCE. ANY MATERIAL CONFLICTS OF

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INTEREST ARE DISCUSSED WITH THE AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE
OF THE BOARD OF DIRECTORS. IN THE EVENT OF A MATERIAL CONFLICT OF INTEREST,
RESTRICTIONS MAY BE PLACED ON PERSONS TO PROHIBIT THEM FROM PARTICIPATING
IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS ON CERTAIN
TRANSACTIONS. FOR EXAMPLE, IN 2008 A BOARD MEMBER WAS REASSIGNED FROM ONE
COMMITTEE TO ANOTHER TO ELIMINATE A POTENTIAL CONFLICT RELATED TO DECISIONS
BEING MADE BY THAT COMMITTEE. IN ADDITION, THERE ARE INSTANCES WHERE
SIGNIFICANT BUSINESS TRANSACTIONS WITH A BOARD MEMBER OR A BOARD MEMBER'S
COMPANY ARE REVIEWED AND APPROVED BY MEMBERS OF A COMMITTEE OF THE BOARD.

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

THE PROCESS TO DETERMINE A SENIOR EXECUTIVE'S PAY ORIGINATES WITH THE EXECUTIVE COMPENSATION COMMITTEE. THEIR RECOMMENDATIONS OF PAY INCREASES MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE PRIOR TO SUBMITTING THEIR RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF THE CURRENT BOARD CHAIRMAN, THE PAST CHAIRMAN AND THE CHAIR ELECT OF THE GOVERNING BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA OF OTHER YMCAS OF COMPARATIVE SIZE. THIS DATA IS COMPILED BY SULLIVAN COTTER AND ASSOCIATES, INC. THE LAST YEAR DATA WAS COLLECTED FROM SULLIVAN COTTER WAS IN 2014. PERIODICALLY IN PRIOR YEARS, AND USING DATA PROVIDED BY COMPENSATION MATTERS, A SECOND SERVICE PROVIDER, THE EXECUTIVE COMPENSATION COMMITTEE WOULD REVIEW COMPENSATION LEVELS AND PRACTICES OF OTHER ST. LOUIS BASED CHARITIES.

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

THE ANNUAL 990 TAX FILING IS AVAILABLE FOR PUBLIC VIEWING ON THE

ASSOCIATION'S PUBLIC WEBSITE, YMCASTLOUIS.ORG. PAPER COPIES ARE ALSO

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AVAILABLE UPON REQUEST. A SUMMARIZED VERSION OF OUR ANNU	AL AUDITED
FINANCIAL STATEMENTS IS ALSO AVAILABLE ON THE SAME WEBSIT	E.
OUR CONFLICT OF INTEREST POLICY IS CONTAINED IN OUR EMPLO	YEE HANDBOOK,
WHICH ALL NEW EMPLOYEES RECEIVE. A COPY OF THE SAME POLICE	Y IS DISTRIBUTED
TO ALL NEW MEMBERS OF THE BOARD OF DIRECTORS WHEN THEY BE	GIN THEIR NEW
DUTIES. ON AN ANNUAL BASIS THE BOARD OF DIRECTORS AND ALL	SENIOR MANAGEMENT
PERSONNEL ARE REQUIRED TO COMPLETE A NEW CONFLICT OF INTE	REST STATEMENT
ONLINE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON INTEREST RATE SWAP	92,694.
POSTRETIREMENT PLAN CHANGE OTHER THAN NET PERIODIC COSTS	-75,623.
UNREALIZED CHANGE IN TRUST INTERESTS	-27,119.
UNCOLLECTIBLE PLEDGES	-391,384.
FINANCIAL STATEMENT ROUNDING DIFFERENCE	-871.
TOTAL TO FORM 990, PART XI, LINE 9	-402,303.