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DLN: 93493209007395

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

2014

Open to Public Inspection

A Fo	r the 2014	calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2	014		
B Ch	eck if applica	ole C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION		D Employer	identification number
☐ Add	lress change	OF PIERCE AND KITSAP COUNTIES		91-0565	5562
∏ Na	me change	Doing business as			
Init	ial return			E Telephone	number
Fin	al urn/terminate	Number and street (or P O box if mail is not delivered to street address) Room 4717 S 19TH STREET - STE 201	n/suite		
				(253)53	34-7800
_	ended returr olication pend	City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98405	G Gross rece	ıpts \$ 50,013,354	
		F Name and address of principal officer	H(a) Is	 this a group re	turn for
		ROBERT ECKLUND 4717 S 19TH STREET STE 201		ordinates?	┌ Yes ┌ No
		TACOMA, WA 98405	H(b) Arc	e all subordina	tes
				luded?	tes Test No
I Ta	x-exempt sta	tus	If"	No," attach a	list (see instructions)
J W	ebsite: ►	YMCAPKC ORG	H(c) Gr	oup exemptior	number ►
K For	n of organiza	tion 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of	formation 1968	M State of legal domicile
Pa	rt I S	ımmary			WA
		y describe the organization's mission or most significant activities			
	TOP	UT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAI	4S THAT BUIL	D HEALTHY S	SPIRIT, MIND, AND
په	BOD				
e e					
Ë					
Governance	2 Chec	k this box 🔰 if the organization discontinued its operations or dispos	ed of more thar	125% of its ne	et assets
	3 Num	er of voting members of the governing body (Part VI, line 1a)		ı	3 12
Activities &		per of independent voting members of the governing body (Part VI, line		_	4 11
星		number of individuals employed in calendar year 2014 (Part V, line 2a		<u> </u>	5 2,774
ទ្វ		number of volunteers (estimate if necessary)	-	· · ·	6 775
•		unrelated business revenue from Part VIII, column (C), line 12		· · ·	7a 0
		nrelated business taxable income from Form 990-T, line 34		_	7b 0
				rior Year	Current Year
	8 Co	ntributions and grants (Part VIII, line 1h)		8,477,83	5,782,063
ell.		ntributions and grants (Part VIII, line 1h)		8,477,83	
enue	9 Pro	ntributions and grants (Part VIII, line 1h)			0 44,063,444
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)		41,904,07	0 44,063,444 7 36,134
Revenue	9 Pro 10 Inv 11 Ot 12 To	gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and 7d)		41,904,07 78,37 19,37	0 44,063,444 7 36,134 0 18,684
Revenue	9 Pro 10 Inv 11 Ot 12 To 12	gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and 7d)		41,904,07 78,37 19,37 50,479,65	0 44,063,444 7 36,134 0 18,684 3 49,900,325
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TACOMA, WA 98401

	1990 (2014) t IIII Stateme	nt of Program Service A	Accomplishments		Page 2
1	Check if So Briefly describe t BUILD STRONG KII	chedule O contains a response he organization's mission DS, STRONG FAMILIES, AND	or note to any line in this Part III STRONG COMMUNITIES BY PU LIFESTYLES, STRONG VALUES,	TTING CHRISTIAN PRINCIP	
		NTERNATIONAL UNDERSTA			
2	the prior Form 990		rogram services during the year w · · · · · · · · · · · · · · · · · · ·	hich were not listed on	┌ Yes ┌ No
3	Did the organization services?	on cease conducting, or make	significant changes in how it cond	ucts, any program	┌ Yes ┌ No
	•	these changes on Schedule O			
4	expenses Section		omplishments for each of its three anizations are required to report the program service reported		
4a	BUILD A HEALTHY SP COMMITMENT TO NU LASTING PERSONAL NEIGHBORS THAT'S LIKE THE Y THAT'S LIKE THE Y THAT'S LIKE THE Y THAT'S LIKE THE Y NURTURES PE NATIONAL REACH W 2014, MORE THAN 1 ALL REGARDLESS OF SUBSIDY, IN SUPPOR ALL CHILDREN DESE TODAY ARE CULTIVA ACHIEVEMENT CHILL AND AFTER SCHOOL INTERESTS AND TALL IN OUR CARE NEAR CHARACTER DEVELOUS FACILITIES, NEARLY OUR MEMBERSHIP B 2014, THE Y SERVED CLASSES CAMP YM INTERPERSONAL SYNTHROUGH SUMMER ASSISTANCE HEALTH AND WELL-BEING W CONNECTIONS THROUGH SUMPORT, GUIDANC FITNESS THROUGH PHYSICAL ACTIVITY, MEMBERS AND COMPERSONAL INTEREST OUR COMMUNITIES' EDUCATION AND TRUDISEASE AND BUILD AND DESERVE SOCIAOBSTACLES WE LAU OBESITY PREVENTION REACHING 17,000 IF FUND, LEAD AND SU VALUED AT \$2,498,64 YOUTH, PREVENT CHE	JRPOSE THE YMCA OF PIERCE AND KERTIT, MIND, AND BODY FOR ALL THE JUSTIT, MIND, AND SOCIAL CHANGE OF THE OTHER DESTANAL AND SOCIAL CHANGE OF THE OTHER DESTANAL WE BELIEVE THAT EVERYOUS MOBILIZE LOCAL COMMUNITIES TO SO,000 PEOPLE OF ALL AGES AND BAGE FINANCIAL CIRCUMSTANCES THE YEAR OF OUR COMMITMENT TO INCLUSE RIVE THE OPPORTUNITY TO DISCOVERING THE VALUES, SKILLS, AND RELAD CARE THE YEAR OF OUR FOOLS ON SAFETY, HEALT LY 1,500 CHILDREN PARTICIPATED IN DESTAND OUT FOR AND ENCOURAGE OPMENT, GUIDANCE, AND ENCOURAGE OPMENT, GUIDANCE, AND ENCOURAGE OPMENT, GUIDANCE, AND ENCOURAGE OPMENT, GUIDANCE, AND ENCOURAGE OPMENT AT YMCA CAMP SEYMOUR, YEAR, AND MAKE LASTING FRIENDSHII CA CAMP SEYMOUR OFFERS AN EXCILLIS, AND MAKE LASTING FRIENDSHII PASE AND OUTTEACH PROGRAMS, THE ONE AND MISSION CENTERED ON BALAND OUTH A MISSION CENTERED ON BALAND OUTH FITNESS, SPORTS, FUN, AND SE AND RESOURCES NEEDED TO ACHIE A ROBUST MEMBERSHIP BASE AND SE AND RESOURCES NEEDED TO ACHIE A ROBUST MEMBERSHIP BASE AND SE SOCIAL RESPONSIBILITY GIVING EMMOST CRITICAL SOCIAL NEEDS FOR AINING, WELCOMING, AND CONNECTS IN SECULAR SERVICES TRAINING, RESOURCES NEALLY SCHOOL OF THE YEAR OF THE YEAR OF THE YEAR OUT THE	G,337,825 Including grants of \$ CITSAP COUNTIES' MISSION IS TO PUT CHEY IS A POWERFUL ASSOCIATION OF MENI, PROMOTING HEALTHY LIVING AND FOST IE ABOUT WHEN WE ALL WORK TOGETHER OMMUNITY IS OUR CAUSE EXEMPT PURPOSE ACROSS THE NATION, WE HAVE THE PREY IS COMMUNITY CENTERED FOR NEAR WE CONNECT PEOPLE OF ALL AGES AND ME SHOULD HAVE THE OPPORTUNITY TO INCOME SHOULD HAVE THE OPPORTUNITY OF INCOME SHOULD HAVE THE OPPORTUNITY OF INCOME SHOULD HAVE THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND ACADEMIC ENION OF THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND ACADEMIC ENION OF THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND ACADEMIC ENION OF THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND ACADEMIC ENION OF THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND ACADEMIC ENION OF THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND ACADEMIC ENION OF THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND ACADEMIC ENION OF THE OPPORTUNITY OF PROGRAMMA TH, SOCIAL GROWTH, AND FAMILY CAMPONITY OF PROGRAMMA THE OPPORTUNITY OF T	, WOMEN AND CHILDREN JOINED TO TERING A SENSE OF SOCIAL RESPONS TO INVEST IN OUR YOUTH, OUR HE OSE ACHIEVEMENTS THERE IS NO OT ESENCE AND PARTNERSHIPS TO NOT REY 160 YEARS, WE'VE BEEN LISTENIN BACKGROUNDS TO BRIDGE THE GAPSEARM, GROW, AND THRIVE O THE Y MEMBERSHIP IS THE CORE OF ALL Y MEMBERSHIP IS THE CORE OF ALL Y RES AND PROGRAM PARTICIPANTS PAUR AND PROGRAM PER ASSISTANCE, OF THE POTENTIAL OF EVERY CHILD AN CHIEVE THAT'S WHY, THROUGH THE WIORS, BETTER HEALTH, AND EDUCATO LEARN, GROW, AND DEVELOP SO TIC AND ACTIVITY OPTIONS TO EXPLIBANCEMENT MEANS CHILDREN HAVE LEADERSHIP THE Y GIVES CHILDREN ALIZE THEIR POTENTIAL THROUGH FE AND HIGH SCHOOLS, AND LEADERSHIP THE Y GIVES CHILDREN ALIZE THEIR POTENTIAL THROUGH FE AND HIGH SCHOOLS, AND MORE THAT BUILD ATHLETIC, SOCIAL AND SETTIAL THROUGH FE AND HIGH SCHOOLS, AND MORE THAT BUILD ATHLETIC, SOCIAL AND SETTIAL THROUGH FE AND HIGH SCHOOLS, BUT AND FAMILIES OF YOUTH, ADULTS, AND FAMILIES OF YOUTH, ADULTS	GETHER BY A SHARED SIBILITY WE BELIEVE THAT ALTH, AND OUR THER NONPROFIT QUITE JUST PROMISE, BUT TO IG AND RESPONDING TO IS IN COMMUNITY NEEDS O HAS LOCAL PRESENCE AND MCA PROGRAMS DURING KITICIPATION IS OPEN TO AS WELL AS PROGRAM ID TEENWE BELIEVE THAT EY, MILLIONS OF YOUTH ITIONAL CIAL SKILLS YMCA BEFORE ORE AND DEVELOP THEIR FUN, GROW, AND THRIVE IN AND TEENS KNOWLEDGE, ROGRAMS LIKE TEEN SHIP IN TRAINING AT Y PORTS AND PLAY THROUGH INTERPERSONAL SKILLS IN AN 46,000 YOUTH SPORTS JILD SELF-ESTEEM, DEVELOF YMOUR YEAR-ROUND EIVED FINANCIAL LEADING VOICE ON HEALTH I AND FOSTERS IS ARE RECEIVING THE HEALTH, WELL-BEING AND MAINTAIN AND IMPROVE ROUP INTEREST Y RE COMMON PASSIONS AND IG AND RESPONDING TO BEING THROUGH REVENTING CHRONIC RESPECT ALL PEOPLE NEED APS, AND OVERCOME KEY AREAS CHILDHOOD D COST TO PARTICIPANTS, TARY CONTRIBUTIONS THAN 93,500 HOURS GANIZATIONS TO DEVELOP MADE SIGNIFICANT
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se (Expenses \$	ervices (Describe in Schedule including	O) grants of \$) (Revenue \$)
 4е		ervice expenses ► 36	,337,825		

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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		No
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		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4-	Enter the number reported in Poy 2 of Form 1006 Enter 0 of not applicable 1.1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 38 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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						_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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		No
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		No
8				
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		_
			Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_
10a b	Did the organization have local chapters, branches, or affiliates?		Yes	_
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	_
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	_
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	_
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	_
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	_
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	_
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	_
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	_
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	_
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	_
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	_
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	_
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed►WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►YMCA OF PIERCE AND KITSAP COUNTIES

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer employee (C) Position (do not check more than one box, unless person is both an officer employee (C) Position (do not check more than one box, unless employee (D) Position (do not check more than one box, unless employee (D) Position (do not check more than one box, unless employee (D) Position (do not check more than one box, unless employee (D) Position (do not check more than one box, unless employee (D) Position (do not check more than one box, unless employee) (D) Position (do not check more than one box, unless employee)					ss er)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEEDRA WALKEY	2 00	х		×				0	0	0
CHAIR (2) JIM CARMICHAEL	1 00									
VICE CHAIR		Х		х				0	0	0
(3) TIM DALY	1 00	x		×				0	0	0
TREASURER		_ ^		^				U	U	U
(4) LINDA GUTMANN	1 00	,						0	0	0
SECRETARY		X						U	0	0
(5) BLAKE BOLTON	1 00	,,							0	0
BOARD MEMBER		X						0	0	0
(6) CARL CRAMER	1 00	,								
BOARD MEMBER		Х						0	0	0
(7) BOB ECKLUND	40 00			Ī.,						
PRESIDENT		X		X				451,749	0	39,485
(8) BILL MATTHAEI	1 00							_	_	_
BOARD MEMBER		X						0	0	0
(9) BARBARA MEAD	1 00							_	_	_
BOARD MEMBER		X						0	0	0
(10) KARI SCOTT	1 00									_
BOARD MEMBER		X						0	0	0
(11) TODD SILVER	1 00									
BOARD MEMBER		Х						0	0	0
(12) ALAN TRINKWALD	1 00	х						0	0	0
BOARD MEMBER								Ŭ	0	
(13) ANNE PORTER	40 00			x				142,875	0	24,184
VICE PRESIDENT CFO				L				142,073	0	24,104
(14) CHARLES DAVIS	40 00	. x						200,596	0	43,566
VICE PRESIDENT OPERATIONS								200,330		13,300
										Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	check x, unle n office rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
(15) RONALD MCMAHON VICE PRESIDENT FINANCIAL DEVELOPMENT	40 00					х		148,006	0	36,819
(16) MICHELLE LARUE VP MARKETING, COMMUNICATIONS, CAPITAL CAMPAIGN	40 00					х		148,591	0	25,485
(17) DARCY CELLETTI BRANCH EXECUTIVE DIRECTOR	40 00					х		117,725	0	26,940
(18) GEOFFERY BALL BRANCH EXECUTIVE DIRECTOR	40 00					х		120,265	0	22,222
(19) PHILLIP CARTER BRANCH EXECUTIVE DIRECTOR	40 00					х		117,930	0	22,618

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	r	1,447,737	0	241,319

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADOLFSON & PETERSON CONSTRUCTION 6021 12TH ST E 100 TACOMA, WA 98424	CONSTRUCTION/REMODEL	11,611,412
DAXKOLLC 600 UNIVERSITY PLACE PARK PL 500 HOMEWOOD, AL 35209	SOFTWARE DEVELOPMENT	593,528
PILKEY HOPPING & EKBERG 2102 N PEARL ST TACOMA, WA 98406	INSURANCE	575,023
DP WAIN CONSTRUCTION INC 7734 NW ANDERSON HILL RD SILVERDALE, WA 98383	CONSTRUCTION/REMODEL	554,349
BCRA ARCHITECTS 2106 PACIFIC AVE 300 TACOMA, WA 98402	ARCHITECT	407,124
2. Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization -5

Contributions, Giffs, Grants and Other Similar Amounts	1a
	ı
Program Service Revenue	1
	3 4 5
	6. I
	7
3evenue	8
Other F) 9
	10a
	ı
	11
	ı
	,
	(

Form 99		· ·						Page 9
Part V	/ !!!	Statement o Check if Schedu	f Revenue ule 0 contains a respo	ns <u>e or note to any lu</u>	ne <u>ın thıs Part VIII</u>			. <u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) U nrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क ह	1a	Federated cam	paigns 1a	49,617				
Gifts, Grants ilar Amounts	ь	Membership du	es 1b					
A A B	С	Fundraising eve	ents 1 0	:				
siffs Iar ,	d	Related organiz	rations 1d					
s, G imil	e	Government grants	s (contributions) 1e	337,628				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions similar amounts no	ons, gifts, grants, and 1f ot included above	5,394,818				
ontrib id Otl	g	1a-1f \$	ons included in lines	13,357	F 702 062			
<u> </u>	h	Total. Add lines	s la-lf	· · · •	5,782,063			
e E		DUEC A TOTALING E		Business Code				
wen	2a b	DUES & JOINING F PROGRAM FEES	EES	713940	34,079,075	34,079,075		
æ æ	°	MEMBER AND MISO	^ SERVICES	713940 812900	8,167,224 1,655,533	8,167,224 1,655,533		
Ž,	d	FACILITIES USE		713940	1,635,533	1,655,533		
33	e			713540	101,012	101,012		
Program Serwoe Revenue	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add lines	s 2a-2f	▶	44,063,444			
	3		ome (including divider ar amounts)		35,226			35,226
	4		stment of tax-exempt bond	H				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	32,800	897				
	ь	Less cost or other basis and	32,789	0				
		sales expenses		007				
	C C	Gain or (loss)	11	897	908			908
ψ	d 8a	Gross income f events (not inc			300			300
Other Revenue		\$of contributions See Part IV, lin						
er Re	Ь	Lace director	apenses b					
₹	c		(loss) from fundraising					
	9a		rom gaming activities					
			а					
	b		penses b					
		Gross sales of	(loss) from gaming act	ivities				
		returns and allo						
			а	98,924				
	b		oods sold b	80,240	18,684			18,684
		Miscellaneous	(loss) from sales of inv	Business Code	10,004			10,004
	11a	Miscellaneou.	3 Revenue	Business code				
	ь		_					
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .					_
	I			- 1	49,900,325	44,063,444	0	54,818

Part IX Statement of Functional Expenses

Secu	Charlet Cabadula O contains a reasonable or mate to any line in the				
	Check if Schedule O contains a response or note to any line in this		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	15,654	15,654		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	902,456		534,176	368,280
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	20,311,525	18,048,706	1,937,198	325,621
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,337,379	1,072,676	202,883	61,820
9	Other employee benefits	1,832,301	1,469,641	277,963	84,697
10	Payroll taxes	2,007,885	1,783,343	172,673	51,869
11	Fees for services (non-employees)				
а	Management				
b	Legal	23,994		23,994	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,125,872	1,434,434	1,264,494	426,944
12	Advertising and promotion	968,543	327,245		641,298
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	3,196,406	2,977,999	162,547	55,860
17	Travel	247,315	187,050	46,847	13,418
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	98,098	41,442	35,309	21,347
20	Interest	534,442		534,442	
21	Payments to affiliates	360,040	322,273	37,767	
22	Depreciation, depletion, and amortization	3,861,950	3,654,642	207,308	
23	Insurance	554,415	499,127	55,288	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUPPLIES	2,454,890	2,359,743	87,941	7,206
b	EQUIPMENT MAINTENANCE	1,948,338	1,861,830	56,460	30,048
c	TELEPHONE AND POSTAGE	407,665	272,806	57,784	77,075
d	BOND FEES	249,469		249,469	
e	All other expenses	79,323	9,214	26,978	43,131
25	Total functional expenses. Add lines 1 through 24e	44,517,960	36,337,825	5,971,521	2,208,614
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
		•	•		rm 990 (2014

Part X Balance Sheet

FGI	rt X	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			58,118	1	59,490
	2	Savings and temporary cash investments			5,802,693	2	21,043,950
	3	Pledges and grants receivable, net			8,454,816	3	9,681,771
	4	Accounts receivable, net			687,287	4	749,848
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete F Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	conti emplo	ibuting employers		6	
38	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			21,691	8	27,974
	9	Prepaid expenses and deferred charges			711,524	9	725,432
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	 135,461,519			720,402
	ь	Less accumulated depreciation	10b	39,136,736	93,491,738	100	96,324,783
	11	Investments—publicly traded securities			00,401,700	11	00,024,700
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	· · ·				14	
		Intangible assets			7,522,549		18,996,983
	15	Other assets See Part IV, line 11			116,750,416		
	16	Total assets. Add lines 1 through 15 (must equal line 34)					147,610,231
	17	Accounts payable and accrued expenses			2,843,606		3,084,518
	18	Grants payable			044.700	18	4 000 455
	19	Deferred revenue			914,732	19	1,023,155
	20	Tax-exempt bond liabilities			32,985,000	20	53,150,000
es.	21	Escrow or custodial account liability Complete Part IV of Sch				21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	lıfıed	,			
<u>.</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti	es .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties	70,000	24	5,060,000		
	25	Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24) Complete P	1,350,981	25	1,145,059		
	26	D			38,164,319	26	63,462,732
	26	Total liabilities. Add lines 17 through 25			30, 104,313	20	03,402,732
φ		lines 27 through 29, and lines 33 and 34.	✓ ar	ia compiete			
Fund Balance	27	Unrestricted net assets			67,642,200	27	70,504,653
<u>8</u>	28	Temporarily restricted net assets			10,039,555	28	12,728,504
— —	29	Permanently restricted net assets			904,342	29	914,342
Ē		Organizations that do not follow SFAS 117 (ASC 958), check					
<u>.</u>		complete lines 30 through 34.	iicic r	, and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ASS	32	Retained earnings, endowment, accumulated income, or other				32	
Net	33	Total net assets or fund balances			78,586,097	33	84,147,499
Ż	34	Total liabilities and net assets/fund balances			116,750,416	34	147,610,231
	1	. 3.2 abilities and net abbetofiana balances 1 1 1 1	<u> </u>	<u> </u>	1.5,755,416	J-7	1-17,510,251

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		49,9	900,325
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,!	517,960
3	Revenue less expenses Subtract line 2 from line 1	3		5,:	382,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		78,!	586,097
5	Net unrealized gains (losses) on investments	5			11,938
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		-	167,099
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		84,:	147,499
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF PIERCE AND KITSAP COUNTIES

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)	
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).	. Enter the
hospital's name, city, and state	
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit des	scribed in
section 170(b)(1)(A)(iv). (Complete Part II)	
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .	
7 An organization that normally receives a substantial part of its support from a governmental unit or from the ger	eneral public
described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)	
9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fee	age and arose
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33	
its support from gross investment income and unrelated business taxable income (less section 511 tax) from b	
acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	basinesses
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out	it the nurnoses of
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section	
the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11	
Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically	
supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the su organization You must complete Part IV, Sections A and B.	supporting
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by	y having control or
management of the supporting organization vested in the same persons that control or manage the supported or	
must complete Part IV, Sections A and C.	
Type III functionally integrated. A supporting organization operated in connection with, and functionally integral supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	rated with, its
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organ	nization(s) that is
not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiven	
(see instructions) You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type	pe III functionally
<pre>integrated, or Type III non-functionally integrated supporting organization f</pre>	
g Provide the following information about the supported organization(s)	
g To the the following morning about the supported organization (5)	
(i)Name of supported (ii) EIN (iii) Type of (iv) Is the organization (v) Amount of	(vi) Amount of
	other support (see
(described on lines document? (see instructions)	ınstructıons)
1- 9 above or IRC	
section (see Instructions))	
Yes No	
Total	
Total	

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.)

S	ection A. Public Support	•	•				
Cal	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")	3,942,439	5,227,704	5,063,918	8,477,836	5,782,063	28,493,960
2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit						
4	to the organization without charge Total. Add lines 1 through 3	3,942,439	5,227,704	5,063,918	8,477,836	5,782,063	28,493,960
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						348,606
6	amount shown on line 11, column (f) Public support. Subtract line 5						
	from line 4						28,145,354
	ection B. Total Support endar year (or fiscal year	() 2 2 4 2	(1) 2011	() 2012	(1) 2042	() 2014	
	beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	A mounts from line 4	3,942,439	5,227,704	5,063,918	8,477,836	5,782,063	28,493,960
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	23,956	101,767	57,838	58,307	35,226	277,094
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	4,111,244					4,111,244
11	Total support Add lines 7 through 10						32,882,298
12	Gross receipts from related activiti	es, etc (see insti	ructions)			12	194,010,155
13	First five years. If the Form 990 is organization, check this box and st	-	•		•		· —
	ection C. Computation of Pub						
14	Public support percentage for 2014			11, column (f))		14	85 590 %
15	Public support percentage for 2013	-	•			15	77 980 %
	33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the	alıfıes as a publıcl organızatıon dıd	y supported orga not check a box o	nization on line 13 or 16a,			► ✓
	box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization meetorganization meetorganization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization	— 2014. If the orgation meets the "facts the "facts-and	inization did not d icts-and-circums I-circumstances" inization did not d	theck a box on lin stances" test, che test The organiz	eck this box and s vation qualifies as ie 13, 16a, 16b, o	stop here. Explain a a publicly suppo or 17a, and line	
18	Explain in Part VI how the organiza supported organization Private foundation. If the organizationstructions	tion meets the "fa	icts-and-circums	tances" test The	e organization qua	alıfıes as a public	ly ▶┌

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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? <i>If</i> "Yes," provide detail in Part VI .	9b		
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 .	9c		
L0a	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.	10a		
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).	10b		
l1	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?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection 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		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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		
S	ection 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

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

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

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

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493209007395

OMB No 1545-0047

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.

Open to Public Inspection

	of the organization MEN'S CHRISTIAN ASSOCIATION			Emp	loyer identifica	tion numbe	er
	MEN'S CHRISTIAN ASSOCIATION CE AND KITSAP COUNTIES			91-0	0565562		
Part 1	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.		inds	or Accounts		
		(a) Donor adv	ised funds		(b) Funds and	other accou	ınts
To	tal number at end of year						
-	gregate value of contributions to (during year)						
	gregate value of grants from (during year)						
Ag	gregate value at end of year						
	d the organization inform all donors and donor advisonds are the organization's property, subject to the or			or advi	sed	┌ Yes	┌ No
us	d the organization inform all grantees, donors, and do ed only for charitable purposes and not for the benef nferring impermissible private benefit?					┌ Yes	┌ No
art I	I Conservation Easements. Complete if	the organization an	swered "Yes" to	Forn	n 990, Part I\	/, line 7.	
 - -	rpose(s) of conservation easements held by the organisms. Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space propplete lines 2a through 2d if the organization held a	or education)	reservation of an reservation of a c	ertifie	d historic struc	ture	
	sement on the last day of the tax year	i quaimea conservation	r contribution in t	10111			
T -	h-lh				Held at the	End of the	Year
•	tal number of conservation easements		-	2a			
	tal acreage restricted by conservation easements		/->	2b			
	imber of conservation easements on a certified histo		` '	2c			
his	ımber of conservation easements included in (c) acq storic structure listed in the National Register		L	2d			
	ımber of conservation easements modified, transferr	ed, released, extinguis	shed, or terminate	d by th	ie organization	during	
the	e tax year 🛌						
Nu	ımber of states where property subject to conservatı	on easement is locate	d ►	_			
	es the organization have a written policy regarding t forcement of the conservation easements it holds?	the periodic monitoring	ı, ınspection, hand	ling of	violations, and	│ ├─ Yes	┌ No
St: ▶-	aff and volunteer hours devoted to monitoring, inspe	cting, and enforcing co	nservation easem	ents c	luring the year		
A n	mount of expenses incurred in monitoring, inspecting	ı. and enforcing conser	vation easements	durin	the vear		
>		, and emoreing conser	vacion casements	duilli	g circ year		
Do	es each conservation easement reported on line 2(o d section 170(h)(4)(B)(ii)?	d) above satisfy the red	quirements of sec	tion 17	70(h)(4)(B)(ı)	┌ Yes	□ No
I n ba	Part XIII, describe how the organization reports cor lance sheet, and include, if applicable, the text of the e organization's accounting for conservation easeme	e footnote to the organ					
	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historica		or Ot	her Similar	Assets.	
wo	the organization elected, as permitted under SFAS 1 irks of art, historical treasures, or other similar asse rvice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to ts held for public exhib	report in its reven oition, education, o	r rese	arch in furthera		
If wo	the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse rvice, provide the following amounts relating to thes	16 (ASC 958), to repo	ort in its revenue s	tatem	ent and balanc		lıc
(i)	Revenue included in Form 990, Part VIII, line 1				► \$		
) Assets included in Form 990, Part X				• ¢		
If	the organization received or held works of art, historically amounts required to be reported under SFAS			r finan	ـــــــــــــــــــــــــــــــــــــ	de the	
Re	venue included in Form 990, Part VIII, line 1				► \$		
b ^~	seats included in Form 990. Part Y				b ¢		

Part	Organizations Maintaining Co	llections of Art,	, His	torical T	reas	<u>ures, or Ot</u>	<u>her S</u>	<u>Similar As</u> :	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck any of	the fo	llowing that ar	e a sıç	ınıfıcant use	of its	
а	Public exhibition		d	┌ Loar	orex	change progra	ms			
b	Scholarly research		e	┌ Othe	er					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	w they furth	er the	organization's	sexem	ıpt purpose ı	n	
5	During the year, did the organization solicit									
	assets to be sold to raise funds rather than t								Yes	│ No
Par	Part IV, line 9, or reported an an					on answered	"Yes'	' to Form 9	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	dıary	for contrib	utions	or other asse	ts not		_ Yes	√ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving table						
						_	+	Am	ount	
c	Beginning balance					-	lc			
d	Additions during the year					<u> </u>	ld			
e	Distributions during the year						le			
f	Ending balance					_ 1	Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for escrow	orcus	todial accoun	t lıabılı	ity?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anation has	been	provided in Pa	art XII	I		Γ
Pa	rt V Endowment Funds. Complete		ans	wered "Y	_					
		(a)Current year	(b)Prior year	_	Two years back	(d)Thre		(e) Four y	rears back
1a	Beginning of year balance	1,101,490		988,4	_	894,300		936,706		799,715
Ь	Contributions	10,000		10,00	00	10,000		10,000		97,150
С	Net investment earnings, gains, and losses	33,962		147,2	12	129,115		-7,128		99,290
d	Grants or scholarships									
e	Other expenditures for facilities and programs	55,341		44,1	73	44,964		45,278		59,449
f	Administrative expenses									
g	End of year balance	1,090,111		1,101,49		988,451		894,300		936,706
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	ie 1g, colur	nn (a)) held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 100 000 %									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	tion	that are he	ld and	administered	for the	!		
	organization by								Yes	No
	(i) unrelated organizations				•			3a(i		No
ь	(ii) related organizations						•	3a(1		1 110
4	Describe in Part XIII the intended uses of th	· · · · · · · · · · · · · · · · · · ·			•				<u> </u>	<u> </u>
Par	t VI Land, Buildings, and Equipme				n ans	wered 'Yes'	to Fo	rm 990, Pa	rt IV, lı	ne
	11a. See Form 990, Part X, line	10.		1					1	
	Description of property			(a) Cost o basis (inve		(b)Cost or oth basis (other)		c) Accumulated depreciation	(d) B	ook value
1a	Land					8,247,	542			8,247,542
b I	Buildings					113,247,	180	30,453,934	1 8	32,793,246
c I	Leasehold improvements					338,	805	325,414	1	13,391
d I	Equipment					13,627,	992	8,357,388	3	5,270,604
	Other				4	Ļ				
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X	(, colu	ımn (B), lını	e 10(c)	.)				96,324,783
								Schedule D	(Form 9	90) 2014

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		Cost of end-of-year market value
2)Closely-held equity interests		
ther		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line
(a) Description of investment	(b) Book value	(c) Method of valuation
(,	(-,	Cost or end-of-year market value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	p	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 1
(a) Desc	rıptıon	(b) Book value
L) ENDOWMENT RECEIVABLE		1,090
2) CONSTRUCTION IN PROCESS		15,494
3) LAND USE CONTRIBUTION		2,142
4) INTEREST RATE CAP INSTRUMENT		269
otal. (Column (b) must equal Form 990, Part X, col.(B) line		▶ 18,996
	anızatıon answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	(12.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
(a) Description of liability	(b) Book value	
ederal income taxes		
USTODIAL ACCOUNTS	416,098	
IABILITY UNDER INTEREST RATE SWAP	***	
GREEMENTS	297,735	
APITAL LEASE OBLIGATIONS	431,226	
]	
	1	
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,145,059	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Retu	rn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	50,078,72
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 11,938		
b	Donated services and use of facilities 2b 86,224		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	98,162
3	Subtract line 2e from line 1	3	49,980,56
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-80,240
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	49,900,32!
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per Re	turn. Complete
1	Total expenses and losses per audited financial statements	1	44,517,32
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-63!
3	Subtract line 2e from line 1	3	44,517,960
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	(
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	44,517,960

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	EARNINGS FROM THE ENDOWMENT FUNDS WILL BE USED FOR THE ON-GOING OPERATIONAL NEEDS OF THE YMCA
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -80,240
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 80,240 UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENTS - 167,099

	<u> </u>				
Part XIII	Part XIII Supplemental Information (continued)				
Ret	turn Reference	Explanation			

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493209007395 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION 91-0565562 OF PIERCE AND KITSAP COUNTIES 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 √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS	16	15,654			

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	eturn Reference Explanation					
,	THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF THE SCHOLARSHIPS GRANTED AND THE SELECTION CRITERIA USED TO AWARD THE GRANTS WHEN A SCHOLARSHIP IS AWARDED, IT IS PAID BY CHECK AND GENERALLY MAILED DIRECTLY TO THE RECIPIENT'S COLLEGE OR HOUSING AUTHORITY, ALONG WITH A TRANSMITTAL LETTER THAT STATES THAT THE SCHOLARSHIP MUST BE USED TO SUPPORT THE STATED PURPOSE GRANTS SPECIFICALLY ALLOCATED FOR BOOKS ARE PAID DIRECTLY TO THE SCHOLARSHIP RECIPIENTS					

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DLN: 93493209007395

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to 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. Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF PIERCE AND KITSAP COUNTIES

Employer identification number

91-0565562

Par	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Ex			2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish compet	that apply				
	▼ Compensation committee	▽	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	ol paymen	t?	4a		No
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section a compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section a compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section a payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII	, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
	If "Yes" to line 8, did the organization also follow t section $53\ 4958-6(c)$?	the rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 BOB ECKLUND, PRESIDENT	(i) (ii)	451,749 0	0	0	31,200	8,285 0	491,234 0	0
2 ANNE PORTER, VICE PRESIDENT CFO	(i) (ii)	137,875 0	5,000 0	0	17,123 0	7,061 0	167,059 0	0
	(i) (ii)	185,596 0	15,000	0	25,267 0	18,299 0	244,162	0
4 RONALD MCMAHON, VICE PRESIDENT FINANCIAL DEVELOPMENT	(i) (ii)	140,506 0	7,500	0	19,030	17,789 0	184,825	0
5 MICHELLE LARUE, VP MARKETING, COMMUNICATIONS, CAPITA	(i) (ii)	133,591 0	15,000	0	17,900	7,585 0	174,076 0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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DLN: 93493209007395

2014

Open to Public

OMB No 1545-0047

(Form 990)

Name of the organization

7

8

11

12

13

14

15

16

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION 91-0565562 OF PIERCE AND KITSAP COUNTIES Part I Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) O n (i) Pool behalf of financing ıssuer Yes No Yes No Yes No WASHINGTON STATE 91-1874730 93978LCW4 08-11-2006 12,500,000 BUILD YMCA FACILITY IN GIG Х Χ HARBOR,WA HOUSING FINANCE COMMISSION Х WASHINGTON STATE 91-1874730 983978LFV 03-26-2014 44.040.000 BUILD YMCA FACILITY IN Χ Χ HOUSING FINANCE SUMNER.WA AND REFUND COMMISSION SILVERDALE/KORUM BOND ISSUE **Proceeds** Part II В C D Α Amount of bonds retired 21,835,057 Amount of bonds legally defeased Total proceeds of issue 3 12,500,000 44,040,000 Gross proceeds in reserve funds 4 Capitalized interest from proceeds 5 Proceeds in refunding escrows 6

Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10

Credit enhancement from proceeds

Issuance costs from proceeds

Other spent proceeds

Other unspent proceeds Year of substantial completion

Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue?

Has the final allocation of proceeds been made?

allocation of proceeds? Part | Private Business Use

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-

Does the organization maintain adequate books and records to support the final

Yes

No Yes Χ

В

No Х

313,228

15,490,000

6,401,715

No

Х

Χ

2015

Yes

Χ

Χ

Χ

C Yes

Yes

No

No

D Yes No

Yes

No

Χ

12,500,000

No

Χ

Χ

2007

Α

Yes

Х

Χ

Par	Private Business Use (Continued)									
			P	\		В		С		D
		J	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?			Х		×				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot outside counsel to review any management or service contracts relating to the property?									
С	Are there any research agreements that may result in private business use of financed property?	f bond-		Х		x				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot outside counsel to review any research agreements relating to the financed p									
4	Enter the percentage of financed property used in a private business use by e other than a section 501(c)(3) organization or a state or local government	entities F				•		•		
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another \$501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?			Х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of				•				
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se 1 141-12 and 1 145-2?	ctions								
9	Has the organization established written procedures to ensure that all nonquabonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			Х		×				
Par	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	<u> </u>	'es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		X					
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		X		X					
b	Exception to rebate?		X		Х					
С	No rebate due?		Х		Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	Χ		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		Х						
b	Name of provider	S BANK		COMMON	NWEALTH					
С	Term of hedge	4 60000	0000000	8 20	00000000	00				
d	Was the hedge superintegrated?		Х		Х					
е	Was the hedge terminated?		X		X					

Part IV	Arbitrage	(Continued)
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	<u> </u>	Α		В	В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×				
b	Name of provider								
С	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?		х		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?		x		x				
Pai	Part V Procedures To Undertake Corrective Action								

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

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

Return Reference	Explanation
SCHEDULE K SUPPLENTAL	ADDITIONAL PART IV, HEDGING INSTRUMENTS FOR BOND CUSIP #983978LFV HEDGE WITH WELLS FARGO BANK WITH A TERM OF 5 YEARS,
INFORMATION	HEDGE WITH SMBC CAPITAL MARKETS WITH A TERM OF 5 5 YEARS

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Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF PIERCE AND KITSAP COUNTIES

Employer identification number
91-0565562

Explanation

990 Schedule O, Supplemental Information

Return Reference

Return Reterence	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO DISCLOSE, TO THE GOVERNING BODY , INTERESTS THAT COULD GIVE RISE TO A POSSIBLE CONFLICT OF INTEREST THE GOVERNING BODY RE GULARLY MONITORS COMPLIANCE
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE ORGANIZATION'S CEO IS VOTED ON BY THE GOVERNING BODY PERFORMANCE REVI EWS, SURVEYS OF SIMILAR NON-PROFIT ORGANIZATIONS, AND COMPENSATION GUIDELINES FROM YMCA OF USA ARE USED TO DETERMINE COMPENSATION FOR BOTH THE CEO AND CFO CFO COMPENSATION IS NOT VOTED ON BY THE GOVERNING BOARD
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST, AND AT WWW GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	FORM 990 AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	UNREALIZED GAIN ON DERIVATIVE INSTRUMENTS 167,099
FORM 990 PART XII LINE 2C	THE BOARD OF DIRECTORS APPOINT A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF TH E AUDIT THE BOARD OF DIRECTORS SELECT AN INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT THI S PROCESS HAS NOT CHANGED FROM PRIOR YEAR