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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

		2014 calendar year, or tax year beginning SEP 1, 201	4 and ending A	UG :	31, 20	15
В	Check if applicab	C Name of organization		D En	nployer iden	itification number
	\neg	ess change PEARL E. WEISS TRUST FOR YOUNG	MEN'S			
	□Name	change CHRISTIAN ASSOCIATION		4	48-611	.0549
	Initial	Number and street (or P.O. box, if mail is not delivered to street address	ess) Room/sur	e E Te	elephone nur	mber
	Fınal termi	return/ P.O. BOX 1337			(785)4	52-3561
	Amer	City or town, state or province, country, and ZIP or foreign postal co	de	F G	roup Exempt	tion
	Applica	ation pending SALINA, KS 67402-1337		N	umber 📂	
G	Accour	nting Method: X Cash Accrual Other (specify)		H C	heck ► 🏻 🔀	If the organization is
		te: ►N/A		no	ot required to	attach Schedule B
J	Tax-ex	tempt status (check only one) — X 501(c)(3) 501(c) () ◀(inser	rt no.) 4947(a)(1) or 5	27 (F	orm 990, 99	0-EZ, or 990-PF).
K	Form o	forganization: Corporation X Trust Association	Other			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200	0,000 or more, or if total assets (Pa	rt II,		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	F 15.1		\$	53,013.
P	art I	Revenue, Expenses, and Changes in Net Assets or	•	truction	ns for Part I)	[==]
	Т.	Check if the organization used Schedule O to respond to any question in this	Part I		 	<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received				
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments	CEE COMEDINE C		3	E2 202
	4	Investment income	SEE SCHEDULE C		4	52,393.
	5a	Gross amount from sale of assets other than inventory	5a	620	-	
		Less: cost or other basis and sales expenses				620.
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin Gaming and fundraising events	ne 5a)		5c	020.
	1	Gross income from gaming (attach Schedule G if greater than				
Jue	"	\$15,000)	6a			
Revenue	h	Gross income from fundraising events (not including \$	of contributions		⊣	
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of su				
	ŀ	gross income and contributions exceeds \$15,000)	6b			
	C	Less direction restrict samin and fundraising events	60		7	
	d	Net income or (loss) from gaming and phraising events (add lines 6a and 6b	and subtract line 6c)		6d	
	7a	Gross sales of inventory less returns a dellowances	7a ´			
	Ь	Less set of goods sold 2010	7b		1 I	
•	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
Š	8	Other revenue (Barther NSchedule (1)			8	
ก์	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	53,013.
	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHEDULE C		10	39,135.
	11	Benefits paid to or for members			11	
es	12	Salaries, other compensation, and employee benefits			12	4,971.
Expenses	13	Professional fees and other payments to independent contractors			13	1,556.
×	14	Occupancy, rent, utilities, and maintenance			14	
ш	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule 0)	SEE SCHEDULE C		16	4,235.
_	17	Total expenses. Add lines 10 through 16			17	49,897.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	3,116.
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))				022 075
Net Assets		(must agree with end-of-year figure reported on prior year's return)			19	233,275.
ž	20	Other changes in net assets or fund balances (explain in Schedule 0)		_	20	0. 236,391.
1 14	21 ^ For	Net assets or fund balances at end of year. Combine lines 18 through 20 Panerwork Reduction Act Notice, see the senarate instructions			21	Eorm 990-F7 (2014)

Page 2

Pa	Balance Sheets (see the instructions for Part II)		•	<u>-</u>				
	Check if the organization used Schedule O to resp	ond to any ques	stion in this	s Part II				X
			(A) Begini	ning of year		(B) E	nd of yea	ar
22	Caşn, savıngs, and investments	[187.				189.
23	Land and buildings		12	21,514.	23		121,	514.
24	Other assets (describe in Schedule O) SEE SCHEDULE O		11	1,574.	24		114,	688.
25	Total assets		23	33,275.	25		236,	391.
26	Total liabilities (describe in Schedule 0)			0.	26		<u> </u>	0.
27			23	33,275.	27		236,	391.
Pá	artilli, Statement of Program Service Accomplishmen	ts (see the instr					(penses	
	Check if the organization used Schedule O to resp	•		, , <u>, , , , , , , , , , , , , , , , , </u>	X	(Required	for section	
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O	7.1				501(c)(3) organization		
	ribe the organization's program service accomplishments for each of its three largest program s	envices as measured by e	vnenses in a cles	r and concise	-	others.)	ons, opti	onai ioi
	ner, describe the services provided, the number of persons benefited, and other relevant information							
28	JOINT DETERMINATION WITH YMCA TO DE	CIDE USE O	F INCOM	ME. NET	,	T		
	INCOME REMITTED TO SALINA FAMILY YM				-			
					— 1			
	(Grants \$ 39,135.) If this amount includes foreign g	rante check here		N	\neg	28a	39	135.
29	Columb 4	iants, check here	-					
					_			
								
	(Crente \$) If this amount includes foreign a	ranta abaak bara			-	29a		
30	(Grants \$) If this amount includes foreign g	rants, check here				234		
30					_			
					_			
	/On-mate (f)				- -₁	200		
0.1	(Grants \$) If this amount includes foreign g	rants, check here		▶ L		30a		-
31	Other program services (describe in Schedule O)			_ [
	(Grants \$) If this amount includes foreign g	rants, check here		<u></u> ▶ l		31a	3.0	135.
32							.39.	
	Total program service expenses (add lines 28a through 31a)	mployooo				32		
	art IV List of Officers, Directors, Trustees, and Key E				ee the			
		ond to any que	stion in thi	s Part IV		instructions t	for Part IV)	
	Check if the organization used Schedule O to response	oond to any que (b) Average hour	stion in thi	s Part IV	d) He	instructions f	for Part IV)	timated
	art IV List of Officers, Directors, Trustees, and Key E	oond to any que: (b) Average hour per week devoted	stion in thi	Reportable Isation (Forms	d) Her contremple	alth benefits, ibutions to byee benefit and deferred	(e) Es	timated
	Check if the organization used Schedule O to respond to the control of the contro	oond to any que (b) Average hour	stion in thi	S Part IV Reportable Issation (Forms	d) Her contremple	alth benefits, butions to byee benefit	(e) Es	timated
P:	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hour per week devoted position	stion in thi s (c) to comper W-2/ (if not p	Reportable Isation (Forms 1099-MISC) aid, enter -0-)	d) Her contremple	alth benefits, ibutions to byee benefit and deferred pensation	(e) Es amoun compe	timated t of other ensation
P:	Check if the organization used Schedule O to respond to the control of the contro	oond to any que: (b) Average hour per week devoted	stion in thi s (c) to comper W-2/ (if not p	Reportable Isation (Forms	d) Her contremple	alth benefits, ibutions to byee benefit and deferred	(e) Es amoun compe	timated
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	[1
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X
00	Did the accompliance of the standard behavior of the standard behavior of the standard december of the standard standard behavior of the standard		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33	 	
V-7	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	Ŭ	<u> </u>	
	on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		-	
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A		1	
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	┪		
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed		ļ	
	by the organization $lacksquare$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.	-	х
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	40e	<u> </u>	
41		452	-35	61
72 a	Located at ▶ P.O. BOX 1337, SALINA, KS ZIP+4 ▶ 6		2-1	
b	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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		}	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	<u> </u>
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / 3		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	F	163	140
774	Form 990-EZ	44a	ļ	х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	· · · ·	 	
Ī	of Form 990-EZ	44b	ł	х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d	ļ	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u></u>	<u> </u>
4201	70	Form 9	990-EZ	(2014)

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ► 3030 CORTLAND, P.O. BOX 1100

SALINA, KS 67402-1100

Form 990-EZ (2014)

(785)825-1561

X Yes

Use Only

Phone no.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
PEARL E. WEISS TRUST FOR YOUNG MEN'S Employed CHRISTIAN ASSOCIATION

Employer identification number 48-6110549

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (III) Type of organization (iv) Is the organization (vi) Amount of (i) Name of supported (v) Amount of monetary listed in your (described on lines 1.9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) SALINA FAMILY YMCA 48-05445737 39,135. INC. X 39,135.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2014

30110 <u>44107</u>	111 01111 000 0	, <u>000 EE, E</u> 0 ; -				
Part II	Support	Schedule for (Organizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			ļ			ļ
	the organization without charge						
4	Total. Add lines 1 through 3				<u>L_</u>		
5	The portion of total contributions			}			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		ł	1		1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4				<u>L</u>		<u></u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🗪	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	L					
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			ļ	<u> </u>	<u> </u>	<u> </u>
10	Other income. Do not include gain						
	or loss from the sale of capital		:		ŀ		
	assets (Explain in Part VI.)	_					
11	Total support. Add lines 7 through 10	L	L				
12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is followed by the bound of the second	-	s tirst, second, thi	ra, tourth, or titth t	tax year as a section	on 501(c)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publisher	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	
	Public support percentage from 2013		•	COIGITIII (1))		15	
	33 1/3% support test - 2014. If the			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies	=			, , , , , , , , , , , , , , , , , , , ,		▶ □
Ŀ	33 1/3% support test - 2013. If the		-		d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual					,	▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
-	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3	▶□
Ŀ	10% -facts-and-circumstances tes	•	•		-	17a, and line 15 is	10% or
	more, and if the organization meets t	`				•	
	organization meets the "facts-and-cir-				· · · · · · · · · · · · · · · · · · ·		ightharpoons
18	Private foundation. If the organization				- · · · · · · · · · · · · · · · · · · ·		ns 🖊
	-			<u>-</u>	Sch	edule A (Form 990	or 990-EZ) 2014

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

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

Section A. Public Support	low, please com	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	•	<u> </u>				
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			-		 	
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	· · · · · · · · · · · · · · · · · · ·					
furnished by a governmental unit to						
the organization without charge						
, , , , , , , , , , , , , , , , , , ,						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received					-	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				 	 -	
c Add lines 7a and 7b					 	
8 Public support (Subtract line 7c from line 6) Section B. Total Support		L		<u> </u>		
	1-1.0040	11.0044	1 (10040	4 0 0040	4 3 0044	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			ļ	-	 	
10a Gross income from interest, dividends, payments received on				1		
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				ļ		
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2014 (lii		•	column (f))		15	%
16 Public support percentage from 2013					16	%
Section D. Computation of Inves	tment Incom	e Percentage)			
17 Investment income percentage for 20°	l 4 (line 10c, colur	mn (f) dıvıded by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	>
b 33 1/3% support tests - 2013. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The org	anizatıon qualıfıes	as a publicly supp	oorted organization	ightharpoons
20 Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		<u></u> -	
	1	X	
	2		X
	3a		X
	3b		
	3c		
	4a		_ <u>x</u> ~
	a		
	4b		
	4c		
	5a	1	X
		+ 1	
	5b		
	5c		
	6		X
	7		Х
			. X
	8		
			· '
	9a		X
	9b		X
			x
	9c	<u> </u>	
	 10a	:	X
			
	10b		
n 9	90 or 99	0-EZ)	2014

PEARL E. WEISS TRUST FOR YOUNG MEN'S

	dule A (Form 990 or 990-EZ) 2014 CHRISTIAN ASSOCIATION			48-6110549 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See ins	tructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Secti	ion'A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	·	
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			İ
	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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ed Type III supporting of	erganization (see

Schedule A (Form 990 or 990-EZ) 2014

PEARL E. WEISS TRUST FOR YOUNG MEN'S

Schee Par	t V Type III Non-Functionally Integrated 509			8-6110549 Page 7
	on D - Distributions	(a)(o) Supporting Orga	(continuea)	Current Year
		mont numaces		Current rear
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	•	or purposes or supported		
3	organizations, in excess of income from activity	as of aumouted argenization		
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	5	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.		_	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(:)	(ii)	/:::\
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Details to black and a control of the control of th		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
<u>b</u>				
<u> </u>	1			<u>'</u>
<u>d</u>	From 2012			
	From 2013			
	Total of lines 3a through e		**	
	Applied to underdistributions of prior years			
<u>n</u>	Applied to 2014 distributable amount		·	
<u>-</u>	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7. \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>_</u> _	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			
7	Instructions). Excess distributions carryover to 2015. Add lines 3			
7	, ,			
	and 4c			
8_	Breakdown of line 7:			
<u>a</u>	1			
<u>b</u>				<u> </u>
C				
	Excess from 2013			
е	Excess from 2014			I .

Schedule A (Form 990 or 990-EZ) 2014

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

PART IV, SECTION E, LINE 2A

THE NET INCOME FROM THE TRUST IS TO BE USED FOR THE RELIGIOUS

EDUCATION, MEDICAL CARE, AND CLOTHING FOR SUCH LESS FORTUNATE, BUT

DESERVING MALE YOUTHS OF SALINA, KANSAS AS MAY BE SELECTED BY THE

SALINA FAMILY YMCA BOARD OF DIRECTORS AND TRUSTEE. THEIR JOINT

DETERMINATION AS TO THE USE OF SAID FUNDS SHALL BE FINAL. THE TRUSTEE

SHALL TURN OVER ANNUALLY THE NET INCOME TO THE YMCA AND IT SHALL

FURNISH THE TRUSTEE WITH AN ANNUAL ACCOUNTING SHOWING ALL DISBURSEMENTS

OF SAID FUNDS.

PART IV, SCEHDULE D, LINE 3

TRUST OFFICER OF THE TRUSTEE, ADVANTAGE TRUST COMPANY, IS A MEMBER OF THE BOARD OF DIRECTORS OF THE SALINA FAMILY YMCA. AS SUCH, THE SALINA FAMILY YMCA HAS A SIGNIFICANT VOICE IN THE TRUST'S INVESTMENT POLICIES AND IN DIRECTING THE USE OF THE TRUSTS' INCOME AT ALL TIMES DURING THE IN ADDTIION, THE PEARL E. WEISS TRUST FOR YOUNG MEN'S CHRISTIAN YEAR. ASSOCIATION (NOW KNOWN AS THE SALINA FAMILY YMCA) WAS IN EXISTENCE PRIOR TO NOVEMBER 20, 1970, AND ALL OF THE UNEXPIRED INTERESTS IN THE TRUST ARE DEVOTED TO ONE OR MORE PURPOSES DESCRIBED IN SECTION 170(C)(2)(B). THE TRUST DID NOT RECEIVE ANY GRANT, CONTRIBUTION, BEQUEST OR OTHER TRANSFER ON OR AFTER NOVEMBER 20, 1970 AND THE TRUST IS REQUIRED BY ITS GOVERNING INSTRUMENT TO DISTRIBUTE ALL OF ITS NET INCOME TO THE PUBLICLY SUPPORTED BENEFICIARY, THE SALINA FAMILY YMCA. THE TRUSTEE DOES NOT HAVE THE DISCRETION TO VARY EITHER THE BENEFICIARY OR THE AMOUNTS PAYABLE TO THE BENEFICIARY UNLESS THERE IS A DEFAULT OF FAILURE OF THE CHARITABLE PURPOSE. THERE IS A CONSIDERABLE AMOUNT OF

432028 09-17-14

JOINT EFFORT AND COOPERATION BETWEEN THE TRUSTEE AND THE

PEARL E. WEISS TRUST FOR YOUNG MEN'S

Part III ASSOCIATION 45-6110549 Page Part III Ine 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
REPRESENTATIVES OF THE SALINA FAMILY YMCA IN CARRYING OUT THE
CHARITABLE PURPOSES OF THE TRUST. THIS JOINT EFFORT AND COOPERATION IS
NOT ONLY A PRACTICAL NECESSITY IN CARRYING OUT THE CHARITABLE DESIGNS
OF THE TESTATORS, BUT IS ALSO MANDATORY UNDER THE TERMS OF THE TRUST'S
GOVERNING INSTRUMENT.
· · · · · · · · · · · · · · · · · · ·
-

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

PEARL E. WEISS TRUST FOR YOUNG MEN'S Emplo

CHRISTIAN ASSOCIATION

Employer identification number 48-6110549

CHRISTIAN ASSOCIATION	48-6110549
FORM 990-EZ, PART I, LINE 4, RENTAL INCOME:	
KIND AND LOCATION OF PROPERTY:	AMOUNT:
CROP SHARE	47,750.
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS	2,159.
OIL INCOME	2,484.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	4,643.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: PUBLIC CHARITY	
GRANTEE NAME: SALINA FAMILY YMCA, INC.	
GRANTEE ADDRESS: 570 YMCA DRIVE, BOX 973 SALINA, KS 67401 GRANTEE RELATIONSHIP: NONE	<u>-</u>
PROPERTY DESCRIPTION: CASH	
METHOD USED TO DETERMINE BOOK VALUE: CASH	
METHOD USED TO DETERMINE FMV: CASH	
DATE OF GIFT: 01/02/15	
AMOUNT GIVEN:	19,568
ACTIVITY CLASSIFICATION: PUBLIC CHARITY	
GRANTEE NAME: SALINA FAMILY YMCA, INC.	
GRANTEE ADDRESS: 570 YMCA DRIVE, BOX 973 SALINA, KS 67401	<u> </u>
GRANTEE RELATIONSHIP: NONE	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	dule O (Form 990 or 990-EZ) (2014

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 PEARL E. WEISS TRUST FOR YOUNG MEN'S

OMB No 1545-0047

Name of the organization **Employer identification number** CHRISTIAN ASSOCIATION 48-6110549 PROPERTY DESCRIPTION: CASH METHOD USED TO DETERMINE BOOK VALUE: CASH METHOD USED TO DETERMINE FMV: CASH DATE OF GIFT: 07/09/15 AMOUNT GIVEN: 19,567. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 39,135. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: PROPERTY TAXES - OIL 58. INSURANCE - CROP SHARE 115. REAL ESTATE TAXES - CROP SHARE 4,062. TOTAL TO FORM 990-EZ, LINE 16 4,235. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR INVESTMENTS 111,574. 114,688. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE NET INCOME FROM THE TRUST IS TO BE USED FOR THE RELIGIOUS EDUCATION, MEDICAL CARE, AND CLOTHING FOR SUCH LESS FORTUNATE, BUT DESERVING MALE YOUTHS OF SALINA, KANSAS AS MAY BE SELECTED BY THE SALINA FAMILY YMCA, INC. (YMCA) BOARD OF DIRECTORS AND TRUSTEE. THEIR JOINT DETERMINATION AS TO THE USE OF SAID FUNDS SHALL BE FINAL. THE TRUSTEE SHALL TURN OVER ANNUALLY THE NET INCOME TO THE YMCA AND IT SHALL FURNISH THE TRUSTEE WITH AN ANNUAL

ACCOUNTING SHOWING ALL DISBURSMENTS OF SAID FUNDS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

PEARL E. WEISS TRUST FOR YOUNG MEN'S Emplo Name of the organization

CHRISTIAN ASSOCIATION

Employer identification number 48-6110549

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.