# EXTENDED TO FEBRUARY 16, 2016

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

	A F	or the 2014 calendar year, or tax year beginning JUL 1, 2014 and end	ing JUN 30, 20	15
1	B ch	allo abject 1	D Employer ide	ntification number
		NASHVILLE YOUNG WOMEN'S CHRISTIAN		
		ASSOCIATION ASSOCIATION		
	Щ.	Name change Doing business as	62	-0475702
		Initial Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite E Telephone nui	<del></del>
	السا	Final 1608 WOODMONT BLVD		5-269-9922
	- 4	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,515,490.
		Amended NASHVILLE, TN 37215	H(a) Is this a grou	
		PAPILICIA G. SHEA		ates? Yes X No
_		SAME AS C ABOVE		tes included? Yes No
		c-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No." attac	th a list. (see instructions)
		bsite: ► WWW.YWCANASHVILLE.COM	H(c) Group exem	
		n of organization; X Corporation Trust Association Other	Year of formation: 191	M State of legal domicile: TN
	Part	1 Summary		
		1 Briefly describe the organization's mission or most significant activities: THE YWC		
	e de covernance 2	TN IS DEDICATED TO ELIMINATING RACISM, EMPOW	ERING WOMEN A	AND
	Ë  2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net	assets.
	3   3	Number of voting members of the governing body (Part VI, line 1a)		36
9	5 4	Number of independent voting members of the governing body (Part VI, line 1b)		4 36
	2 5	_		5 109
-	<b>§</b> 6	Total number of volunteers (estimate if necessary)		6 1450
3	] 7	a Total unrelated business revenue from Part VIII, column (C), line 12		'a 0.
_	1	b Net unrelated business taxable income from Form 990-T, line 34		ъ 0.
			Prior Year	Current Year
9	, 8	Contributions and grants (Part VIII, line 1h)	3,899,007	3,887,806.
Ē	9	Program service revenue (Part VIII, line 2g)	48,949	
Revenue	10	***************************************	129,259	
44	11	* *************************************	-86,398	-82,359.
	12		3,990,817	4,144,921.
	13	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	314,544	340,763.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,493,249	
Expenses	16:	a Professional fundraising fees (Part IX, column (A), line 11e)	0.	
ă X	[ ]	Total fundraising expenses (Part IX, column (D), line 25)   525,850.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,215,041.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,022,834.	
	19	Revenue less expenses. Subtract line 18 from line 12	-32,017.	-239,477.
S OF			Beginning of Current Year	
Assets Baland	20	Total assets (Part X, line 16)	10,210,002.	10,022,084.
200		Total liabilities (Part X, line 26)	334,510.	
	22 rt	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	9,875,492.	9,471,159.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
nuc,	COITE	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	rer rias any knowledge.	
Sign		Signature of officer	Date	10
Here		PATRICIA G. SHEA, CEO	Date	
пете		Type or print name and title		
	_		Date Check	X7 PTIN
Paid		Print/Type preparer's name SARA G. MOON Preparer's signature, CPA	1 9.321	
Ргера	rer	Firm's name FRASIER, DEAN & HOWARD, PLLC	T day citable	62-1073578
Use 0		Firm's address 3310 WEST END AVE STE 550	Firm's EIN 🛌	02-IV/33/0
		NASHVILLE, TN 37203	Ohana an 61	5-383-6592
Mav t	he IF	RS discuss this return with the preparer shown above? (see instructions)	Fritone 110.0 T	
	14	The state of the s		X Yes No

Page 2

	Part III Statement of Program Service Accomplishments	273702	Page Z
	Check if Schedule O contains a response or note to any fine in this Part III		X
	Briefly describe the organization's mission.		[
	THE YWCA OF NASHVILLE & MIDDLE TN IS DEDICATED TO ELIMINATING	RACISM.	
	EMPOWERING WOMEN AND PROMOTING PEACE, JUSTICE, FREEDOM AND DIG		3
	ALL.		
_			
- 2	2 Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	X Yes	No
	If "Yes," describe these new services on Schedule O.		
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 2	No
	If "Yes," describe these changes on Schedule O.		
4	4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and	
_	revenue, if any, for each program service reported.		
4	4a (Code:) (Expenses \$ 2,194,190. including grants of \$ 337,987.) (Revenue \$	103,77	<u>6.</u> )
	DOMESTIC VIOLENCE SERVICES: FULFILLING ITS MISSION OF EMPOWERIN	ig women	,
	THE YWCA HAS BEEN NASHVILLE'S PRIMARY PROVIDER OF DOMESTIC VIOL		
	SERVICES FOR OVER 40 YEARS. THE YWCA DOMESTIC VIOLENCE SERVICES	OFFER	
	MORE THAN TEMPORARY SAFETYTHEY HELP BREAK THE CYCLE OF VIOLEN		
	OFFERING A CONTINUUM OF SERVICES, INCLUDING: A 24-HOUR CRISIS A		
		HEIR	
	The state of the s	0 453	
	WOMEN AND CHILDREN, ANSWERED MORE THAN 3,400 CALLS TO THE 24- H CRISIS AND INFORMATION LINE, SERVED 117 WOMEN AND CHILDREN IN	<u>OUR</u>	
	TRANSITIONAL HOUSING, AND EDUCATED OVER 11,000 PEOPLE ABOUT DOM	DOMEO	
4b		ESTIC	<del></del>
	FAMILY LITERACY CENTER: BUILDING OFF OF THE SUCCESS OF THE YWCA	'e cen	,
	DDDDDDDDDTATAL GEDITAGE DDAGDDL	RUCTION	
	AT FOUR DAVIDSON COUNTY LOCATIONS TO HELP ADULTS AND CHILDREN IN		
	THEIR LITERACY. THE FAMILY LITERACY CENTER OFFERS FOUR COMPONENT	'S OF A	
	COMPREHENSIVE LITERACY PROGRAM: 1) ADULT EDUCATION; 2) CHILDREN		
	EDUCATION; 3) PARENT TIME; AND 4) PARENT AND CHILD TOGETHER TIME		
	(PACT). FREE CLASSES ARE OFFERED TO ADULTS TO EARN THEIR HIGH SC	HOOL	
	EQUIVALENCY DIPLOMA, AND OBTAIN THE KNOWLEDGE AND SKILLS		
	NECESSARY FOR EMPLOYMENT AND SELF-SUFFICIENCY. FREE CLASSES		
	CHILDREN EDUCATION, PARENT TIME, AND PACT ARE OFFERED TO PROMOTE	THE	
	GROWTH AND DEVELOPMENT OF CHILDREN (AGES 3-5). LAST YEAR, 758 AD	ULTS	
_	WERE SERVED BY THE PROGRAM, 338 STUDENTS ADVANCED ONE OR MORE GR	ADE	
C	/ / / / / / / / / / / / / / / / / / /		_)
	GIRLS INC. AT THE YWCA: GIRLS INC. INSPIRES ALL GIRLS TO BE STRO	NG,	
	SMART, AND BOLD THROUGH LIFE- CHANGING PROGRAMS AND EXPERIENCES	THAT	
	HELP GIRLS NAVIGATE GENDER, ECONOMIC, AND SOCIAL BARRIERS. RESEARCH-BASED CURRICULA, DELIVERED BY TRAINED, MENTORING PROFES.		
		SIONALS	
	IN A POSITIVE ALL-GIRL ENVIRONMENT EQUIP GIRLS TO ACHIEVE ACADEM. LEAD HEALTHY AND PHYSICALLY ACTIVE LIVES; MANAGE MONEY; NAVIGATE	ICALLY;	
			<del></del>
	AND MATH. GIRLS INC. AT THE YWCA REACHED 386 MIDDLE SCHOOL GIRLS	EERING,	
	FY15. PROGRAMMING WAS OFFERED AT 14 LOCATIONS: AFTERSCHOOL SESSI	TIA	
	WERE OFFERED AT APOLLO MIDDLE; GRA-MAR MIDDLE, JOHN EARLY MUSEUM		-
	MIDDLE, EAST NASHVILLE MAGNET MIDDLE, AND WRIGHT MIDDLE; AND IN-S	SCHOOT.	_
	SESSIONS WERE OFFERED AT WARNER ELEMENTARY, KIRKPATRICK ELEMENTAR	ΣΩ11ΩΩΠ	-
	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
	Total program service expenses ▶ 2,840,239.		_
		Form 990 (201	4)

Form 990 (2014) ASSOCIATION
Part IV | Checklist of Required Schedules

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		_	١	res	No
	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	L	1	X	
	2 Is the organization required to complete Schedule B, Schedule of Contributors?	[ ]	2	X	
	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		$\top$		
	public office? If "Yes," complete Schedule C, Part I	:	3		X
	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe	ct	$\top$		
	during the tax year? If "Yes," complete Schedule C, Part II				X
	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			$\neg$	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III				X
	6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	"		す	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6			X
•	7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	·   —	$\top$	7	_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7			X
4	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete	·   —	$\top$	+	
	Schedule D, Part III	8			X
9			+		-
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	1	
	If "Yes," complete Schedule D, Part IV	9			X
10			+	+	-
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X		
11		10	+-		
	as applicable.	2.0			10
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	-	1	+-	
-		1	۱.		
	Part VI	11a	<u>X</u>	╫	
		1	<del>-</del>	1	
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII	11b	X	+	_
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		١.,	,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X	<u></u>
,	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		ı	١.,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X	<u>.                                    </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	╀	_
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			]	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	╄	_
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1	
	Schedule D, Parts XI and XII	12a	X		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X	_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X	_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		- 1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		J		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				-
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X_		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"				•
	complete Schedule G, Part III	19	1	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X	•
b	APP DE CONTRACTOR DE CONTRACTO	20b			
-		Form 9	90 /2	01/1	,

Form 990 (2014) ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
- 2	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? // "Yes," complete Schedule I, Parts I and II	2	1 X	
2	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? // "Yes," complete Schedule I, Parts I and III	2	2 X	J
2	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	- }		ĺ
	Schedule J	23	X	
2	4a 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		1	ĺ
	Schedule K. If "No", go to line 25a	24:		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241	,	
	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?	240		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete		1 1	
	Schedule L, Part I	25b	1 1	X
26	5 Of the state of the s		ТΤ	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1 1	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	3		11.1
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X .
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X .
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	_   2	K
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	2	<u></u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	2	
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
ь	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		_
	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	X	
	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	X	
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O		X	_

	orm 990 (2014) ASSOCIATION 62-04 Part VI Statements Regarding Other IRS Fillings and Tax Compliance	<u> 1757</u>	02	F
Ľ	The second of the second			
_	Check if Schedule O contains a response or note to any line in this Part V			1111
				Yes
1	ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	28	$\neg \top$	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	.	1c	X
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	"   <b>-</b>	-	
		09		
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	···   <del>*</del>	- 0	-
3:	a. Did the arganization have constated by leave and because of the arganization in the second		-	
	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3	3a	$\rightarrow$
4:	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-3	3b	-
74	financial account in a foreign country (such the phank accounts and with a respect to a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4	a	_
		-		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),			4
5a	the same desired that is a providence test oriotter transaction at any time during the tax year :	5	а	
b	provided that it is a party to a promotice tax steller transaction?	5t	0	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. 50	3	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	. 6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		$\neg$	7
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
2	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1	1	+
	to file Form 8282?	7c	-1	
d		10		
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.	+	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		┼	+-
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		+-
		-	-	1
	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del>	1
	Sponsoring organizations maintaining donor advised funds.			1.00
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	↓	$\perp$
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:	33		
a l	Initiation fees and capital contributions included on Part VIII, line 12	18	100	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			1
9 (	Gross income from members or shareholders		407	
(	Gross income from other sources (Do not net amounts due or paid to other sources against			
8	amounts due or received from them.)	1		100
8	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
lí	"Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?	13a		-
N	lote. See the instructions for additional information the organization must report on Schedule O.	.56		
	inter the amount of reserves the organization is required to maintain by the states in which the			
		İ		
E	roanization is licensed to issue qualified health plans			
E	rganization is licensed to issue qualified health plans  13b  13b			
E G E	nter the amount of reserves on hand			v
Oi Ei Di	rganization is licensed to issue qualified health plans  nter the amount of reserves on hand  id the organization receive any payments for indoor tanning services during the tax year?  "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		X

Form 990 (2014) ASSOCIATION

62-0475702

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year 36 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 36 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? X 2 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a Each committee with authority to act on behalf of the governing body? X d8 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >TN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ORIN CROUCH - 615-983-5116 1608 WOODMONT BLVD, NASHVILLE, TN 37215-1524

ASSOCIATION Form 990 (2014) 62-0475702 Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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Form 990 (2014)

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any relate	ed or	gani	zatio	on	con	pe	nsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)			_	(0	2)			(D)	(E)	(F)
Name and Title	Average	-1.	do no	P( t che	OSi ek r	ition	than	one	Reportable	Reportable	Estimated
	hours per	r Ib	ox, ur	iless	per	son is	bot	h an	compensation	compensation	amount of
	week			ano a	a or	rector	ATITUE	Ten)	from	from related	other
	(list any		200		ı				the	organizations	compensation
	hours for		5   8	<u>.</u>			¥		organization	(W-2/1099-MISC)	from the
	related organization	. I i	Filler			g			(W-2/1099-MISC)		organization
	below	19  =			1	8	8 8				and related
	line)	CO Definidited transfer and advantage	Institutional truston	986	2	Кеу етрюуее	Highest compensated employee	Former			organizations
(1) ANN PRUITT	2.00			1	7			Į.,			
BOARD CHAIR		ת∏	: [	X					0.	0.	0.
(2) BETH CHASE	2.00			$\top$	1	$\neg$					
BOARD CH-ELECT		$\exists x$		X	: [				0.	0.	0.
(3) SUNNY SPYRIDON	2.00		$\top$	T	T	$\top$	7				
BOARD MEMBER		X		L	1	$\perp$		·	0.	0.	0.
(4) ANA ESCOBAR, ESQ.	2.00								_		
BOARD MEMBER		X	<u> </u>	_	1	4	4	4	0.	0.	0.
(5) MARY WINN PILKINGTON	2.00						- 1	- [			
BOARD MEMBER		X	╙	$oxed{oxed}$	Ļ	_ _	4	_	0.	0.	0.
(6) MEGAN BARRY	2.00		l				- [	- 1			
BOARD MEMBER		X	_		L		╧		0.	0.	0.
(7) MIMI VAUGHN	2.00	1			ı						
BOARD MEMBER		X	<u> </u>	<u> </u>	L	4	4		0.	0.	0.
(8) SARAH ANN EZZELL	2.00	]			ı						
BOARD MEMBER		X			L	┸	_	_	0.	0.	0.
(9) SHARON ROBERSON	2.00							- [		. 7	
BOARD MEMBER		X			L	$\perp$	┸	ᆚ	0.	0.	0.
(10) THERESA ZUCKOWSKY	2.00										
BOARD MEMBER		X				$\perp$		┸	0.	0.	0.
(11) TOM NEGRI	2.00						Т				
BOARD MEMBER		X				┸	1		0.	0.	0.
(12) WAVERLY CRENSHAW	2.00										
BOARD MEMBER		X	_	_			$\perp$	$\perp$	0.	0.	0.
(13) YOLANDA HARRIS-JACKSON	2.00			- 1			1				
BOARD MEMBER		X		$\perp$		╙	上		0.	0.	0.
(14) BETH DEBAUCHE	2.00		İ								
BOARD MEMBER		X				L		┸	0.	0.	0.
(15) GLENN FUNK	2.00							ĺ			
BOARD MEMBER		X	$\perp$		_	_	L	╀	0.	0.	0.
(16) STACEY GARRETT	2.00			-							
BOARD MEMBER		X	4			_	L	$\perp$	0.	0.	0.
(17) MARGARET BEHM	2.00								_ [		
BOARD MEMBER	<u> </u>	x					<u></u>		0.	0.	0.

432007 11-07-14

the organization. Report compensation for the calen	ndar year ending with or wi	thin the organization's tax year.	
(A) Name and business address	NONE	(B) Description of services	(C) Compensation
Total number of independent contractors (including to		ed above) who received more than	

ASSOCIATION

62-0475702

Dort VIII	RITON		_			_			02-04	15/02
Part VII Section A. Officers, Directors	, Trustees, Ke	/ Emp	oloy	ees,	and	Hig.	hest	Compensated Employ	yees (continued)	
(A)	(B)	- 1			(C)			(D)	(E)	(F)
Name and title	Average				sitio			Reportable	Reportable	Estimate
	hours		(che	ck al	l tha	t ap	ply)	compensation	compensation	amount o
	per		Т	T	T	Ţ	T	from	from related	other
	week	١,	.			o de	-	the	organizations	compensat
	(list any	Į,				emp		organization	(W-2/1099-MISC)	from the
	hours for related	.   5		2		l all	1	(W-2/1099-MISC)	[	organizatio
	organizatio	ns i		£	1 2	E E		1	i	and relate organizatio
	below	individual frustee or director	Intillutional buster		Key employee	Highest compensated employee	=		ļ	Organizatio
	line)	Indiv	1	Officer	Key	量	Former			1
(27) DAVID LEVY	2.00	0	†	$\top$	$\dagger$	$\top$				1
BOARD MEMBER		$\neg x$						0.	0.	
(28) GERRY GORMAN	2.00		T	$\top$						1
BOARD MEMBER		$\mathbf{x}$						0.	0.	.]
(29) APRIL EATON	2.00		T	T						1
BOARD MEMBER		X				L		0.	0.	
(30) GINI PUPO-WALKER	2.00			T						
BOARD MEMBER		X						0.	0.	] (
(31) HANNAH PARAMORE	2.00	_								
BOARD MEMBER		X	$oxed{oxed}$	Ш				0.	0.	
(32) ANISSA NELSON-CARLISLE	2.00	→								
BOARD MEMBER		X		Ш	ļ	_		0.	0.	
(33) JANET MILLER	2.00			1 1						
BOARD MEMBER		X		$\sqcup$	4	4		0.	0.	
(34) JOEY HATCH	2.00	-		1 1		-				
BOARD MEMBER	<del> </del>	X			4	4	4	0.	0.	0
(35) JUDGE PETER MACDONALD	2.00							_		
BOARD MEMBER		X		$\vdash$	4	_	4	0.	0.	0
(36) CONNIE ELDER	2.00	4_1				- [				
SOARD MEMBER		Х	_		-	$\perp$	$\perp$	0.	0.	0
(37) SUSAN SHORT JONES	2.00	11						_		
SOARD MEMBER	1 0 00	X		$\dashv$	+	-	-	0.	0.	0
38) SARAH MOORE	2.00				1		1		.	_
REASURER	60.00	X		X	+	4	- -	0.	0.	0
39) PATRICIA SHEA	60.00		-1					450 054	_	
40) LORI SHINTON	45 00	$\vdash \vdash$	-	X		+	+	158,054.	0.	27,719
OO	45.00	1 1	- 1	₩.				00 076		40.404
41) MARJORIE EASTMAN	50.00	$\vdash$		<del>^</del>	+	+	+	98,976.	0.	10,134
RESIDENT & COO	30.00		- [	x						3 500
42) RACHEL BEDENBAUGH	45.00		+	<u> </u>	+	+	+	0.	0.	3,588
P DEVELOPMENT	=3.00			x				79,047.	_	7 104
43) TRACY DETOMASI	45.00	-	+	*>	+	+	+	13,041.	0.	7,184
P DOM VIO SRV			.	x	1			34,659.	0.	10 052
(4) PHILLIP MANY	45.00	+	+	-	+	+	+	32,033.		10,953.
P FIN & ADMIN				X				90,073.	0.	15,432.
5) JAN SHIPP	45.00	-	+	+	+	+-	+-	20,0194		TO, 404
HR		- [	- [,	ĸ 📗				77,877.	0.	15,963.
6) PAMELA SESSIONS	60.00	$\dashv$	†		+	-	+		- 0.	20,200.
PROGRAMS			12	ζ				88,434.	0.	9,685.
						-	1			2,000;
tal to Part VII, Section A, line 1c				*******				627,120.		L00,658.

Part VIII

Statement of Revenue

Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 198,842. Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b c Fundraising events 686,452. 10 d Related organizations ..... 1d e Government grants (contributions) 537,403. 1e 1 f All other contributions, gifts, grants, and similar amounts not included above ..... ,465,109. 700. g Noncash contributions included in lines 1a-1f; \$ ,887,806. h Total. Add lines 1a-1f Business Code 2 a RETAIL PROGRAM 452000 82,442. 82,442. Program Service b CRISIS CALL CENTER 624100 21,334. 21,334. f All other program service revenue ..... 103,776. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) 235,698. 235,698. Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 191,345. b Less; cost or other basis and sales expenses ....... 191.345. c Gain or (loss) d Net gain or (loss) 0. 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_686, 452. of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_\_ a 48,065. b Less: direct expenses b 179,224. -131,159. c Net income or (loss) from fundraising events 131.159 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 48,800. 48,800. d All other revenue 48,800. e Total, Add lines 11a-11d 144,921. 103,776. 153,339. Total revenue. See instructions. Form 990 (2014)

| Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a response on the include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	and and and and and to dollinoting a gainzanging				}
_	and domestic governments. See Part IV, line 21	75,241	75,241	•	
2		205 500	065 500		1
_	individuals. See Part IV, line 22	265,522	265,522	•	
3			1		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		ļ		
5	Compensation of current officers, directors,	665 050			
_	trustees, and key employees	665,273	379,157	199,254.	86,862
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	4 604 040			
7	Other salaries and wages	1,674,349.	954,258.	501,478.	218,613
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	27,900.			3,227
9	Other employee benefits	217,557.			25,160
0	Payroli taxes	175,223.	108,435.	46,523.	20,265
1	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	12,360.	9,482.	1,735.	1,143
	Lobbying				
е	Professional fundraising services. See Part IV, line 17		Marie Marie Marie 1985		
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				<u> </u>
	column (A) amount, list line 11g expenses on Sch O.)	276,137.	211,837.	38,756.	25,544.
٠.	Advertising and promotion	6,076.	4,661.	853.	562.
	Office expenses	177,568.	131,212.	28,815.	17,541.
	Information technology				
	Royalties				· · · · ·
	Occupancy	303,075.	247,185.	39,555.	16,335.
	Travel	47,604.	35,525.	7,869.	4,210.
	Payments of travel or entertainment expenses	-			
f	or any federal, state, or local public officials				
C	Conferences, conventions, and meetings	36,331.	8,951.	16,278.	11,102.
	nterest				-2,200
	Payments to affiliates				
C	Depreciation, depletion, and amortization	225,958.	161,091.	38,921.	25,946.
	nsurance	38,871.	28,613.	6,228.	4,030.
	ther expenses, Itemize expenses not covered				2,000.
al	bove. (List miscellaneous expenses in line 24e. If line	15.31		01-02-100	
ar	4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)	77.			
	IISCELLANEOUS	102,639.	55,354.	25,649.	21,636.
_	AD DEBT EXPENSE	35,089.		152.	34,937.
_	RINTING & PUBLICATIONS	21,625.	11,815.	1,073.	8,737.
_			,	2,0701	0,737.
Al	l other expenses				<u>.</u>
	stal functional expenses. Add lines 1 through 24e	4,384,398.	2,840,239.	1,018,309.	525,850.
	int costs. Complete this line only if the organization	-,002,000	2,040,2331	2,010,303.	323,030.
	Ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.		j	1	
ou	eck here if following SOP 98-2 (ASC 958-720)		ì	1	

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	519,877	. 1	176,523		
	2	Savings and temporary cash investments					370,820
ł	3	Pledges and grants receivable, net					110,380
- 1	4	Accounts receivable, net			99,328		
	5	Loans and other receivables from current and f				1	
	_	trustees, key employees, and highest compens					
						5	
	6	Part II of Schedule L  Loans and other receivables from other disqual				1 -	
1	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
_		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8					8	
	9	Inventories for sale or use	*********	***********************	1,195		27,109
	10a		1 1	*************************	2,200		27,103
ľ	IVA	basis. Complete Part VI of Schedule D	100	8 081 708			
	h	Less: accumulated depreciation	10a	3 471 937	4,464,034.	10c	4,609,771.
- 1.	11	investments - publicly traded securities	100	3,311,0010	4,420,650		4,100,653.
	12	Investments - other securities. See Part IV, line 1	285,079		527,500.		
- 1	12 13	Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1	203,013		327,300.		
						13	
1 1	5	Intangible assets		77**********		14	
1		Other assets. See Part IV, fine 11 Total assets. Add lines 1 through 15 (must equa			10,210,002.		10,022,084.
		Accounts payable and accrued expenses			228,010.		222,123.
1		Grants payable	220/0101	18	222,125		
19		Deferred revenue	106,500.	19	72,330.		
20		Tax-exempt bond liabilities	200,300.	20	12,000.		
2		Escrow or custodial account liability. Complete P				21	
0		Loans and other payables to current and former of				41	
Liabilities		key employees, highest compensated employees					
<u></u>		Complete Part II of Schedule L		,		22	
5   23		Secured mortgages and notes payable to unrelate				23	
24		Unsecured mortgages and mores payable to unrelated to				24	
25		Other liabilities (including federal income tax, paya				24	
20		parties, and other liabilities not included on lines 1					
İ		Schedule D	•		0.	25	256,472.
26		otal liabilities, Add lines 17 through 25			334,510.	26	550,925.
		Organizations that follow SFAS 117 (ASC 958),					
		complete lines 27 through 29, and lines 33 and					
27		Inrestricted net assets		ľ	7,221,110.	27	6,779,123.
28		emporarily restricted net assets	879,743.	28	917,397.		
29		ermanently restricted net assets	1,774,639.	29	1,774,639.		
27 28 29 30 31 32 32		organizations that do not follow SFAS 117 (ASC			X. II. II. III. III. III.		
- 1		nd complete lines 30 through 34.	,				
3 30		apital stock or trust principal, or current funds		<u> </u>		30	
31		aid-in or capital surplus, or land, building, or equi				31	
32		etained earnings, endowment, accumulated inco			-	32	
33		otal net assets or fund balances			9,875,492.	33	9,471,159.
34	Te	otal liabilities and net assets/fund balances			10,210,002.	34	10,022,084.
							Form 990 (2014)

-	rm 990 (2014) ASSOCIATION	62-04	7570	2 <u>F</u>	age 12		
F	Part XI Reconciliation of Net Assets						
_	Check if Schedule O contains a response or note to any line in this Part XI		*********	******			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,1	44,9	921.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,3	84,3	398.		
3		3	-239,477				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,8	75, <u>4</u>	192.		
5	Net unrealized gains (losses) on investments	5	-1(	54,8	356.		
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
_	column (B))	10	9,47	1,1	59.		
P	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			- 1			
2a	***************************************	***************************************	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	1 a	100		7		
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	asis,					
	consolidated basis, or both:				2.5		
	X Separate basis Consolidated basis Both consolidated and separate basis			127			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the ac						
	review, or compilation of its financial statements and selection of an independent accountant?	P*P****44*******	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul			7			
За	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?		3a	X			
þ	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	X			

Form 990 (2014)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
NASHVILLE YOUNG WOMEN'S CHRISTIAN Empl

2014

Open to Public Inspection

**Employer identification number** 

ASSOCIATION 62-0475702 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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 II, 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 (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION 62-0475702 Page 2

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

9

	(Complete only if you checke				or ranea to quanty	orror or or m. n	o organization		
	fails to qualify under the test	s listed below, ple	ase complete Pan	1111.)			· · · · · · · · · · · · · · · · · · ·		
Se	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	1				Ĭ			
	include any "unusual grants.")	3401747.	3558696	4860017.	3899007.	3887806.	19607273.		
2	Tax revenues levied for the organ-								
_	ization's benefit and either paid to	1					ĺ		
	or expended on its behalf		1						
3	The value of services or facilities			1					
3	furnished by a governmental unit to			1	}				
		1	ļ						
	the organization without charge	3401747.	3558696.	4860017.	3899007.	3887806	19607273.		
4	Total. Add lines 1 through 3	240T/4/*	3330030.	4000017.	3033007.	3007000.	1		
5	The portion of total contributions				THE STATE				
	by each person (other than a			100000			1		
	governmental unit or publicly			FELS. P. A.	MARKET PER		i		
	supported organization) included	L30 703							
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						1		
	column (f)								
6	Public support, Subtract line 5 from line 4.						19607273.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
	Amounts from line 4	3401747.	3558696.	4860017.	3899007.	3887806.	19607273.		
	Gross income from interest,								
-6.	dividends, payments received on								
	1 1								
	securities loans, rents, royalties	136,897.	124 077	138,127.	123.522	235,698.	758,321.		
_	and income from similar sources	230,0376	121,0116	130/12/	220,0021				
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on						· <del>-</del>		
10	Other income. Do not include gain				1				
	or loss from the sale of capital	45 046	54 454	100 565	E0 330	40 000	200 122		
	assets (Explain in Part VI.)	45,246.	54,1/4.	189,565.	52,338.		390,123.		
	Total support. Add lines 7 through 10			Frankrig (j. 1977 – 1			20755717.		
12	Gross receipts from related activities, e	etc. (see instruction	ns)	***** *********************************		12	515,855.		
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	cyear as a section	501(c)(3)			
	organization, check this box and stop	here		<u> </u>					
Sec.	tion C. Computation of Public	Support Perc	centage						
14	Public support percentage for 2014 (lin	e 6, column (f) div	ided by line 11, co	olumn (f))		14	94.47 %		
15	Public support percentage from 2013 \$	Schedule A, Part II	, line 14			15	95.24 <u>%</u>		
16a :	33 1/3% support test - 2014. If the or	ganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	re, check this box	and		
	stop here. The organization qualifies a								
h	33 1/3% support test - 2013. If the or	ganization did not	check a box on lis	ne 13 or 16a, and I	ine 15 is 33 1/3% o	or more, check this	box		
	and stop here. The organization qualifi								
·	10% -facts-and-circumstances test -	2014 If the orga	nization did not ch	eck a box on line	13. 16a. or 16b. an	nd line 14 is 10% or	more.		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
Ъ.	b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
r	nore, and if the organization meets the	Tacts-and-circum	istances test, che	eck this dox and s	top nere. Explain	are are vision tile	▶□		
0	organization meets the "facts-and-circul	mstances" test. Th	ne organization qu	annes as a publicly	supported organi	tanun			
8 F	Private foundation. If the organization	did not check a bi	ox on line 13, 16a,	160, 1/a, or 17b,					
					Sched	lule A (Form 990 c	r 990-EZ) 2014		

Part III Support Schedule for (Complete only if you checke					art II. If the organiz	ation fails to
qualify under the tests listed						
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				i	1	1
include any "unusual grants.")					<u> </u>	
2 Gross receipts from admissions,						i
merchandise sold or services per-		1	1	ļ		-
formed, or facilities furnished in	ļ		1		!	
any activity that is related to the organization's tax-exempt purpose		1				
3 Gross receipts from activities that						
are not an unrelated trade or bus-		1			]	
inner under contine £10						
*************						1
4 Tax revenues levied for the organ-	1		1			
ization's benefit and either paid to		1				1
or expended on its behalf					1	1
5 The value of services or facilities	Ì					
furnished by a governmental unit to			ļ		İ	1
the organization without charge		·			1	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						<del>                                     </del>
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						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,	1		[			
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income			1			
(less section 511 taxes) from businesses		]				ı
acquired after June 30, 1975						·
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is for</li></ul>	the avanaization's	first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	tion.
Section C. Computation of Public	c Support Per	centage		***************************************		
	no P. nolumn (f) di	uided by line 13 cc	iuma (fi)		15	9
	Cebedule A. Bort	viued by line 10, co	(4)		16	9/
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by line	13, column (f))		17	9
18 Investment income percentage from 2	2013 Schedule A. I	Part III, line 17			18	9/
19a 33 1/3% support tests - 2014. If the	organization did n	ot check the box o	n line 14, and line 1	5 is more than 33	1/3%, and line 17	is not
more than 33 1/3%, check this box an	d stop here. The	organization qualif	ies as a publicly su	pported organizat	ion	▶∟
b 33 1/3% support tests - 2013. If the	organization did n	ot check a box on I	ine 14 or line 19a, a	and line 16 is more	e than 33 1/3%, an	d
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The organ	nization qualifies as	a publicly suppor	rted organization 🗒	▶ᆜᆜ
20 Private foundation. If the organization	n did not check a l	box on line 14, 19a,	or 19b, check this	box and see instr	uctions	

Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION

Part IV | Supporting Organizations

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(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 11b 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

- 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1			
2			
3a			
3b			
	+		
3c			
4a			
			2
4b	+		
			3
4c	t	-	
5а			
5b 5c	-	+	
	10		
8-7			
6			
7	-	+	
8			7
9a			 
Dh.		-	
9b		-	7
9c			7
10a			j
			]
10h			

9	chedule A (Form 990 or 990-EZ) 2014 ASSOCIATION	62-04	7570	2	Dane 6
Ĭ	Part IV Supporting Organizations (continued)	02-04		2	Page 5
	and a state of the			Yes	l Ma
1	1 Has the organization accepted a gift or contribution from any of the following persons?	Γ		res	No
•	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ł	ĺ
	below, the governing body of a supported organization?	ŀ	110	├	+
	b A family member of a person described in (a) above?	ŀ	1ia		<del> </del>
	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,	ŀ	11b	_	-
Se	ection B. Type I Supporting Organizations		11c		٠
-	out of the first of game and the			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Г		res	INO
•	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	-	7		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	h			
~	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,		2		
Se	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations		2		
	and of type it depoting of germonate			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			195	NO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
					=10
	or management of the supporting organization was vested in the same persons that controlled or managed	-	4		
Sec	the supported organization(s).  ction D. Type III Supporting Organizations		-		
	don't i Type in cupporting cryamicatoris				Na
1	Did the exemply retion provide to each of its supported exemply retired by the less day of the lifth month of the			es	No
'	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		50 E		
	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?	250	1	+	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				21
	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	220			
	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			-	
er.	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruent in the organization satisfied the Activities Test. Complete line 2 below.	ctions):			
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.				
c					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructio		_   .	1.
	Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Υe	SIN	0
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	0.11			
	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			_
	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				ı
	reasons for the organization's position that its supported organization(s) would have engaged in these	-	-	+	
	activities but for the organization's involvement.	2b	+		$\neg$
	Parent of Supported Organizations. Answer (a) and (b) below.				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-	+-	
	rustees of each of the supported organizations? Provide details in Part VI.	3a	+-	+	7
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-	
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b			

Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION  Part V   Type III Non-Functionally Integrated 509(a)(3) Support	im a Our		62-0475702 Page
Typo III I allocation I integrated cooks (b) Cappor			
Check here if the organization satisfied the Integral Part Test as a qualify     other Type III non-functionally integrated supporting organizations must		· ·	uctions. All
Section A - Adjusted Net Income	complete Se	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optiona)
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			Ť T
collection of gross income or for management, conservation, or	1 [		
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	BEOLE		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	This is		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	-6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 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	Land Stranger	
5 Income tax imposed in prior year	5	and the second second	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	-integrated	Type III supporting organiz	ation (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated			52-04/5/02 Page
Section D - Distributions		icontinueo)	Current Year
Amounts paid to supported organizations to accomplis	th exempt ournoses		Current Teal
Amounts paid to perform activity that directly furthers to			
organizations, in excess of income from activity	swifts parposes of eapported		
Administrative expenses paid to accomplish exempt put	imoses of supported arganization	e	
Amounts paid to acquire exempt-use assets	a posed or supported organization	3	
5 Qualified set-aside amounts (prior IRS approval required	1)		
6 Other distributions (describe in Part VI). See instruction			
7 Total annual distributions. Add lines 1 through 6.	13.		
Distributions to attentive supported organizations to wh	ich the organization is respective		
(provide details in Part VI). See instructions.	ici i ne organizatom is responsive		
9 Distributable amount for 2014 from Section C, line 6	<del></del>		
	·		
10 Line 8 amount divided by Line 9 amount		F275	27%)
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		116-2014	Altiophit for 2014
Underdistributions, if any, for years prior to 2014			
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014.			
a			
b			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to Underdistributions of prior years			
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,			
fine 7:	THE REPORT SET		
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder, Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
Remaining underdistributions for 2014. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see instructions).			
Excess distributions carryover to 2015. Add lines 3j and 4c.			
Breakdown of line 7:			
a la la la la la la la la la la la la la			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

nedule A (F	orm 990 or 990 EZ) 2014 ASSUCIATION	62-0475702 Pa
art VI	form 990 or 990-EZ) 2014 ASSOCIATION  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	e 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
<del> </del>		
	· · · · · · · · · · · · · · · · · · ·	
		<del></del>
		<del>.</del>
<u> </u>		<del></del>

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

Information about Schedule 8 (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

**Employer identification number** 

2014

N	ASHVILLE YOUNG WOMEN'S CHRISTIAN					
	SSOCIATION	62-0475702				
Organization type (check	one);					
Filers of:	Section:					
Form 990 or 990-EZ	3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF 501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter he purpose. Do not co	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" on !	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization NASHVILLE YOUNG WOMEN'S CHRISTIAN Employer identification number

ASSU	CIATION	- 6	2-04/5/02
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	_
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$378,500.	Person X Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$293,437.	Person X Payrotl  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s <u>219,889.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 299,756.	Person X Payroll

Name of organization
NASHVILLE YOUNG WOMEN'S CHRISTI

Employer identification number

ASSOCI	ILLE YOUNG WOMEN'S CHRISTIAN IATION		62-0475702
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
7		\$ <u>200,00</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

NASHVILLE YOUNG WOMEN'S CHRISTIAN

ASSOCIATION S CHRISTI

Employer identification number

62-0475702

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	00 000 E7 or 000 DE1 (2014)

Employer identification number

Part II	Noncash Property (see instructions), Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c). FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
		Outrodula D. (France C	000 000 FZ 000 DE\ (0014)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

### SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

► Attach to Form 990.

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

2014

Open to Public Inspection

NASHVILLE YOUNG WOMEN'S CHRISTIAN Employer identification number Name of the organization ASSOCIATION 62-0475702 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? \_Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements **2**b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$\_ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	nedule D (Form 990) 2014 ASSOCTA				11 0			4/5/0		<u> </u>
[P	art III   Organizations Maintaining (									_
3	Using the organization's acquisition, access	sion, and other record	is, check any of the	following that are	a signi	ficant u	se of its	collection	n items	
	(check all that apply):									
	Public exhibition		Loan or ex	change programs						
	Scholarly research	•	Other							
	c Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization's	exempt	purpos	se in Pari	t XIII.		
5										
•	to be sold to raise funds rather than to be m						Г	Yes		lo_
Ď,	art IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa									
40	Is the organization an agent, trustee, custod		iary for contribution	s or other assets	not incl	uded				_
18								Yes		lo
	on Form 990, Part X?					*********				
D	ir "Yes," explain the arrangement in Fart Alli	and complete the los	lowing table.		1			Amoun		
	B total bearing					1c		74110411		_
C	Beginning balance					1d		-		_
d	Additions during the year									
е	Distributions during the year					1e		-		_
f	Ending balance			A 15-1 A 85	[	1f	<del></del>	7 v		_
	Did the organization include an amount on Fo					*****	ـــا	Yes	H N	9
	If "Yes," explain the arrangement in Part XIII.						*********			
Pa	rt V Endowment Funds. Complete i					Th	bt. i	4 3 E		_
	1	(a) Current year	(b) Prior year	(c) Two years bac			ars back		years back	
1a	Beginning of year balance	2,446,187.	2,249,443	2,101,10		2,10	2,850.	1,	954,745	-
þ	Contributions			440.00			1 514		000 105	_
C	Net investment earnings, gains, and losses	25,624.	196,744.	148,33		-6	1,744.		208,105	•
d	Grants or scholarships									_
е	Other expenditures for facilities						- 1			
	and programs				_	_				_
f	Administrative expenses									_
9	End of year balance	2,471,811.	2,446,187.	2,249,443		2,101	1,106.	2,	162,850	•
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))	held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment ► 71.80	%								
c	Temporarily restricted endowment ▶ 28	3.20 %								
_	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	sion of the organizati	on that are held an	d administered for	the org	janīzatio	ดก	_		_
-	by:	<b>-</b>							es No	_
	(i) unrelated organizations							3a(i)	X	_
	••							3a(ii)	X	_
h	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?					3b		_
4	Describe in Part XIII the intended uses of the c				,					-
Par		ent.								_
	Complete if the organization answered		Part IV. line 11a. Se	e Form 990, Part >	(, line 10	0.				
	Description of property	(a) Cost or oth			Accum			d) Book	value	•
	Description of property	basis (investme	- 1		leprecia					
4	Land	<del></del>	· ·	763.	Ey0			405	,763.	-
	Land				945	,066	. 4	,064		
	Buildings		7,002	, 555 4		, 0		, , , ,		•
	Leasehold improvements		556	,577.	526	,871	-	139	706.	-
	Equipment			.,	520	, , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
e	Other		anhuma (O) 15 10:	-1			Δ	,609	771.	•
			commend that here 10%							

2.000.000.000	OUNG WOMEN'S	CHRISTIAN	62-0475702 Pag
Part VII Investments - Other Securities.	<u> </u>		<u> </u>
Complete if the organization answered "Yes"	to Form ODO Port IV line	11h See Form 990 Part Y li	ne 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
	(B) BOOK VAIDO	(c) Mounds of Tallbeller	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN	02 005	THE OF WHAP	ACAD VIIII TEAT TITE
(B) CHR. REMAIN TRUST	23,227.		
(C) EXCHANGE-TRADED FUNDS	504,273.	END-OF-YEAR	MARKET VALUE
(D)			
(E)			
(F)			
(G)			<u> </u>
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	527,500.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c. See Form 990, Part X, lin	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" to	n Form 990. Part IV. line 11	ld. See Form 990. Part X. line	e 15.
	Description		(b) Book value
(1)			
(2)		<del> </del>	
(3)			
(4)			
(5)			
(6)	·		
(7)	· · · · · · · · · · · · · · · · · · ·	····	
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line : Part X. Other Liabilities.			
Complete if the organization answered "Yes" to	Form 990, Part IV, line 11	e or 11f. See Form 990, Part	X, line 25.
(a) Description of liability	(b	) Book value	
(d) Find and in the second			

Federal income taxes
CAPITAL ADVANCE 256,472. (3)(4) (5) (6)(7) (8) 256,472. Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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

62-0475702 Page 4

Schedule D (Form 990) 2014

ASSOCIATION Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 4,385,145. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2a -164.856. Net unrealized gains (losses) on investments 225.856. 2b b Donated services and use of facilities 2c Recoveries of prior year grants 179,224, 2d d Other (Describe in Part XIII.) 240,224. 2e e Add lines 2a through 2d 4,144,921. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4,144,921. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 4,789,478. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 225,856. 2a a Donated services and use of facilities b Prior year adjustments ..... 2b c Other losses 2c 179,224 2d d Other (Describe in Part XIII.) 405,080. 2e Add lines 2a through 2d 4,384,398. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4,384,398. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT FUNDS IS TO HELP FUND A PORTION OF THE OPERATING OR CAPITAL REQUIREMENTS AS NEEDED, AS WELL AS TO PROVIDE FINANCIAL STABILITY FOR THE YWCA. THE ENDOWMENT FUNDS CONSIST PRIMARILY OF PERMANENTLY RESTRICTED FUNDS, FROM WHICH THE ORGANIZATION OBTAINS INTEREST, DIVIDENDS, AND GAINS AND LOSSES. THE YWCA OF NASHVILLE & MIDDLE TENNESSEE HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION OF UP TO FIVE PERCENT (5%) OF THE ENDOWMENT FUND, EXCEPT AS OTHERWISE STIPULATED BY DONORS, TO FUND ANNUAL OPERATING NEEDS. PART X, LINE 2:

Schedule D (Form 990) 2014 ASSOCIATION 62 9373700 1639
Part XIII   Supplemental Information (continued)
THE YWCA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE.
THE YWCA FOLLOWS GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION
MEASUREMENT AND DISCHOSURE OF CAROLITIES SINCE
POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD TO BE
RECOGNIZED.
AS OF JUNE 30, 2015 AND 2014, THE YWCA DID NOT HAVE ANY ACCRUED INTEREST
OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR
PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.
PENALTIES HAVE DEEN CHRICOS TO GESTIONS
THE YWCA FILES U.S. FEDERAL FORM 990 FOR ORGANIZATIONS EXEMPT FROM INCOME
TAX. TAX RETURNS ARE SUBJECT TO AUDIT BY THE U.S. INTERNAL REVENUE
SERVICE FOR THREE YEARS FOLLOWING THE DATE OF FILING. TAX RETURNS FOR
YEARS PRIOR TO FISCAL YEAR ENDED JUNE 30, 2012 ARE CLOSED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
170 224
SPECIAL EVENT EXPENSES 179,224.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
170 22/
SPECIAL EVENT EXPENSES 179,224.

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service	tion about Schedule G (Form 990 or 990-E			aov/form 990	Inspection
Name of the organization NASHV	VILLE YOUNG WOMEN'S	CHRIST	TIAN		identification number
ASSOC	CIATION			62-047	75702
Part I Fundraising Activities required to complete this	ties. Complete if the organization answards	wered "Yes	" to Form 990, Part IV,	line 17. Form 990-	EZ filers are not
1 Indicate whether the organization	raised funds through any of the follow	ing activitie	as. Check all that apply	<i>/</i> .	
a Mail solicitations			n-government grants		
b Internet and email solicita		-	vernment grants		
c Phone solicitations	g L Speci	al fundraisi	ng events		
d In-person solicitations	the management and a contract of the contract	.1.61 .6			
	ien or oral agreement with any individua 0, Part VII) or entity in connection with				es No
	individuals or entities (fundraisers) pure				
compensated at least \$5,000 by		adin to ag	iodilonio dilodi milati	the terrereser to te	, 50
		(iii) Did		(v) Amount paid	(vi) Amount poid
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraise have custo	(iv) Gross receipts from activity	to (or retained by fundraiser	to (or retained by)
or orally (torollalably		or control of contribution	s?	listed in col. (i)	organization
		Yes N	0		
				<u> </u>	<u> </u>
		<del>                                     </del>			+
			1 1		
		<del>                                     </del>		-	<del>                                     </del>
· · · · · · · · · · · · · · · · · · ·			1		
		<del>-   -</del>			<del>                                     </del>
Total		<b>&gt;</b>			
3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit co	ontributions	s or has been notified it	is exempt from reg	gistration
or noorionig.					
					<del></del>
	<del></del>	•	<del></del>		

NASHVILLE YOUNG WOMEN'S CHRISTIAN 62-0475702 Page 2 Schedule G (Form 990 or 990-EZ) 2014 ASSOCIATION Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING (add col. (a) through AWA BREAKFAST col. (c)) (event type) (event type) (total number) 260,116. 269,719. 204,682. 734,517. 1 Gross receipts 260,116. 269,719. 156,617. 686,452. 2 Less: Contributions 48,065. 48,065. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 67,342. 35,355. 25,562. 128,259. 6 Rent/facility costs 7 Food and beverages Direct 8 Entertainment 28.032. 2.269. 20.664. 9 Other direct expenses <u>50,965.</u> 179,224. 10 Direct expense summary. Add lines 4 through 9 in column (d) -131,159 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes ..... Direct Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor ..... ∫No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: \_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014 ASSOCIATION	62-0475702 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	v formed
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	142-1
b An outside facility	<u>13b</u>   %
14 Enter the name and address of the person who prepares the organization's gaming/special events books	s and records;
Name >	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	renue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ a	nd the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$  Description of services provided ▶	
Director/officer Employee Independent contractor	
7 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	y spent in the
organization's own exempt activities during the tax year > \$	n apart in a io
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	file and Bort III lines 0. Oh 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	v), and Part III, lines 9, 90, 100, 150,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

# NASHVILLE YOUNG WOMEN'S CHRISTIAN Schedule G (Form 990 or 990 EZ) ASSOCIATION Part IV | Supplemental Information (continued) **ASSOCIATION** 62-0475702 Page 4

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. NASHVILLE YOUNG WOMEN'S CHRISTIAN General Information on Grants and Assistance ASSOCIATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

OMB No. 1545-0047

Open to Public Inspection

62-0475702

ž Employer identification number LICENSED MENTAL HEALTH THEATRICAL INSTRUCTION (h) Purpose of grant or assistance X Yes 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 SERVICES Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ¢, ٥, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 010 (d) Amount of 67,231 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 62-1734411 | S01(C)(3) 62-0499284 501(C)(3) (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FAMILY & CHILDREN SERVICES or government ACTORS BRIDGE ENSEMBLE NASHVILLE, TN 37206 NASHVILLE, TN 37203 201 23RD AVE NORTH 1312 ADAMS ST Part

432101

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

Schedule I (Form 990) (2014)

ASSOCIATION Schedule I (Form 990) (2014)

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.

Page 2

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(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 0 ö o 23,318, 202,231, 39,973. (c) Amount of cash grant 120 312 145 (b) Number of recipients (a) Type of grant or assistance GEN, ASSIST, - TRANSPORTATION - NECESSITIES PART I, LINE 2: - HOUSING GEN. ASSIST. GEN. ASSIST.

THE YWCA EXECUTES A FORMAL AGREEMENT ON ALL ORGANIZATIONS (NOT ON

INDIVIDUALS) RECEIVING FUNDS. THE YWCA MONITORS RECIPIENTS FOR COMPLIANCE

THE AS IT RELATES TO THE ORIGINATING FUNDER REQUIREMENTS. ADDITIONALLY,

YWCA MAINTAINS INVOICES AND ANY OTHER DOCUMENTATION FROM WHICH IT PAYS

GRANT OR INDIVIDUAL RECIPIENT.

SCHEDULE I, PART III, COLUMN (B): ESTIMATES WERE USED IN THE CALCULATION OF

THE NUMBER OF RECIPIENTS FOR TRANSPORTATION AND PRESCRIPTIONS. THE ESTIMATE

FOR TRANSPORTATION WAS DETERMINED BASED ON AN AVERAGE NUMBER OF INDIVIDUALS

Schedule I (Form 990) (2014)

Schedule I (Form 990) ASSOCIATION	62-0475702 Page 2
Part IV Supplemental Information	
THAT WERE STAYING IN THE WEAVER CENTER, IN ADDITION TO	TRANSITIONAL HOUSING
CLIENTS THAT REQUIRED TRANSPORTATION-RELEATED SPECIFIC	ASSISTANCE. EACH
PERSON IN THE SHELTER IS GIVEN A BUS PASS OR CAB FARE.	THE ESTIMATE FOR
PRESCRIPTIONS WAS DETERMINED BASED ON THE AVERAGE COST	OF ONE.
	· · · · · · · · · · · · · · · · · · ·
	<del></del>

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number 62-0475702

	Part I Questions Regarding Compensation			
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	100		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	175		
	First-class or charter travel Housing allowance or residence for personal use	366		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
1	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	the state of the s			DO
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and officers, including the CEO/executive Director, regarding the items directed in line 14.	-		
_	and the proprietion's			
3		194		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	100	23	
	X Compensation committee Written employment contract	180	200	
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
A	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
*	organization or a related organization:			
_	Receive a severance payment or change-of-control payment?	4a		Х
a _	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
0	Participate in, or receive payment from, an equity-based compensation arrangement?	40		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-10		
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Partiti.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	38		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		X
	Any related organization?	5b	_	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	707		
_	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
-	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
3	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
7	The state of the organization and following processing the process	9		

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Schedule J (Form 990) 2014

ASSOCIATION

Schedule J (Form 990) 2014

62-0475702

Page 2

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

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

		(b) Descholation						local.
		(a) Dieakuowii oi y	z and/or 1099-MISC compensation	C compensation	(C) Retirement and	bie	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)·(b)(a)	in column (B) reported as deferred in prior Form 990
(1) PATRICIA SHEA CEO	€ €	158,054.	00	0	5,110.	22,609.	185,773.	0
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Schedule J (Form 990) 2014

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NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

62-0475702

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. Schedule J (Form 990) 2014
Part III | Supplemental Information

Schedule J (Form 990) 2014

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### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number 62-0475702

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PROMOTING PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE YWCA OF NASHVILLE & MIDDLE TENNESSEE IS PROUD TO BE THE AFFILIATE FOR DRESS FOR SUCCESS IN NASHVILLE. DRESS FOR SUCCESS EXISTS TO HELP WOMEN TRANSITION TO SELF-SUFFICIENCY BY PROVIDING PROFESSIONAL ATTIRE, A NETWORK OF SUPPORT, AND CAREER DEVELOPMENT TOOLS TO HELP THEM THRIVE IN WORK, HOME AND COMMUNITY. A SUITE OF SERVICES SUPPORTS EVERY PHASE OF THEIR PROFESSIONAL LIVES, SO THAT CLIENTS ARE ABLE TO FIND AND KEEP THEIR JOBS, BUILD THRIVING CAREERS, AND PROSPER IN THE MAINSTREAM A TOTAL OF 88 WOMEN SEEKING EMPLOYMENT AND REFERRED TO THE WORKPLACE. YWCA OF NASHVILLE & MIDDLE TENNESSEE WERE SUITED WITH PROFESSIONAL BUSINESS ATTIRE IN FY15 MEND: IS THE YWCA'S NEW, LONG-TERM, GRASS ROOTS INITIATIVE TO ENGAGE MEN TO REDUCE VIOLENCE AGAINST WOMEN AND GIRLS. MEND WILL IDENTIFY, RECRUIT, EDUCATE, AND EQUIP COACHES AND ATHLETES TO SERVE AS ADVOCATES FOR VIOLENCE PREVENTION AND CULTURAL CHANGE, PROVIDING POSITIVE ROLE MODELS FOR YOUNG MEN AND BOYS IN THE GREATER NASHVILLE AREA. MEND WILL PROVIDE HANDS-ON TOOLS TO HELP MEN AND BOYS CHANGE THE MENTALITIES, LANGUAGE, AND BEHAVIORS, THEREBY TRANSFORMING THE CULTURE THAT PERPETUATES THE VIOLENCE. MEND WILL NOT ONLY RAISE AWARENESS AND CHANGE MINDSETS, BUT IT WILL ALSO CREATE REAL, MEASURABLE CHANGE BY EDUCATING, INSPIRING AND EQUIPPING MEN AND BOYS IN THE GREATER NASHVILLE COMMUNITY TO TAKE ACTION AND MEND A CULTURE THAT PERPETUATES VIOLENCE AGAINST

Schedule O (Form 990 or Name of the organization	NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION	Employer identification number 62-0475702
WOMEN AND GIR		
2616: IN 201	4 THE YWCA OF NASHVILLE & MIDDLE TENNESSEE	G OPENED ITS
FIRST SOCIAL	ENTERPRISE, A WOMEN'S RESALE BOUTIQUE LOCA	ATED IN EAST
NASHVILLE. DO	ONATED CLOTHING AND ACCESSORIES ARE PROCES	SSED AND MADE
AVAILABLE FOR	SALE IN A RETAIL, BOUTIQUE-STYLE ENVIRONM	ENT.
FORM 990, PART	r III, LINE 4A, PROGRAM SERVICE ACCOMPLISH	MENTS:
VIOLENCE.		
FORM 990, PART	III, LINE 4B, PROGRAM SERVICE ACCOMPLISH	ments:
LEVELS, AND 95	STUDENTS EARNED THEIR HIGH SCHOOL EQUIVA	LENCY DIPLOMA.
54 CHILDREN IN	CREASED THEIR LANGUAGE AND LITERACY, AND	PARENTS
INCREASED THE	QUALITY AND QUANTITY OF TIME SPENT READING	G, WRITING,
FALKING, PLAYI	NG AND LISTENING TO THEIR CHILD.	
FORM 990, PART	III, LINE 4C, PROGRAM SERVICE ACCOMPLISH	MENTS:
NAPIER ELEMENT	ARY, BAILEY MIDDLE, BRICK CHURCH MIDDLE, C	JERE BAXTER
MIDDLE, ROSE P.	ARKS MIDDLE, MAPLEWOOD HIGH AND PEARL COH	N HIGH. SUMMER
AND SPRING BRE	AK SESSIONS WERE ALSO OFFERED IN THE COMMU	MITY.
ORM 990, PART	VI, SECTION B, LINE 11:	
THE FORM 990 I	S REVIEWED AND APPROVED BY THE CEO, THE CO	OO, THE VICE
RESIDENT OF F	INANCE AND ADMINISTRATION AND THE BOARD CH	IAIR.
ORM 990, PART	VI, SECTION B, LINE 12C:	
HEN A CONFITCH	OF INTEREST, ACTUAL OR PERCEIVED, IS OR	APPEARS TO BE

PRESENT, IT IS THE AFFIRMATIVE DUTY OF THE EFFECTED DIRECTOR TO DECLARE
432212
68-27-14

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

Schedule O (Form 990 or 990·EZ) (2014)	Page :
Name of the organization NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION	Employer identification number 62-0475702
SUCH CONFLICT TO THE CHAIR, WHO SHALL DETERMINE THE APPROX	PRIATE ACTION IN
RESPONSE.	
ON AN ANNUAL BASIS, EACH DIRECTOR SHALL SIGN A WRITTEN DEC	CLARATION THAT HE
OR SHE HAS READ, UNDERSTOOD, AND WILL COMPLY WITH THIS POL	ICY AND SHALL
DECLARE ANY CURRENT OR POTENTIAL CONFLICTS THAT MAY EXIST.	
FORM 990, PART VI, SECTION B, LINE 15:	
A BOARD COMMITTEE, HEADED BY OUR CHAIR, GATHERS MARKET DAT	A TO DETERMINE
COMPENSATION.	
VP OF HUMAN RESOURCES GATHERS MARKET DATA BI-ANNUALLY AND	VP PRESENTS
RECOMMENDATIONS TO CEO/PRESIDENT FOR FINAL DECISION. A BI-	ANNUAL
INDEPENDENT COMP SURVEY IS CONDUCTED WITH LOCAL NON-PROFIT	S AND ADDITIONAL
COMP SURVEY DATA ARE USED TO DETERMINE MARKET VALUE FOR POS	SITIONS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	

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

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