

Form **990**

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.		<b>D Employer identification number</b> 39-0806314
	Doing business as		<b>E Telephone number</b> (414) 224-9622
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	161 W. WISCONSIN AVENUE MILWAUKEE, WI 53203		<b>G Gross receipts \$</b> 45,333,452.
	<b>F Name and address of principal officer:</b> JULIE TOLAN SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J Website:** YMCAMKE.ORG  
**K Form of organization:**  Corporation  Trust  Association  Other **L Year of formation:** 1858 **M State of legal domicile:** WI

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE Y IS THE NATION'S LEADING NONPROFIT COMMITTED TO STRENGTHENING COMMUNITIES THROUGH YOUTH		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2331
	6 Total number of volunteers (estimate if necessary)	6	3373
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,632,866.	1,896,607.
	9 Program service revenue (Part VIII, line 2g)	30,496,857.	26,975,336.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	343,847.	131,193.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	600,411.	535,980.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,073,981.	29,539,116.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	219,410.	643,663.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,172,939.	19,537,043.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 942,444.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,052,584.	16,419,986.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,444,933.	36,600,692.
19 Revenue less expenses. Subtract line 18 from line 12	-370,952.	-7,061,576.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 52,284,080.	End of Year 46,034,910.
	21 Total liabilities (Part X, line 26)	35,908,157.	35,004,723.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,375,923.	11,030,187.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	JULIE TOLAN, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIMBERLY ANDERSON, CPA	KIMBERLY ANDERSON, C	11/06/15		P00188889
	Firm's name	Firm's EIN		Firm's address	
CLIFTONLARSONALLEN LLP	41-0746749		8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562		
Phone no. (608) 662-8600					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
THE YMCA OF METROPOLITAN MILWAUKEE IS A VOLUNTEER NON-PROFIT ORGANIZATION THAT STRENGTHENS THE FOUNDATION OF COMMUNITY THROUGH OUR MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTH SPIRIT, MIND, AND BODY FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 14,907,853. including grants of \$ 265,709. ) (Revenue \$ 11,135,633. )  
YOUTH DEVELOPMENT - THE Y IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. WE HELP CULTIVATE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATION ACHIEVEMENTS. PROGRAMS WE SUPPORTED IN 2014 SUCH AS SPONSOR-A-SCHOLAR, BLACK ACHIEVERS, EARLY CHILDHOOD EDUCATION AND DAY/RESIDENT CAMP OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH. WE SERVED 34,960 CHILDREN, INFANTS THROUGH TEENS IN 2014. WE BELIEVE THE VALUES AND SKILLS LEARNED EARLY ARE VITAL BUILDING BLOCKS FOR LIFE. BECAUSE OF THE Y, MORE YOUNG PEOPLE IN NEIGHBORHOODS ACROSS THE MILWAUKEE AREA ARE TAKING A GREATER INTEREST IN LEARNING AND MAKING SMARTER LIFE CHOICES.

4b (Code: ) (Expenses \$ 9,948,179. including grants of \$ 377,449. ) (Revenue \$ 15,818,547. )  
HEALTHY LIVING - AT THE Y, WE KNOW THAT HEALTHY LIFESTYLES ARE ACHIEVED THROUGH NURTURING MIND, BODY AND SPIRIT. WELL-BEING AND FITNESS AT THE Y IS SO MUCH MORE THAN JUST WORKING OUT. BEYOND FITNESS FACILITIES, WE PROVIDE EDUCATIONAL PROGRAMS TO PROMOTE HEALTHIER DECISIONS, AND OFFER A VARIETY OF PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND SPIRITUAL STRENGTH. SERVING FAMILIES HAS ALWAYS BEEN AT THE HEART OF THE Y. WE ARE A PLACE WHERE FAMILIES CAN FIND RESPITE FROM SOCIAL, ECONOMIC, AND EDUCATIONAL CHALLENGES, AND LEARN HOW TO OVERCOME THEM. WE HAVE A FUNDAMENTAL DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER BONDS, ACHIEVE GREATER WORK/LIFE BALANCES, AND BECOME MORE ENGAGED WITH THEIR COMMUNITIES. THROUGH PROGRAMS AND ACTIVITIES LIKE PARENT-CHILD SWIM AND PRESCHOOL CLASSES, HEALTHY KIDS DAY AND FAMILY

4c (Code: ) (Expenses \$ 4,884,167. including grants of \$ 505. ) (Revenue \$ 21,156. )  
SOCIAL RESPONSIBILITY - MORE THAN \$1.3 MILLION IN MEMBERSHIP AND PROGRAM SCHOLARSHIPS PROVIDED THOUSANDS OF MILWAUKEE AREA CHILDREN AND ADULTS WITH A SAFE, POSITIVE ENVIRONMENT TO HAVE FUN, SPEND QUALITY TIME WITH EACH OTHER, AND LIVE HEALTHIER. THE Y PARTNERED IN 2014 WITH AREA SCHOOLS TO OFFER ITS SPLASH AND Y SWIM SCHOOL PROGRAMS TO TEACH MORE THAN 238 CHILDREN HOW TO SWIM EACH YEAR. Y SWIM SCHOOL AND SPLASH ARE A DIRECT RESPONSE TO THE STAGGERING STATISTIC THAT DROWNING IS THE SECOND LEADING CAUSE OF ACCIDENTAL DEATH FOR CHILDREN BETWEEN THE AGES OF 1-14. TEACHERS REPORT THAT STUDENTS SHOW IMPROVED SCHOOL ATTENDANCE ON SWIM DAYS, BETTER BEHAVIOR IN CLASS AND AN INCREASE IN SELF-CONFIDENCE THANKS TO Y SWIM SCHOOL. STUDENTS PROGRESSED IN THEIR SWIMMING SKILLS AND GAINED A GREATER COMFORT IN THE WATER. THE Y

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 29,740,199.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>X</b>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		<b>X</b>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		<b>X</b>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		<b>X</b>
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>X</b>	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>X</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O .....

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>		25
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>		24
<b>2</b>	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?	<b>2</b>		<b>X</b>
<b>3</b>	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?	<b>3</b>		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	<b>X</b>	
<b>7a</b>	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?	<b>7a</b>	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b>	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	<b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>	
<b>b</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?	<b>10b</b>	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</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?	<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **TINA SCHMITZ - 414-274-1713**  
**161 W. WISCONSIN AVENUE, SUITE 4000, MILWAUKEE, WI 53203**

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT J. VENABLE CHAIR	1.00	X		X			0.	0.	0.	
(2) JEFFREY J. LUEKEN VICE CHAIR/TREASURER	1.00	X		X			0.	0.	0.	
(3) RICHARD L SCHMIDT, JR. VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) TINA CHANG SECRETARY	1.00	X		X			0.	0.	0.	
(5) GAIL A. LIONE IMMEDIATE PAST CHAIR	1.00	X					0.	0.	0.	
(6) BEVAN K. BAKER, FACHE MEMBER	1.00	X					0.	0.	0.	
(7) JACK M. BLANK MEMBER	1.00	X					0.	0.	0.	
(8) RICHARD J. CANTER VICE CHAIR	1.00	X		X			0.	0.	0.	
(9) CHRISTOPHER M. FRANK MEMBER	1.00	X					0.	0.	0.	
(10) JON D. HAMMES MEMBER	1.00	X					0.	0.	0.	
(11) BRUCE E. JACOBS MEMBER	1.00	X					0.	0.	0.	
(12) JESSICA S. LOCHMANN MEMBER	1.00	X					0.	0.	0.	
(13) JOHN W. MELLOWES MEMBER	1.00	X					0.	0.	0.	
(14) BRUCE A. MILLER MEMBER	1.00	X					0.	0.	0.	
(15) MARY E. PANZER MEMBER	1.00	X					0.	0.	0.	
(16) ULICE PAYNE, JR. MEMBER	1.00	X					0.	0.	0.	
(17) JILL G. PELISEK MEMBER	1.00	X					0.	0.	0.	

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AUSTIN M. RAMIREZ MEMBER	1.00	X					0.	0.	0.	
(19) ANTHONY D. ROSS MEMBER	1.00	X					0.	0.	0.	
(20) MARK J. SABLJAK MEMBER	1.00	X					0.	0.	0.	
(21) JOHN F. STEINMILLER MEMBER	1.00	X					0.	0.	0.	
(22) JOHN J. STOLLENWERK MEMBER	1.00	X					0.	0.	0.	
(23) GREGORY M. WESLEY MEMBER	1.00	X					0.	0.	0.	
(24) MARY ANN WRIGHT MEMBER	1.00	X					0.	0.	0.	
(25) JULIE A. TOLAN PRESIDENT & CEO	40.00			X			293,113.	0.	21,473.	
(26) JACK TAKERIAN SVP - OPERATIONS	40.00			X			142,203.	0.	3,190.	
<b>1b Sub-total</b>							435,316.	0.	24,663.	
<b>c Total from continuation sheets to Part VII, Section A</b>							573,470.	0.	116,923.	
<b>d Total (add lines 1b and 1c)</b>							1,008,786.	0.	141,586.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEVERSON & METZ S.C., 225 E. MASON STREET, SUITE 100, MILWAUKEE, WI 53202	BANKRUPTCY LEGAL COUNSEL	407,650.
ERNST & YOUNG 5 TIMES SQUARE, NEW YORK, NY 10036	BANKRUPTCY CONSULTING	386,867.
SILVERMAN CONSULTING, 5750 OLD ORCHARD ROAD, SUITE 520, SKOKIE, IL 60077	FINANCIAL CONSULTING	236,881.
FUND DEVELOPMENT, 8112 W BLUEMOUND ROAD, SUITE 201, MILWAUKEE, WI 53213	FUNDRAISING ASSESSMENT	203,500.
HERITAGE EQUITY PARTNERS, 16 N. WASHINGTON STREET, SUITE 102, EASTON, MD 21601	FINANCIAL BANKRUPTCY CONSULTING	185,079.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 553,582.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 31,112.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 205,314.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 1,106,599.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	43,280.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 1,896,607.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM & MEMBERSHIP .....	<b>Business Code</b> 624100	26,279,859.	26,279,859.	
<b>b</b> AUXILIARY SERVICES .....		624100	695,477.	695,477.		
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		▶ 26,975,336.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 162,671.			162,671.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	450,670.			
		(ii) Personal	0.			
		<b>c</b> Rental income or (loss) .....	450,670.			
	<b>d</b> Net rental income or (loss) .....	▶ 450,670.			450,670.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	1,461,889.			
		(ii) Other	14,081,304.			
		<b>b</b> Less: cost or other basis and sales expenses .....	1,245,121.	14,329,550.		
		<b>c</b> Gain or (loss) .....	216,768.	-248,246.		
	<b>d</b> Net gain or (loss) .....	▶ -31,478.			-31,478.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 31,112. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	224,876.			
		<b>b</b> Less: direct expenses .....	200,768.			
		<b>c</b> Net income or (loss) from fundraising events .....	▶ 24,108.			24,108.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	52,946.				
	<b>b</b> Less: cost of goods sold .....	18,897.				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶ 34,049.			34,049.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS REVENUE .....		900099	27,153.		27,153.	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....	▶ 27,153.					
<b>12 Total revenue.</b> See instructions. .....	▶ 29,539,116.	26,975,336.	0.	667,173.		

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	643,663.	643,663.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,150,372.	92,030.	655,712.	402,630.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	14,981,101.	13,174,582.	1,569,390.	237,129.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	914,059.	742,861.	155,547.	15,651.
<b>9</b> Other employee benefits	2,491,511.	1,987,013.	442,785.	61,713.
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	751,669.	25,452.	726,182.	35.
<b>c</b> Accounting	47,500.		47,500.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,200,591.	577,943.	1,472,161.	150,487.
<b>12</b> Advertising and promotion	1,455,450.	1,346,343.	64,776.	44,331.
<b>13</b> Office expenses	123,126.	72,025.	31,933.	19,168.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	5,539,477.	5,369,735.	167,985.	1,757.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	285,116.	202,412.	81,782.	922.
<b>20</b> Interest	1,634,526.	1,634,526.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,958,324.	1,655,222.	303,102.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a PROGRAM &amp; SUPPLIES EXPE</b>	1,683,781.	1,602,526.	72,724.	8,531.
<b>b EQUIPMENT RENTAL</b>	652,101.	560,627.	91,474.	0.
<b>c DUES &amp; SUBSCRIPTIONS</b>	53,329.	53,239.	0.	90.
<b>d BANK FEES</b>	34,996.		34,996.	
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	36,600,692.	29,740,199.	5,918,049.	942,444.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,947,486.	<b>1</b>	12,778,680.	
	<b>2</b> Savings and temporary cash investments .....	321,778.	<b>2</b>	226,499.	
	<b>3</b> Pledges and grants receivable, net .....	921,928.	<b>3</b>	404,986.	
	<b>4</b> Accounts receivable, net .....	190,790.	<b>4</b>	715,108.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	114,214.		<b>9</b>	101,286.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	43,175,965.			
	<b>b</b> Less: accumulated depreciation .....	19,693,565.			
	<b>11</b> Investments - publicly traded securities .....	38,671,408.	<b>10c</b>	23,482,400.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,237,932.	<b>11</b>	7,408,895.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	878,544.	<b>14</b>	917,056.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	52,284,080.	<b>15</b>	46,034,910.		
<b>17</b> Accounts payable and accrued expenses .....	5,297,014.	<b>16</b>	5,314,701.		
<b>18</b> Grants payable .....		<b>17</b>			
<b>19</b> Deferred revenue .....	779,179.	<b>18</b>	479,330.		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>			
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>			
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>			
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	25,370,000.	<b>22</b>	27,433,734.		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>			
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,461,964.	<b>24</b>	1,776,958.		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	35,908,157.	<b>25</b>	35,004,723.		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	35,908,157.	<b>26</b>	35,004,723.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	6,856,934.	<b>27</b>	1,099,779.	
	<b>28</b> Temporarily restricted net assets .....	4,955,164.	<b>28</b>	5,352,871.	
	<b>29</b> Permanently restricted net assets .....	4,563,825.	<b>29</b>	4,577,537.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	16,375,923.	<b>33</b>	11,030,187.		
<b>34</b> Total liabilities and net assets/fund balances .....	52,284,080.	<b>34</b>	46,034,910.		

Form 990 (2014)

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	29,539,116.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	36,600,692.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-7,061,576.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	16,375,923.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	1,705,576.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	10,264.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	11,030,187.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> 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? .....	<b>3a</b>		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,365,691.	5,836,567.	4,041,706.	3,632,866.	1,896,607.	21,773,437.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	32,496,137.	32,147,497.	31,605,203.	30,773,030.	27,253,158.	154,275,025.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	38,861,828.	37,984,064.	35,646,909.	34,405,896.	29,149,765.	176,048,462.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....					50,595.	50,595.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....					50,595.	50,595.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						175,997,867.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	38,861,828.	37,984,064.	35,646,909.	34,405,896.	29,149,765.	176,048,462.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	142,880.	117,520.	655,133.	643,012.	613,341.	2,171,886.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	142,880.	117,520.	655,133.	643,012.	613,341.	2,171,886.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				13,039.	27,153.	40,192.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	39,004,708.	38,101,584.	36,302,042.	35,061,947.	29,790,259.	178,260,540.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.73 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	99.08 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	1.22 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	.92 %

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

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF**

Schedule A (Form 990 or 990-EZ) 2014

**METROPOLITAN MILWAUKEE, INC.**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2014 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b>	Distributable amount for 2014 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2014:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>	From 2013			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2014 distributable amount			
<b>i</b>	Carryover from 2009 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2014 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2014 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	Excess from 2013			
<b>e</b>	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2014 METROPOLITAN MILWAUKEE, INC.

39-0806314 Page 8

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

**Schedule A** **Payments from Disqualified Persons** **2014**  
**Included on Part III, Line 7a**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
JEFFREY J LUEKEN	0.	0.	0.	0.	20,510.
ROBERT J VENABLE	0.	0.	0.	0.	15,050.
BRUCE E JACOBS	0.	0.	0.	0.	3,000.
AUSTIN M RAMIREZ	0.	0.	0.	0.	7,000.
JILL G PELISEK	0.	0.	0.	0.	5,035.
Total to Schedule A, Part III, Line 7a .....					50,595.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2014**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.

Employer identification number

39-0806314

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

<b>Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	<b>Employer identification number</b> 39-0806314
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 326,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 93,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 69,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 69,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 35,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.</b>	Employer identification number <b>39-0806314</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 553,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 27,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 20,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	<b>Employer identification number</b> 39-0806314
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 15,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 15,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.</b>	Employer identification number <b>39-0806314</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 12,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 11,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.</b>	Employer identification number <b>39-0806314</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ <u>9,691.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.</b>	Employer identification number <b>39-0806314</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 9,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 8,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 8,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 8,100.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	<b>Employer identification number</b> 39-0806314
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 7,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.</b>	Employer identification number <b>39-0806314</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ <u>6,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>5,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ <u>5,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ <u>5,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.</b>	Employer identification number <b>39-0806314</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.</b>	Employer identification number <b>39-0806314</b>
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**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
13	\$15,600 CASH AND \$330 DEWALT CORDLESS COMBO TOOL KIT <hr/> <hr/>	\$ <u>330.</u>	<u>09/30/14</u>
35	TEN 17' MACBOOK PRO LAPTOPS <hr/> <hr/>	\$ <u>8,100.</u>	<u>02/14/14</u>
43	310 LEATHER JACKET CLIP BOARDS PADFOLIOS <hr/> <hr/>	\$ <u>6,200.</u>	<u>03/31/14</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	<b>Employer identification number</b> 39-0806314
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.** Employer identification number **39-0806314**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 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)? .....

9 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.

1a 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 .....

2 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:

a Revenue included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	7,747,644.	6,906,170.	6,594,305.	6,765,130.	6,507,789.
<b>b</b> Contributions	204,510.	28,022.	30,539.	59,245.	55,243.
<b>c</b> Net investment earnings, gains, and losses	267,794.	1,114,618.	741,265.	36,721.	632,759.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	384,428.	301,166.	459,939.	266,791.	430,661.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	7,835,520.	7,747,644.	6,906,170.	6,594,305.	6,765,130.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  58.42 %
- c** Temporarily restricted endowment  41.58 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes      | No       |
|--|----------|----------|
| <b>(i)</b> unrelated organizations   | <b>X</b> |          |
| <b>(ii)</b> related organizations  |          | <b>X</b> |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |          |          |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		6,399,392.		6,399,392.
<b>b</b> Buildings		24,136,538.	9,287,029.	14,849,509.
<b>c</b> Leasehold improvements		500,000.	447,917.	52,083.
<b>d</b> Equipment		11,787,709.	9,794,498.	1,993,211.
<b>e</b> Other		352,326.	164,121.	188,205.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,482,400.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED RENT - RITE HITE</b>	388,018.
(3) <b>DEFERRED GAIN ON SALE</b>	1,388,940.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,776,958.

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	30,689,247.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,705,576.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,264.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,715,840.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	28,973,407.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	565,709.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	565,709.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	29,539,116.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	36,034,983.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	36,034,983.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	565,709.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	565,709.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	36,600,692.

**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 XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN CSV OF LIFE INSURANCE 10,264.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

SCHOLARSHIPS INCLUDED ON FORM 990, PART IX, LINE 2 530,713.

BANK FEES INCLUDED ON FORM 990, PART IX, LINE 24 34,996.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 565,709.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

SCHOLARSHIPS INCLUDED ON FORM 990, PART IX, LINE 2 530,713.

BANK FEES INCLUDED ON FORM 990, PART IX, LINE 24 34,996.

**Part XIII** Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 4B 565,709.

Multiple horizontal lines for supplemental information.





**YOUNG MEN'S CHRISTIAN ASSOCIATION OF**

Schedule G (Form 990 or 990-EZ) 2014

**METROPOLITAN MILWAUKEE, INC.**

39-0806314 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MLK EVENT	GOLF EVENT		(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	60,870.	89,734.	105,384.	255,988.
	<b>2</b> Less: Contributions .....	22,287.	8,825.		31,112.
	<b>3</b> Gross income (line 1 minus line 2) .....	38,583.	80,909.	105,384.	224,876.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	4,500.	19,430.	5,649.	29,579.
	<b>7</b> Food and beverages .....	21,357.	12,098.	24,778.	58,233.
	<b>8</b> Entertainment .....			4,231.	4,231.
	<b>9</b> Other direct expenses .....	12,726.	29,485.	66,515.	108,726.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				200,769.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				24,107.	

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_







**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NEED-BASED AIDE FOR PROGRAM/MEMBERSHIP	193	530,713.	0.		
SPONSOR-A-SCHOLAR SCHOLARSHIPS & BLACK ACHIEVERS SCHOLARSHIPS	644	112,950.	0.		

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

**PART I, LINE 2:**

GRADUATING SPONSOR-A-SCHOLAR STUDENTS ARE ELIGIBLE TO RECEIVE  
 UP TO \$5,000 IN COLLEGE EXPENSE FUNDS DURING THEIR POST-SECONDARY  
 EDUCATION. FUNDS ARE DISBURSED EACH SEMESTER BASED ON THE STUDENT MEETING  
 THE FOLLOWING QUALIFICATIONS: ACHIEVING A MINIMUM GRADE POINT AVERAGE OF  
 2.0 AND FULL-TIME ENROLLMENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.**

Employer identification number  
**39-0806314**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

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 contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

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 .....

**8** 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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE A. TOLAN PRESIDENT & CEO	(i)	292,997.	0.	116.	0.	21,473.	314,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTINE RADEZTSKY FORMER VP - FINANCE	(i)	116,980.	0.	754.	13,897.	15,184.	146,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JON FLANAGAN FORMER VP - HUMAN RESOURCES	(i)	123,641.	10,000.	2,546.	0.	3,762.	139,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Multiple horizontal lines for supplemental information.



**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.** Employer identification number **39-0806314**

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMN (F) CONTINUATIONS</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
REDEVELOPMENT AUTHORITY A OF THE CITY OF MILWAUKEE	39-1186734	NONE	01/01/10	20,025,000.	REFUND PRINCIPAL AMOUNT OF OUTSTAN		X		X		X
B											
C											
D											

<b>Part II Proceeds</b>										
	A		B		C		D			
1 Amount of bonds retired .....										
2 Amount of bonds legally defeased .....										
3 Total proceeds of issue .....	20,025,000.									
4 Gross proceeds in reserve funds .....										
5 Capitalized interest from proceeds .....										
6 Proceeds in refunding escrows .....										
7 Issuance costs from proceeds .....										
8 Credit enhancement from proceeds .....										
9 Working capital expenditures from proceeds .....										
10 Capital expenditures from proceeds .....										
11 Other spent proceeds .....	20,025,000.									
12 Other unspent proceeds .....										
13 Year of substantial completion .....	2010									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? .....	X									
15 Were the bonds issued as part of an advance refunding issue? .....		X								
16 Has the final allocation of proceeds been made? .....	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

<b>Part III Private Business Use</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X								
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X								

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

Schedule K (Form 990) 2014

39-0806314

Page 2

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		<b>X</b>						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<b>X</b>						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	<b>X</b>							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		<b>X</b>						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		<b>X</b>						
<b>b</b> Exception to rebate? .....		<b>X</b>						
<b>c</b> No rebate due? .....		<b>X</b>						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	<b>X</b>							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	<b>X</b>							
<b>b</b> Name of provider .....	BMO HARRIS BANK N.A.							
<b>c</b> Term of hedge .....	4.500000							
<b>d</b> Was the hedge superintegrated? .....		<b>X</b>						
<b>e</b> Was the hedge terminated? .....		<b>X</b>						

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

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

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

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: REDEVELOPMENT AUTHORITY OF THE CITY OF MILWAUKEE

(F) DESCRIPTION OF PURPOSE: REFUND PRINCIPAL AMOUNT OF OUTSTANDING BONDS

**SCHEDULE K, SUPPLEMENTAL INFORMATION: PART VI**

**TERM OF SWAPS ON 2010 MILWAUKEE REDEVELOPMENT BOND ISSUE:**

TO MINIMIZE INTEREST RATES, ON JANUARY 21, 2010 THE ASSOCIATION ENTERED INTO THREE FIXED TERM INTEREST RATE SWAP CONTRACTS WITH BMO HARRIS BANK N.A. THE FIRST CONTRACT IS IN THE AMOUNT OF \$7,500,000 WITH A FIXED RATE THAT STARTED JANUARY 22, 2010 AND IS SET TO EXPIRE ON JUNE 2, 2014. THE SECOND CONTRACT IS IN THE AMOUNT OF \$6,970,000 WITH A FIXED RATE THAT STARTED JANUARY 22, 2010 AND IS SET TO EXPIRE ON MAY 1, 2016. THE THIRD CONTRACT IS IN THE AMOUNT OF \$5,555,000 WITH A FIXED RATE THAT STARTED JANUARY 22, 2010 AND IS SET TO EXPIRE MAY 1, 2018.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.** Employer identification number **39-0806314**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		16,429.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	8	2,423.	FAIR MARKET VALUE
19 Food inventory	X	5	1,150.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MISC SERVICES )	X	11	11,373.	FAIR MARKET VALUE
26 Other ▶ ( TICKETS/ADMIS )	X	31	6,186.	FAIR MARKET VALUE
27 Other ▶ ( SPORT EQUIPME )	X	13	4,490.	FAIR MARKET VALUE
28 Other ▶ ( GIFT BASKETS )	X	9	1,230.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule M (Form 990) (2014)

METROPOLITAN MILWAUKEE, INC.

39-0806314

Page 2

**Part II**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE N**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Liquidation, Termination, Dissolution, or Significant Disposition of Assets**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.** Employer identification number **39-0806314**

**Part I Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses	<b>(e)</b> EIN of recipient	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity

- 2** Did or will any officer, director, trustee, or key employee of the organization:
- a** Become a director or trustee of a successor or transferee organization? .....
  - b** Become an employee of, or independent contractor for, a successor or transferee organization? .....
  - c** Become a direct or indirect owner of a successor or transferee organization? .....
  - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? .....
  - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

	<b>Yes</b>	<b>No</b>
<b>2a</b>		
<b>2b</b>		
<b>2c</b>		
<b>2d</b>		

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

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

**Part I Liquidation, Termination, or Dissolution** (continued)

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
<b>3</b> Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.....		
<b>4a</b> Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? .....		
<b>b</b> If "Yes," did the organization provide such notice? .....		
<b>5</b> Did the organization discharge or pay all of its liabilities in accordance with state laws? .....		
<b>6a</b> Did the organization have any tax-exempt bonds outstanding during the year? .....		
<b>b</b> If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws? .....		
<b>c</b> If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" to line 6b, explain in Part III.		

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	BUILDINGS (TRI COUNTY, SOUTHWEST, AND WAUWATOSA)	10/15/14	13,152,000.	APPRAISAL - SALES COMPARISON APPROACH	45-5119441	YOUNG MEN'S CHRISTIAN ASSOCIAT 320 EAST BROADWAY WAUKESHA, WI 53186	501(C)(3)
	EQUIPMENT (TRI COUNTY, SOUTHWEST, AND WAUWATOSA)	10/15/14	1,695,000.	APPRAISAL - SALES COMPARISON APPROACH	45-5119441	YOUNG MEN'S CHRISTIAN ASSOCIAT 320 EAST BROADWAY WAUKESHA, WI 53186	501(C)(3)
	LAND (TRI COUNTY, SOUTHWEST, AND WAUWATOSA)	10/15/14	2,364,000.	APPRAISAL - SALES COMPARISON APPROACH	45-5119441	YOUNG MEN'S CHRISTIAN ASSOCIAT 320 EAST BROADWAY WAUKESHA, WI 53186	501(C)(3)
	LAND IMPROVEMENTS (TRI COUNTY, SOUTHWEST, AND WAUWATOSA)	10/15/14	539,000.	APPRAISAL - SALES COMPARISON APPROACH	45-5119441	YOUNG MEN'S CHRISTIAN ASSOCIAT 320 EAST BROADWAY WAUKESHA, WI 53186	501(C)(3)
	BUILDING - FEITH	10/15/14	1,685,000.	SALES PRICE	39-1175559	KETTLE MORaine YMCA INC YOUNG 1111 W WASHINGTON ST WEST BEND, WI 53095	501(C)(3)
	EQUIPMENT - FEITH	10/15/14	82,000.	SALES PRICE	39-1175559	KETTLE MORaine YMCA INC YOUNG 1111 W WASHINGTON ST WEST BEND, WI 53095	501(C)(3)
	LAND - FEITH	10/15/14	132,000.	SALES PRICE	39-1175559	KETTLE MORaine YMCA INC YOUNG 1111 W WASHINGTON ST WEST BEND, WI 53095	501(C)(3)

	Yes	No
<b>2</b> Did or will any officer, director, trustee, or key employee of the organization:		
<b>a</b> Become a director or trustee of a successor or transferee organization? .....		X
<b>b</b> Become an employee of, or independent contractor for, a successor or transferee organization? .....		X
<b>c</b> Become a direct or indirect owner of a successor or transferee organization? .....		X
<b>d</b> Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? .....		X
<b>e</b> If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►		





**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.

Employer identification number  
39-0806314

FORM 990, PART 1, LINE 1:

DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. THE YMCA OF METROPOLITAN MILWAUKEE IS AN INCLUSIVE ORGANIZATION OF MEN, WOMEN, AND CHILDREN JOINED TOGETHER BY SHARED COMMITMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING AND FORSTERING A SENSE OF SOCIAL RESPONSIBILITY. WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER. EVERY DAY, WE WORK SIDE BY SIDE WITH OUT NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME, OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW, AND THRIVE. THROUGH OUR MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL, WE STRIVE TO ENHANCE THE LIVES OF CHILDREN, FAMILIES, AND INDIVIDUALS IN OUR COMMUNITIES, REGARDLESS OF RACE, CREED, AGE, ECONOMIC CIRCUMSTANCES, PHYSICAL OR MENTAL ABILITIES. THE YMCA OF METROPOLITAN MILWAUKEE HAS SERVED THE GREATER MILWAUKEE AREA FOR MORE THAN 150 YEARS. IN 2014, MORE THAN 96,624 CHILDREN AND ADULTS BENEFITTED FROM OUR PROGRAMS AND SERVICES. GUIDED BY A COMMITMENT TO SERVING ALL WHO WISH TO PARTICIPATE, THE Y PROVIDES ASSISTANCE VIA SUBSIDIES AND SCHOLARSHIPS TO THOUSANDS OF PEOPLE EACH YEAR. THE Y PROVIDED MORE THAN \$1.1 MILLION IN PROGRAM SUBSIDY BENEFITS AND MORE THAN \$1.3 MILLION IN MEMBERSHIP AND PROGRAM SCHOLARSHIPS IN 2014. THE Y'S ANNUAL CAMPAIGN AND FUND RAISING EVENTS RAISE MONEY TO HELP US OFFSET MEMBERSHIP AND PROGRAM FEES FOR PEOPLE WHO COULD NOT OTHERWISE AFFORD TO PARTICIPATE. WITH APPRECIATION FOR THE DIVERSITY OF OUR COMMUNITIES, THE Y ENDEAVORS TO PROVIDE THE RESOURCES, PROGRAMS, ACTIVITIES, AND FACILITIES TO MEET THE NEEDS OF PEOPLE THROUGHOUT THE VARIED NEIGHBORHOODS WE SERVE.

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

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

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08-27-14

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	Employer identification number	39-0806314
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MEMBERSHIP ALSO BRINGS ABOUT MEANINGFUL CHANGE IN THE COMMUNITY.

MEMBERS, PARTICIPANTS, STAFF, AND VOLUNTEERS SUPPORT EACH OTHER, GIVE BACK, AND BUILD RELATIONSHIPS THAT FURTHER A SENSE OF BELONGING AND PURPOSE. ADDITIONALLY, MEMBERSHIP DUES COVER A PORTION OF THE COST OF MANY OF OUR PROGRAMS AND SERVICES, ALLOWING US TO KEEP OUR PROGRAM COSTS LOW AND ACCESSIBLE TO ALL. THE Y IS FOR EVERYONE. OUR PROGRAMS, SERVICES, AND INITIATIVES ENABLE KIDS TO REALIZE THEIR POTENTIAL, PREPARE TEENS FOR COLLEGE, OFFER WAYS TO EMBRACE NEWCOMERS AND HELP FOSTER A COMMUNITY-WIDE SERVICE ETHIC. WE BELIEVE A STRONG COMMUNITY CAN ONLY BE ACHIEVED WHEN WE INVEST IN OUR KIDS, OUR HEALTH, AND OUR NEIGHBORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AT THE Y, CHILDREN AND TEENS LEARN VALUES AND POSITIVE BEHAVIORS AND CAN EXPLORE THEIR UNIQUE TALENTS AND INTERESTS, HELPING THEM TO REALIZE THEIR POTENTIAL. THAT MAKES FOR CONFIDENT KIDS TODAY AND CONTRIBUTING, ENGAGED ADULTS TOMORROW. MORE THAN 644 STUDENTS, PRIMARILY FROM MILWAUKEE PUBLIC SCHOOLS, WERE SUPPORTED THROUGH SPONSOR-A-SCHOLAR (SAS) AND BLACK ACHIEVERS PROGRAMS IN 2014. MADE POSSIBLE BY THE SUPPORT OF DEDICATED COMMUNITY VOLUNTEERS AND MENTORS, THE SAS PROGRAM'S HIGH SCHOOL GRADUATION RATE IS 100 PERCENT AND THE POST-SECONDARY EDUCATION ENROLLMENT RATE FOR SAS PARTICIPANTS IS 98 PERCENT. ADDITIONALLY, MORE THAN 51 PERCENT OF SAS STUDENTS COMPLETE POST-SECONDARY EDUCATION. THAT RATE OUTPERFORMS THE NATIONAL AVERAGE BY 40 PERCENT AMONG FIRST GENERATION COLLEGE STUDENTS IN THE SAME SOCIO-ECONOMIC DEMOGRAPHIC. ONE HUNDRED PERCENT OF YMCA BLACK ACHIEVERS PARTICIPANTS GRADUATED FROM HIGH SCHOOL IN 2014 AND ONE HUNDRED PERCENT

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	Employer identification number	39-0806314
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WENT ON TO A TWO OR FOUR YEAR COLLEGE OR TO ENLIST IN THE ARMED SERVICES. OVERNIGHT CAMPS, CAMP MATAWA AND CAMP MINIKANI, AS WELL AS THE Y DAY CAMPS SERVED APPROXIMATELY 5,472 KIDS IN 2014, PROVIDING A SAFE ENVIRONMENT TO LEARN AND PLAY DURING THE SUMMER MONTHS. OUR OVERNIGHT AND DAY CAMPING PROGRAMS OFFER ADVENTURE AND LEARNING ACTIVITIES THAT PROVIDE CHALLENGING LEARNING ENVIRONMENTS AND PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND SELF-RESPECT. OUR CAMPS PROVIDE A REVERENCE FOR NATURE AND RESPECT FOR THE INTER-RELATEDNESS OF ALL LIVING THINGS ON EARTH. IN ADDITION, OUR CAMPS PROVIDE EDUCATION PROGRAMS TO SCHOOL GROUPS, STUDENTS AND THE COMMUNITY WHICH HELP PARTICIPANTS TO LEARN ABOUT OUR ENVIRONMENT AND THE CONNECTION TO OUR ECOSYSTEM. THE ENVIRONMENTAL EDUCATION CLASSES TEACH PEOPLE TO ACTIVELY USE OUR NATURAL SPACES AND HOW TO ADOPT SUSTAINABLE PRACTICES. OUR CAMPS ARE OPEN TO ALL, REGARDLESS OF INCOME AND ADAPTABLE TO CERTAIN SPECIAL NEEDS, TO HELP CHILDREN APPRECIATE DIVERSITY, BECOME COMMUNITY LEADERS AND DEVELOP LIFELONG VALUES. WE PROVIDE MORE THAN \$428K IN SCHOLARSHIPS AND SUBSIDIES FOR CHILDREN AND TEENS WHO ATTENDED Y DAY AND OVERNIGHT CAMPS IN 2014. CAMP FLY (FUN LEARNING FOR YOUTH) HELPS ADDRESS SUMMER LEARNING LOSS FOR CHILDREN IN THE CENTRAL CITY. CAMP FLY SERVED CAMPERS FROM LOW-INCOME FAMILIES AT THE NORTHSIDE AND JCY CENTERS. CAMPERS WERE TESTED IN READING AND MATH AT THE BEGINNING AND END OF THE PROGRAM. OF THOSE TESTED, 70% OF CAMPERS WERE ABLE TO SUSTAIN OR IMPROVE THEIR MATH SKILLS AND 73% WERE ABLE TO SUSTAIN OR IMPROVE THEIR READING SKILLS. OUR EARLY LEARNING CENTERS OFFER A VARIETY OF STATE LICENSES FULL-TIME AND PART-TIME PROGRAMS, WHICH PROVIDE A SAFE AND NURTURING ENVIRONMENT WHERE YOUTH CAN DEVELOP SELF-ESTEEM AND LEARN THE FOUR CORE VALUES OF THE Y. OUR EARLY CHILDHOOD EDUCATION AND AFTER-SCHOOL PROGRAMS ARE

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	Employer identification number	39-0806314
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STAFFED WITH PEOPLE WHO UNDERSTAND THE COGNITIVE, PHYSICAL, AND SOCIAL DEVELOPMENT OF KIDS, THE NEED CHILDREN HAVE TO FEEL CONNECTED AND SUPPORTED IN TRYING NEW THINGS, AND THE REINFORCEMENT PARENTS AND FAMILIES NEED TO HELP EACH OTHER. OUR CENTERS ENABLE PARENTS AND FAMILY MEMBERS TO GO TO WORK KNOWING THEIR CHILDREN ARE IN SAFE, STIMULATING ENVIRONMENTS. FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY THROUGH THE WISCONSIN SHARES CHILDCARE SUBSIDY PROGRAM FUNDING AND PRIVATE DONATIONS. IN 2014, WE SERVED 2,212 PARTICIPANTS IN OUR EARLY LEARNING CENTERS AND SCHOOL AGE PROGRAMS AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF \$632K. THE Y IS THE STARTING POINT FOR YOUTHS TO LEARN ABOUT BECOMING AND STAYING ACTIVE AND DEVELOPING HEALTHY HABITS THEY'LL CARRY WITH THEM THROUGHOUT THEIR LIVES. THE BENEFITS ARE FAR GREATER THAN JUST PHYSICAL HEALTH. WHETHER IT'S GAINING THE CONFIDENCE THAT COMES FROM LEARNING TO SWIM OR BUILDING THE POSITIVE RELATIONSHIPS THAT LEAD TO GOOD SPORTSMANSHIP AND TEAMWORK, PARTICIPATING IN SPORTS AT THE Y IS ABOUT BUILDING THE WHOLE CHILD, FROM THE INSIDE OUT. THROUGH OUR PARTNERSHIP WITH THE MIRACLE LEAGUE OF MILWAUKEE, PHYSICALLY AND COGNITIVELY DISABLED KIDS WERE ABLE TO TAKE ADVANTAGE OF THE UNFORGETTABLE OPPORTUNITY TO SWING A BAT, FIELD A BALL, AND BE PART OF A TEAM. DURING ITS THIRD YEAR, MORE THAN 454 PARTICIPANTS, INCLUDING PLAYERS AND THEIR VOLUNTEER HELPERS KNOWN AS "BUDDIES", CAME OUT TO PLAY BALL ON A CUSTOM-DESIGNED, UNIVERSALLY ACCESSIBLE BASEBALL DIAMOND, LOCATED ON MILWAUKEE'S NORTH SIDE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FUN NIGHTS, FAMILIES GROW CLOSE AND MORE CONNECTED IN A SAFE, NURTURING ENVIRONMENT. OUR HEALTHY LIFESTYLES PROGRAMMING INCLUDES PROGRAMS BEYOND SIMPLY EXERCISE, INCLUDING LIVESTRONG AT THE Y, AN EXERCISE

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	Employer identification number 39-0806314
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EXPERIENCE FOR CANCER SURVIVORS. OUR MISSION IS TO SUPPORT INDIVIDUALS ON THEIR PATHS TO BUILDING HEALTHY SPIRITS, MINDS, AND BODIES. IN 2014, WE DELIVERED CLASSES (MULTI-SESSION PROGRAMS) TO HELP MEMBERS AND COMMUNITY PARTICIPANTS LEARN STRATEGIES FOR SUCCESSFUL AND SUSTAINED BEHAVIOR CHANGES. TO PROVIDE THE HIGHEST LEVEL OF QUALITY, MOST OF OUR HEALTHY LIFESTYLES PROGRAMS HAVE BEEN DEVELOPED IN COLLABORATION WITH A VARIETY OF LOCAL AND NATIONAL HEALTHCARE, ACADEMIC, AND COMMUNITY PARTNERS. A PARTNERSHIP OF YMCA OF THE USA, CDC, AND UNITEDHEALTH GROUP, THE YMCA'S DIABETES PREVENTION PROGRAM IS A 12-MONTH LIFESTYLE BEHAVIOR INTERVENTION WITH 16 CORE SESSIONS FOLLOWED BY MONTHLY MAINTENANCE SESSIONS DESIGNED ESPECIALLY FOR PEOPLE AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES. THIS EFFECTIVE PROGRAM WILL HELP MANY INDIVIDUALS AVOID OR DELAY THE CONSEQUENCES OF THIS DEVASTATING DISEASE, DHS ESTIMATES THAT IN MILWAUKEE COUNTY, ROUGHLY ONE IN THREE ADULTS (APPROXIMATELY 241,000) HAVE PREDIABETES, MEANING THEY ARE AT GRAVE RISK OF DEVELOPING TYPE 2 DIABETES. STUDIES FIND THAT NEARLY 90 PERCENT OF THOSE WITH PREDIABETES ARE NOT AWARE OF IT AND AS A RESULT ARE NEITHER PREPARED NOR EQUIPPED TO UNDERTAKE STEPS TO PREVENT THE ONSET OF AN IRREVERSIBLE CHRONIC ILLNESS. FITNESS CENTER ACTIVITIES, GROUP EXERCISE, HEALTHY LIFESTYLE PROGRAMMING, AND PERSONAL TRAINING ARE COLLABORATING AND CROSS-PROMOTING IN NEW WAYS TO HELP MEMBERS MEET THEIR GOALS AND DEEPEN THEIR CONNECTION TO THE Y. THE Y PERSONAL TRAINERS GUIDE AND SUPPORT PEOPLE ON THEIR JOURNEY TO A HEALTHIER LIFESTYLE. THE Y, WHEATON FRANCISCAN HEALTHCARE AND THE WALTER SCHROEDER AQUATIC CENTER OPENED THE FIRST EVER YMCA HEALTHY LIFESTYLE VILLAGE IN THE MILWAUKEE AREA ON THE SITE OF THE RITE-HITE FAMILY YMCA IN BROWN DEER IN 2009. THE YMCA HEALTHY LIFESTYLE VILLAGE CONTINUES TO SERVE AS A 'DESTINATION CAMPUS', WHERE PEOPLE CAN LEARN, PLAN, AND TAKE

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	Employer identification number	39-0806314
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ACTION TO IMPROVE THEIR HEALTH AND QUALITY OF LIFE. SINCE OPENING, THE JOINT CAMPUS HAS BEEN PROVIDING A COMPREHENSIVE SET OF SERVICES FOR HEALTH AND FITNESS, WELLNESS EDUCATION, FAMILY PROGRAMMING, AND SCREENINGS TO Y MEMBERS, WHEATON FRANCISCAN HEALTHCARE PATIENTS, AND THE COMMUNITY AT LARGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDES OPPORTUNITIES FOR NEIGHBORS TO UNDERSTAND AND HELP EACH OTHER TOWARD A BETTER FUTURE IN SMALL WAYS AND IN LARGE WAYS THROUGH PROGRAMS LIKE THE COMMUNITY DEVELOPMENT CENTER (CDC). THE GOAL OF THE CDC IS TO TRANSFORM MILWAUKEE NEIGHBORHOODS BY HELPING RESIDENTS BUILD A SENSE OF COMMUNITY. FAMILIES THAT RESIDE IN RIVERWEST, AS WELL AS IN NEIGHBORHOODS SURROUNDING THE NORTHSIDE, PARKLAWN, AND JCY YMCA CENTERS HAVE THE OPPORTUNITY TO PARTICIPATE IN PROGRAMS STAFFED BY COMMUNITY OUTREACH SPECIALISTS. TYPICAL ACTIVITIES INVOLVE DIRECT RESIDENT CONTACT, MANAGING BLOCK CLUBS, NEIGHBORHOOD CLEAN UPS, AND HOSTING MEETINGS AND EVENTS. THE CDC STAFF PROVIDE ADVOCACY AROUND PUBLIC POLICY AS WELL. EACH SITE HOSTED BOTH VOTER REGISTRATION AND SERVED AS A POLLING SITE PROVIDING THE OPPORTUNITY FOR THE COMMUNITY TO PARTICIPATE IN THE ELECTION PROCESS. THE YMCA OF METROPOLITAN MILWAUKEE REACHES ACROSS FOUR COUNTIES (MILWAUKEE, OZAUKEE, WAUKESHA, AND WASHINGTON) AND SERVES AS A COMMUNITY RESOURCE FOR MORE THAN 96,624 CHILDREN, FAMILIES, ADULTS, AND SENIORS. THE GENEROSITY OF OTHERS IS AT THE CORE OF THE Y'S EXISTENCE AS A NONPROFIT. IT IS ONLY THROUGH THE SUPPORT OF OUR THOUSANDS OF VOLUNTEERS AND PUBLIC AND PRIVATE DONORS THAT WE ARE ABLE TO SUPPORT AND GIVE BACK TO THE COMMUNITIES WE ENGAGE. IN 2014, THE Y WAS SUPPORTED BY MORE THAN 3,300 PROGRAM AND POLICY VOLUNTEERS WHO ENABLED THE Y TO DELIVER ON ITS MISSION AND CAUSE TO

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	Employer identification number	39-0806314
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REACH EVEN FURTHER INTO SURROUNDING COMMUNITIES. VOLUNTEERS SERVE ON OUR BOARDS, PROVIDE SUPPORT TO OUR STAFF, AND PROVIDE DIRECT LEADERSHIP AND GUIDANCE TO THE HUNDREDS OF YOUTH IN OUR PROGRAMS, SUCH AS SPONSOR-A-SCHOLARSHIP AND BLACK ACHIEVERS. THROUGH AFFORDABLE PRICING AND MEMBERSHIP SCHOLARSHIPS, WE ENSURE THAT ALL PEOPLE HAVE ACCESS TO THE Y. IN ADDITION, COMMUNITY SERVICE PROJECTS, SPECIAL EVENTS LIKE HEALTHY KIDS' DAY, NEIGHBORHOOD OUTREACH INITIATIVES, AND CORPORATE WELLNESS PROGRAMS ALLOWED US TO BROADEN THE SCOPE OF OUR MISSION.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

OUR ORGANIZATION IS A PUBLIC CHARITY OPEN TO ALL WITHOUT REGARD TO ABILITY TO PAY. MEMBERS OF THE CORPORATION HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD BUT DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.

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

THE BOARD REVIEWS THE FORM 990 BEFORE IT IS FILED.

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

IN 2013 AS PART OF RECRUITING THE CURRENT CEO, THE BOARD ASKED STAFF TO BENCHMARK ALL EXECUTIVE COMPENSATION AMONG LARGEST NON-PROFIT ORGANIZATIONS IN THE REGION AND COMPARABLY SIZED YMCA'S IN THE MIDWEST. THE FINDING AT THAT TIME WAS THAT THE CEO SALARY IN PARTICULAR WAS BELOW INDUSTRY AVERAGE REGIONALLY. THE MOST RECENT COMPREHENSIVE REPORT PRODUCED BY QTI WAS 2012, WHICH FOUND THE CEO AND SEVERAL OTHER EXECUTIVE TEAM MEMBERS TO BE BELOW

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.	Employer identification number 39-0806314
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TARGETS AS WELL. DURING THE RECENT RESTRUCTURING, TITLES AND COMPENSATION WERE ADJUSTED GENERALLY DOWNWARD FOR SEVERAL MEMBERS OF THE EXECUTIVE TEAM (SVP'S OF PHILANTHROPY & HR BECAME VP'S AND SALARIES WERE SUBSTANTIALLY REDUCED; SVP OF OPERATIONS AND CFO/VP OF FINANCE HAVE REDUCED BASE SALARIES FROM THEIR PREDECESSOR'S BASES IN 2012-13 PRIOR TO THE RESTRUCTURING). CEO COMPENSATION HAS REMAINED FLAT FOR TWO YEARS. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES EXECUTIVE COMPENSATION ON AN ANNUAL BASIS AS PART OF THE BUDGET PLANNING PROCESS.

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

THE YMCA'S 990, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT, AND CORPORATE BYLAWS ARE AVAILABLE VIA OUR PUBLIC WEBSITE. ADDITIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CASH SURRENDER VALUE OF LIFE INSURANCE - PERM RESTRICTED 10,264.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION'S OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM PRIOR YEARS.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MILWAUKEE, INC.** Employer identification number **39-0806314**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
YMCA YOUTH LEADERSHIP ACADEMY, INC. - 39-2043466, 161 W. WISCONSIN AVE #4000, MILWAUKEE, WI 53202	CHARTER SCHOOL	WISCONSIN	501(C)(3)	LINE 2	YMCA OF METROPOLITAN MILWAUKEE, INC.	X	

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
METROPOLITAN MILWAUKEE, INC.**

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YMCA YOUTH LEADERSHIP ACADEMY	E	0.	
(2) YMCA YOUTH LEADERSHIP ACADEMY	J	250,494.	FAIR MARKET VALUE
(3) YMCA YOUTH LEADERSHIP ACADEMY	L	10,000.	FAIR MARKET VALUE
(4) YMCA YOUTH LEADERSHIP ACADEMY	Q	0.	
(5) YMCA YOUTH LEADERSHIP ACADEMY	R	0.	
(6) YMCA YOUTH LEADERSHIP ACADEMY	S	0.	



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.