# PUBLIC INSPECTION COPY

Form **990** 

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2013 calen	dar year, or tax year begi	nning 9/01	, 2013, and ending	8/3	1		, 2014
	Check if ap		С						ification Number
	Addre	ss change	Young Men's Chr	istian Associatio	on of the		74-	1109	737
	-	change	Greater Houston		01 01 0110		E Telepho		
	-	return	2600 North Loop	West #300			713	-659	-5566
	Termi		Houston, TX 7709	92			713	033	3300
	$\boldsymbol{\vdash}$						<b>C</b> o		\$ 124 200 000
	-	ded return	<b>F</b> N	D 1 H M	n	<b>I(a)</b> Is this a			\$ 134,399,080.
	Applic	ation pending		pal officer: Paul E. Mc	LIICIIC	` '			163 []110
_			Same As C Above			<b>l(b)</b> Are all s If 'No,' a	ttach a list.	(see ins	d? Yes No
<u></u>		mpt status	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or 527				
J	Websi		w.ymcahouston.or	:g		H(c) Group ex			
K		organization:	X Corporation Trust	Association Other ►	L Year of formatio	n: 1886	M	State of I	egal domicile: TX
Pa	art I	Summar	'n						
	<b>1</b> Br	iefly descri	ibe the organization's miss	sion or most significant ac	tivities: <u>The Young</u>	<u> Men's</u>	<u>Chri</u>	<u>stia</u>	n <u>Association</u>
a	_	<u>f the G</u>	<u> Greater Houston A</u>	A <u>rea is a Christ</u> i	an fellowship o	<u>dedica</u>	ted to	<u>imp</u>	oroving the
anc	<u>q</u>			programs and ser				<u>ny 1:</u>	<u>iving, youth     </u>
Ë	<u>d</u>			<u>responsibility_th</u>					
Governance	2 Ch	neck this bo		on discontinued its operat					
<u>ح</u>				erning body (Part VI, line				3	52
S				rs of the governing body (				4	52
Activities &				in calendar year 2013 (Pa				5	7,132
∌				f necessary)				о 7 а	20,839
A	1			e from Form 990-T, line 34				7 a	0.
	DIVE	et uniterated	a business taxable income	; ITOTTI T OTTI 990-1, IIITE 34	h		ior Year	7.0	Current Year
	8 Cc	ontributions	and grants (Part VIII line	e 1h)				7.C.E.	
Pe				e 11) ne 2g)		- /	397,7		13,631,547.
Revenue	1			(A), lines 3, 4, and 7d)			059,7		101,986,967.
Ę,	1			ines 5, 6d, 8c, 9c, 10c, ar			627,5		259,451.
_				1 (must equal Part VIII, co			143,4		241,642. 116,119,607.
	1			IX, column (A), lines 1-3)		/	267,		2,368,864.
				IX, column (A), line 4)			,201,	190.	2,300,004.
							1 47 (	222	C4 100 001
S	<b>15</b> Sa			ee benefits (Part IX, colum			147,8	333.	64,129,801.
Expenses	<b>16a</b> Pr			column (A), line 11e)					
xbe	<b>b</b> To	tal fundrais	sing expenses (Part IX, co	olumn (D), line 25) ►	1,727,163.				
Ш	<b>17</b> Ot	her expens	ses (Part IX, column (A), I	lines 11a-11d, 11f-24e)		49,	169,2	286.	50,819,358.
	<b>18</b> To	tal expens	es. Add lines 13-17 (must	t equal Part IX, column (A	), line 25)		584,9		117,318,023.
	<b>19</b> Re	evenue less	s expenses. Subtract line	18 from line 12			558,5		-1,198,416.
0 0						Beginning			End of Year
Net Assets Fund Balanc	<b>20</b> To	tal assets	(Part X, line 16)				513,3		311,391,236.
t As	<b>21</b> To	tal liabilitie	es (Part X, line 26)				542,4		161,367,416.
δŢ	<b>22</b> Ne	et assets or	r fund balances. Subtract	line 21 from line 20			970,8	1	150,023,820.
Da		Signatur				101,	, , , , , ,	724.	130,023,020.
				eturn, including accompanying sche	dulas and statements, and to th	no host of my	knowlodgo	and hali	iof it is true correct and
com	plete. Decla	ration of prepa	arer (other than officer) is based or	n all information of which preparer	has any knowledge.	ie best of my	Kilowieuge	and ben	er, it is true, correct, and
		► Flee	ctronically Filed						
Sig	n	Signatu	ure of officer			Date	)		
He	yıı Ye	Pau	l E. McEntire			Presi	dont	ς. CΕ	$\cap$
110			r print name and title.			riesi	uent (	X CE	<u> </u>
		Print/Type r	preparer's name	Preparer's signature	Date	Ι,	Check	X if	PTIN
_			•	Jody Blazek	5/8/15	5	_		
Pa		Jody I				5	self-employ	ea	P00072674
rre	eparer se Only	Firm's name					. ,	- 76	000000
US	Unity	Firm's addre		an, Suite 200					-0269860
			Houston, TX	77027-5132		F	Phone no.	(713)	3) 439-5739

May the IRS discuss this return with the preparer shown above? (see instructions).....

No

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	ly describe the organization's mission:		
	It:	is the mission of the YMCA of Greater Houston to put Judeo-Christian pri	nciples	;
	int	to practice through programs that build a healthy spirit, mind and body f	or all.	
	See	Schedule O.		
2	Did th	ne organization undertake any significant program services during the year which were not listed on the prior		
	Form	n 990 or 990-EZ?	Yes X	No
		es,' describe these new services on Schedule O.		
3	Did th	he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
		es,' describe these changes on Schedule O.		
		cribe the organization's program service accomplishments for each of its three largest program services, as measure	ed hv exnen	ises
	Section	on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca	ations to	
	others	rs, the total expenses, and revenue, if any, for each program service reported.		
4 a	(Code		1,345,88	83.
	HEA:	ALTHY LIVING		
	Par	ticipants: 376,830 Facility Members		
	Fac	rilition. 27 in Charton Houston and		
	Ass	sistance provided to participants in the form of fee reductions: \$5,001,0	)85	
	See	Schedule O for additional information.		
1 h	(Code	e: ) (Expenses \$ 27,184,414. including grants of \$ 10,000.) (Revenue \$ 3,	2 505 11	50 )
40		JTH DEVELOPMENT	2,393,13	<u>30.</u> )
	100			
		rticipants: 237,961		
		ograms include YMCA Child Care (After School, Early Childhood, Infant Car		
		ddle School), YMCA Parent/Child (Adventure Guides, Family Camp, Healthy F		
		<u>ne, and other family events), YMCA Swim, Sports &amp; Play (Aquatics, Youth S</u>	ports,	and
		pping Services).		
	ASS.	sistance provided to participants in the form of fee reductions: \$3,771,2	<u> </u>	
	See	e Schedule O for additional information.		
4 c		e:) (Expenses \$ 10,757,138. including grants of \$ 2,358,864. ) (Revenue \$	8,045,92	<u> 26.</u> )
	SOC	CIAL RESPONSIBILITY		
		ticipants: 141,623		
	Pro	ograms include YMCA Caring Community Centers (Afterschool program with en	<u>richmen</u>	ıt
		civities, Summer programs, Core programs, and Social service programs), Y		
		sidences, YMCA International Services, YMCA Active Older Adults, YMCA Spe		
		oulations, YMCA Employment Development and Training, and YMCA Operation E		
		sistance provided to participants in the form of fee reductions: \$2,143,7		
	See	e Schedule O for additional information.		
4 d	Other	r program services. (Describe in Schedule O.)		
		enses \$ including grants of \$ ) (Revenue \$	)	
		I program service expenses ► 102.618.624.	<u> </u>	

# Part IV Checklist of Required Schedules

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

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	Х	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	

**BAA** Form **990** (2013)

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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7,132			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b		
4a 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)?  b If 'Yes,' enter the name of the foreign country:	4 a		X
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		- 71
	30		
<b>6 a</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?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7 h		
<b>8</b> Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:	3.3		
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	12-		
	13a		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Young Men's Christian Association of the Greater Houston Area Form 990 (2013) 74-1109737 Page 6 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 52 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 52 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.................................. 10b Χ Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...See.Schedule.O..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a Χ b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its

#### Section C. Disclosure

 ziet ale etatee mai mien a cepy et alle i en equilie a te se mea	None
Section 6104 requires an organization to make its Forms 1023 (or inspection, Indicate how you make these available. Check all that a	1024 if applicable), 990, and 990-T (501(c)(3)s only) available for publi

16 b

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

participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the

organization's exempt status with respect to such arrangements?.

List the states with which a copy of this Form 990 is required to be filed

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

2600 North Loop West, Suite 300 Houston TX

Form 990 (2013) 74-1109737 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

- 1 a 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.

		(C)									
(A) Name and Title	(B) Average hours per week (list	one bo	x, ùn	less p	erso	more to n is both or/trustee	h an e)	(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Robert E. McFadden	1										
Chairman	0	X		Χ				0.	0.	0.	
(2) John Arnoldy	1										
Vice Chairman	0	X		Χ				0.	0.	0.	
	1									•	
Vice Chairman	0	X		Χ				0.	0.	0.	
	1			3.7				0	0	0	
Vice Chairman	0	X		Χ				0.	0.	0.	
(5) Michael R. Logan	11	,		37				0	0.	0	
Vice Chairman  (6) Joe Rothbauer	1	Х		Χ				0.	0.	0.	
Vice Chairman		X		Χ				0.	0.	0.	
(7) Gerri D. Ayers	1	Λ		Λ				0.	0.	0.	
Director	0	Х						0.	0.	0.	
(8) John C. Bass	1	21						0.	0.	0.	
Director	0	Х						0.	0.	0.	
(9) Dan Bellow	1										
Director	0	Χ						0.	0.	0.	
(10) Alan Bergeron	1										
Director	0	Χ						0.	0.	0.	
(11) Rev. Kirbyjon Caldwell	1									_	
Director	0	X						0.	0.	0.	
(12) Theresa Chang	1										
Director	0	X						0.	0.	0.	
(13) Charles E. Comisky	1	.									
Director	0	Χ						0.	0.	0.	
(14) Judy D. Cox	11							_	_	_	
Director	0	X						0.	0.	0.	

389,640.

343,353.

Form 990 (2013)

Part VII   Section A. Officers, Directors, Trus	stees,	Key	En	ıplo	oye	es,	and	d Highest Com	pensated E	mplo	yees	(conti	nued)
	(B)			((	<del>)</del>								
(A) Name and title	Average hours per week	box	, unle	ess pe	erson direct	e than is both or/trus	n an tee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from		Es amou	(F) timated int of oth	
	(list any hours for related organiza - tions below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-MISC	ons (i)	fr orga and	pensation the anization the anization discontinuity anization in the anization anizati	n I
	line)		ee			ated							
(15) Greg Curran Director	$-\frac{1}{0}$	Х						0.		0.			0.
(16) Jennifer Davenport Director	$-\frac{1}{0}$	Х						0.		0.			0.
(17) Matthew Deal Director	$-\frac{1}{0}$	Х						0.		0.			0.
(18) Joel Deretchin Director	$-\frac{1}{0}$	X						0.		0.			0.
(19) Larry Ellis Director	$-\frac{1}{0}$	X						0.		0.			0.
(20) Stephen R. Fetterman Director	$-\frac{1}{0}$	X						0.		0.			0.
(21) Curtis V. Flowers, Jr.  Director	$-\frac{1}{0}$	X						0.		0.			0.
(22) Elvin Franklin Director	$-\frac{1}{0}$	X						0.		0.			0.
(23) Robert R. Fretz Director	$-\frac{1}{0}$	X						0.		0.			0.
(24) Barnett L. Gershen Director	$-\frac{1}{0}$	X						0.		0.			0.
(25) Rey Gonzales Director	$-\frac{1}{0}$	X						0.		0.			0.
1 b Sub-total		- 21					•	0.		0.			0.
c Total from continuation sheets to Part VII, Sectio	n Λ						•	3,079,913.		0.	5	03,9	
d Total (add lines 1b and 1c)							•	3,079,913.		0.		03,9	
2 Total number of individuals (including but not limited t							ved						73.
from the organization > 25													
												Yes	No
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for such</i>											3	Х	
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	than \$1	50,0	00'?	If '	es'	comp	plet	e Schedule J for			4	Х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual									X				
Section B. Independent Contractors													
1 Complete this table for your five highest compensation from the organization. Report compens	ated indention ation for	epen the c	den alen	t coi dar <u>i</u>	ntrad year	ctors endii	tha ng v	t received more the truth or within the or	han \$100,000 o ganization's tax	f year.			
(A) Name and business addre	ess							(B) Description (	of services	(	(C Compe	;) nsatio	n
Sehgal & Sons Engerprises 10501 Corporate Dr Stafford, TX 77477 Janitorial 1,6									1,6	31,6	27.		
American Janitorial Svcs 2951 Marina Bay #1	30 Lead	gue	Cit	у,	TX	7757	3	Janitorial				39,1	
U.S. Lawns of North Houston 6106 Theall Rd	Houston	n, T	X 7	706	6			Landscaping			4	76,6	49.

Landscaping/Facil

Info Tech

Hancock Pool Services PO Box 670345 Houston, TX 77267

AmSys Innovative Solutions 8300 Bissonnet #570 Houston, TX 77074

2 Total number of independent contractors (including but not limited to those listed above) who received more than

#### Form 990

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number Young Men's Christian Association of the Greater Houston Area 74-1109737

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and

(A)	(B)			(0	<u>;)</u>			(D)	(E)	(F)
Name and Title			ition (			hat app	ly)	Reportable		Estimated
	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Joel Harmon Director	$-\frac{1}{0}$	Х						0.	0.	0.
Judge Richard Hill	1									
Director	0	X						0.	0.	0.
Mike Holland	11							_	_	
Director	0	X						0.	0.	0.
Karen Huff	11_	ļ								_
Director	0	X						0.	0.	0.
Rick Kehr	11									•
Director	0	X					-	0.	0.	0.
Lee A. Lahourcade	1	.,							2	•
Director	0	X						0.	0.	0.
Mark S. Leonard		3,7							0	0
Director When he had a like	0	X						0.	0.	0.
Khambrell Marshall	1	v						0.	0.	0
Director	0 1	X						0.	0.	0.
Alyse McCracken Director		Х						0.	0.	0.
Dr. Leonard Merrell	1	Λ						0.	0.	0.
Director		Х						0.	0.	0.
Peggy C. Montana	1	Λ					-	0.	0.	0.
Director		Х						0.	0.	0.
Tommy M. Parker	1	- 71						0.	0.	0.
Director		Х						0.	0.	0.
Harry J. Phillips, Jr.	1	- 11						0.	0.	· ·
Director	0	Х						0.	0.	0.
Edward Randall, IV	1									
Director	0	Х						0.	0.	0.
Terry Rathert	11									
Director	0	Х						0.	0.	0.
Jim Schier	1									
Director	0	Х						0.	0.	0.
Richard Schissler, III	1									
Director	0	Х						0.	0.	0.
Beth Shea	1									
Director	0	Х						0.	0.	0.
Thomas M. Simmons	1									
Director	0	X						0.	0.	0.
Anne Taylor	11_	1								
Director	0	X						0.	0.	0.
Howard Tellepsen	11	1								
Director	0	X						0.	0.	0. orm <b>990</b> Cont 2013

Form 990 Cont 2013

#### Form 990

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number 74-1109737

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated Employees												
(A)	(B)		(C) Position (check all that apply)					(D)	(E)	(F)		
Name and Title	Average hours per week							Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation		
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related		
	related organiza-	of Ea	malt		oloye	comp				organizations		
	tions below dotted line)	stee	ruste		e	ensa						
			čŏ			rted						
Carlos J. Valdez	1									•		
Director	0	X						0.	0.	0.		
Paul G. Van Wagenen	$-\frac{1}{0}$	Х						0.	0.	0		
Director Barron F. Wallace	1	Λ						0.	0.	0.		
Director		Х						0.	0.	0.		
Marc Watts	1	Λ						0.	0.	<u> </u>		
Director	0	Х						0.	0.	0.		
Willoughby C. Williams, Jr	1							J.				
Director	0	Х						0.	0.	0.		
George C. Yang, Ph.D.	_ 1											
Director	0	Х						0.	0.	0.		
Clark D. Baker	40	ļ										
President & CEO	0			Χ				653,924.	0.	58,690.		
Paul E. McEntire	_40_			.,				004 040	•	50.040		
Sr VP/COO	0			Χ				324,049.	0.	53,248.		
Samantha A. Buckner Sr VP/CFO	$-\frac{40}{0}$	}		Х				204,297.	0.	45,474.		
David L. Snow	40			Λ				204,291.	0.	43,474.		
Sr VP/Assn Adv	0	ł			Χ			242,245.	0.	53,197.		
Kenneth G. Harris	40											
VP Corp Svcs	0	Ì			Х			192,991.	0.	41,858.		
Mary M. Mossing	40									<u> </u>		
VP Operations	0				Χ			171,090.	0.	29,795.		
Trazanna L. Moreno	40	ļ										
VP Marketing	0					X		180,687.	0.	22,204.		
Linda Falsone-Lykos	40							170 000		04 044		
VP Fin Develop	0					Х		170,309.	0.	21,011.		
Jennifer S. Lopez	$-\frac{40}{0}$	<u> </u>				v		120 601	0	40 EC2		
VP Hum Resources Nanci H. Rutledge	40					Х		139,601.	0.	40,563.		
VP Fin Dev	$-\frac{40}{0}$	+				Х		137,256.	0.	29,652.		
Richard A. Byrd	40					21		137,230.	0.	23,032.		
VP Fin Development	0	t				Х		130,761.	0.	41,546.		
Michael K. Emmons	40							,		,		
VP/CFO	0						Χ	377,283.	0.	30,600.		
Steven R. Peterson	_ 40 _									_		
Group Exec Director	0						Х	155,420.	0.	36,135.		
		}										
-							-					
	1	†										
	]											

Form **990** Cont 2013

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Par	t VIII Statement of Revenue					
	Check if Schedule O contains a response	e or note to any				l .
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues	,355,151. ,013,548. 67,797. 828,391. ,366,660.  Business Code 2900 3940 0099 4100	13,631,547.  58,800,630. 37,245,688. 5,928,817. 11,832.	37,245,688.		
POGRAM SI	e f All other program service revenue g Total. Add lines 2a-2f		101986967.	11,032.		
Ь	<ul> <li>3 Investment income (including dividends, into other similar amounts)</li></ul>	terest and	1,913,828. 7,163.			1,913,828. 7,163.
	(i) Real  120, 900.  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses c Gain or (loss)  (i) Real  120, 900.  120, 900.  120, 900.  120, 900.  120, 900.  100,	(ii) Other , 771, 531. , 110, 605. –1339074.	120,900.			120,900.
OTHER REVENUE	d Net gain or (loss)  8 a Gross income from fundraising events (not including. \$ 1,013,548. of contributions reported on line 1c).  See Part IV, line 18	589,453. 621,944.				-1,654,377.
	c Net income or (loss) from fundraising event  9 a Gross income from gaming activities. See Part IV, line 19		-32,491.			-32,491.
	10 a Gross sales of inventory, less returns and allowances	ry▶ Business Code				
		0099	146,070.			146,070.
	e Total. Add lines 11a-11d		146,070.	101986967	0	501 093

#### 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 re				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,358,864.	2,358,864.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	, ,	, ,		
4 5	Benefits paid to or for members	1,881,527.	1,618,113.	225,783.	37,631.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	51,659,338.	46,044,199.	4,650,469.	964,670.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer	,			·
•	contributions).	3,254,861.	2,873,593.	316,732.	64,536.
9	Other employee benefits	2,787,691.	2,034,648.	639,411.	113,632.
10	Payroll taxes	4,546,384.	4,047,211.	408,096.	91,077.
	Fees for services (non-employees):				
	Management				
	Legal	40,518.		40,518.	
	Accounting	86,290.		86,290.	
	<b>d</b> Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees	195,059.		195,059.	
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	3,257,359.	2,460,787.	686,926.	109,646.
	Advertising and promotion	1,005,917.	968,972.	31,693.	5,252.
13	Office expenses	7,908,680.	6,000,506.	1,842,572.	65,602.
14	Information technology	1,858,470.	1,030,847.	759,224.	68,399.
15	Royalties				
16	Occupancy	14,765,718.	14,176,473.	557,444.	31,801.
17	Travel	1,909,891.	1,601,286.	252,370.	56,235.
18	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	292,113.	22,931.	193,263.	75,919.
20	Interest	4,991,328.	4,552,091.	439,237.	
	Payments to affiliates	326,670.		326,670.	
22	Depreciation, depletion, and amortization	9,777,909.	8,917,453.	840,900.	19,556.
	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.).				
á	Equipment rental & maintenance	1,530,560.	1,479,587.	50,973.	
	Refugee job placement expenses	1,138,860.	1,138,860.	3373131	
	Camp and other program expense	894,777.	894,777.		
	Professional development	551,725.	306,006.	241,749.	3,970.
	All other expenses	287,514.	81,420.	186,857.	19,237.
	<b>Total functional expenses.</b> Add lines 1 through 24e	117,318,023.	102,618,624.	12,972,236.	1,727,163.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).		·		·

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Part X Balance Sheet

1 6	irt A	Balance Sheet					
		Check if Schedule O contains a response or note to	o any li	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		L	144,350.	1	117,450.
	2	Savings and temporary cash investments			2,555,077.	2	5,371,472.
	3	Pledges and grants receivable, net			6,658,844.	3	4,876,055.
	4	Accounts receivable, net			1,104,866.	4	1,129,529.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	avolam	es. Complete		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6			
S	7	Notes and loans receivable, net				7	
A S S E T S	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges			883,934.	9	946,002.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	334,672,798.			
	b	Less: accumulated depreciation	10 b	98,938,062.	239,676,652.	10 c	235,734,736.
	11	Investments – publicly traded securities			48,490,457.	11	52,351,406.
	12	Investments – other securities. See Part IV, line 11			, ,	12	, ,
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15,999,131.	15	10,864,586.
	16	Total assets. Add lines 1 through 15 (must equal line			315,513,311.	16	311,391,236.
	17	Accounts payable and accrued expenses			5,003,785.	17	5,495,941.
	18	Grants payable			,	18	, ,
	19	Deferred revenue			3,413,119.	19	2,844,450.
Ļ	20	Tax-exempt bond liabilities			154,568,372.	20	152,309,870.
A	21	Escrow or custodial account liability. Complete Part	V of S	chedule D		21	
A B L L T	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	unzih h	alified persons		22	
- 1	23	Secured mortgages and notes payable to unrelated the				23	
E S	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re plete F	elated third parties, Part X of Schedule D.	557,211.	25	717,155.
	26	Total liabilities. Add lines 17 through 25	<u></u>	<u></u>	163,542,487.	26	161,367,416.
N E T		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete			
		lines 27 through 29, and lines 33 and 34.					
ASSETS	27	Unrestricted net assets			148,796,898.	27	146,349,361.
Ĕ	28	Temporarily restricted net assets.			3,173,926.	28	3,674,459.
	29	Permanently restricted net assets		<u></u>		29	
R F.		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	neck he	re ►			
F U N D	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipn		<u> </u>		31	
Ķ	32	Retained earnings, endowment, accumulated income		<u> </u>		32	
BALANCES	33	Total net assets or fund balances		Lie Control of the Co	151,970,824.	33	150,023,820.
Ĕ	34	Total liabilities and net assets/fund balances		F	315,513,311.	34	311,391,236.
_				• • •	010,010,011.		JII, JJI, 200.

BAA Form 990 (2013)

Pai	rt XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total	revenue (must equal Part VIII, column (A), line 12)	1	116,	119,6	507.
2	Total	expenses (must equal Part IX, column (A), line 25).	2	117,		
3	Rever	nue less expenses. Subtract line 2 from line 1	3		198,4	
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	151,	970,8	324.
5	Net u	nrealized gains (losses) on investments	5		971,6	551.
6	Donat	ted services and use of facilities	6			
7		tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O). See Schedule O	9	-1,	720,2	239.
10	Net as	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1=0		
<b>D</b>		in (B))	10	150,	123,8	320.
Pal	rt XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1	Accou	unting method used to prepare the Form 990: Cash X Accrual Other		_		
		organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O.				
2 8	<b>a</b> Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	Χ
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were compiled or reviewe ate basis, consolidated basis, or both:	ed on a			
		Separate basis Consolidated basis Both consolidated and separate basis				
-	<b>b</b> Were	the organization's financial statements audited by an independent accountant?		2 l	X	
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were audited on a separa, consolidated basis, or both:	te			
		Separate basis X Consolidated basis Both consolidated and separate basis				
(	c If 'Yes reviev	s' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, v, or compilation of its financial statements and selection of an independent accountant?		20	X	
	in Scl	organization changed either its oversight process or selection process during the tax year, explain nedule O.				
3 8	<b>a</b> As a r Audit	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3a	X	
ı		s,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud dits, explain why in Schedule O and describe any steps taken to undergo such audits		31	X	
BAA	\			For	n <b>990</b>	(2013)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Young Men's Christian Association of the Greater Houston Area

Employer identification number 74-1109737

Part	1	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ii	ารtruct	ions.
The o	rgan	ization is not a priva	te foundation because	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)			
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	1 <b>70(</b> b)	(1)(A)(i)			
2	$\square$	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)						
3	$\Box$	A hospital or a coope	erative hospital servic	e organization describe	ed in <b>sec</b>	ction 170	0(b)(1)(A	۸)(iii).			
4	$\square$	A medical research o	rganization operated	in conjunction with a h	ospital o	describe	d in <b>sec</b>	tion 17	0(b)(1)(A	<b>A)(iii)</b> . Er	nter the hospital's
	L ,	name, city, and state	:								
5		An organization operat	ed for the benefit of a management	college or university own	ed or ope	erated by	y a gove	rnmenta	I unit des	scribed in	section
6	1	A federal, state, or lo	local government or governmental unit described in section 170(b)(1)(A)(v).								
7	岩i	in section 170(b)(1)(A	on that normally receives a substantial part of its support from a governmental unit or from the general public described <b>70(b)(1)(A)(vi).</b> (Complete Part II.)								
8		A community trust de	scribed in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	Ш f i	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)									
10		An organization orga	nized and operated e	xclusively to test for pu	ıblic safe	ety. See	section	1 509(a)	(4).		
11		An organization organi more publicly suppor describes the type of	zed and operated excluted organizations des supporting organizat	sively for the benefit of, cribed in section 509(a ion and complete lines	to perfor a)(1) or s 11e thro	rm the fu section 5 ough 11	inctions ( 509(a)(2 h.	of, or ca ). See s	rry out th	ne purpos 5 <b>09(a)(3</b> )	ses of one or . Check the box that
	á	a Type I b	Type II c	Type III – Function	nally inte	egrated		d 🗌 -	Type III	– Non-f	unctionally integrated
е	$\Box$	By checking this box, other than foundation rection 509(a)(2).	, I certify that the organisms and other that	anization is not controll an one or more publicly s	led directury	ctly or in d organiz	directly ations d	by one escribed	or more I in section	disqual on 509(a)	ified persons (1) or
f	I	If the organization rece		nation from the IRS that i							on,
g		Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	;?
											Yes No
	(	(i) A person who do below, the gove	lirectly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	together	with pe	ersons d	lescribe	d in (ii)	and (iii)	11 g (i)
	(	(ii) A family member	er of a person describ	oed in (i) above?							11 g (ii)
	(	(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)
h	F	Provide the following	information about the	e supported organization	on(s).						3 ( )
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in listed in overning ment?	(v) Did yo the organ column ( supp	ization in	organiz colur organize	s the ation in nn (i) ed in the S.?	(vii) Amount of monetary support
					Yes	No	Yes	No	Yes	No	
					1				100		
(A)											
(B)									-		
(C)											
<b>(D)</b>											
(D)											
(E)											
Total											

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support			Г	Γ	Г	
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	18827750.	23064934.	22345282.	15397765.	13631547.	93,267,278.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	18827750.	23064934.	22345282.	15397765.	13631547.	93,267,278.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						93,267,278.
Sec	tion B. Total Support			T	T	T	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
7	Amounts from line 4	18827750.	23064934.	22345282.	15397765.	13631547.	93,267,278.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,844,656.	3,649,744.	2,929,425.	2,420,050.	1,920,991.	15,764,866.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
	Total support. Add lines 7 through 10						109032144.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	449181898.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a section	on 501(c)(3)	<b>&gt;</b>
	tion C. Computation of Pul			11   (0)		1 44	0= =
	Public support percentage for 20 Public support percentage from a	•	``				85.54 % 83.85 %
	33-1/3% support test — 2013. If and stop here. The organization	the organization of	did not check the	box on line 13, a	nd the line 14 is 3	33-1/3% or more,	check this box
b	<b>33-1/3% support test</b> — <b>2012.</b> If the and <b>stop here.</b> The organization						check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	s' test. check this	box and stop her	r <b>e.</b> Explain in Part	t IV how
	or 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization' meets the 'facts-and-circumstances to organization' meets the 'facts-and-circumstances' meet	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Pari ed organization.	t IV how the
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions
RΔΔ					Sch	nedule A (Form 90	20 or 990-E7) 2013

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.)

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	3	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admis-							
_	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
c	: Add lines 7a and 7b							_
8	<b>Public support</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) >	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	3	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).							
13	Total Support. (Add Ins 9,10c, 11 and 12.)							
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, c	r fifth tax year as	a section 50	01(c)(3)	
	tion C. Computation of Pul Public support percentage for 20			20 12 column (A)		1	15	ું ૦/૦
		•				L	15	
	Public support percentage from 2						16	<u> </u>
	tion D. Computation of Inv Investment income percentage for				ump (fl)	1	17	%
17		•		-		-		
18 19 =	Investment income percentage for 33-1/3% support tests — 2013. If						18   3% and I	
	is not more than 33-1/3%, check 3 <b>3-1/3% support tests – 2012.</b> If	this box and <b>sto</b> the organization	p here. The organd did not check a b	nization qualifies a ox on line 14 or l	as a publicly supp ine 19a, and line	orted organi 16 is more tl	zation nan 33-1 <i>/</i> 3	► ∐ 3%, and
	line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported	organiza	tion ▶ 🔲
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	see instruc	tions	▶ 🗍

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

Department of the Treasury Internal Revenue Service

#### PUBLIC DISCLOSURE COPY

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2013

Name of the organization Young Men's Chris	Employer identification number						
Greater Houston A:	rea	74-1109737					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
1 01111 9901							
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>Ge</b>	neral Rule or a Special Rule						
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	unization can check boxes for both the General Rule and a S	pecial Rule. See instructions.					
General Rule							
	990-PF that received, during the year, \$5,000 or more (in money	y or property) from any one					
Special Rules							
X For a section 501(c)(3) organization filing F 509(a)(1) and 170(b)(1)(A)(vi) and received (2) 2% of the amount on (i) Form 990, Part	orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I are	regulations under sections the greater of (1) \$5,000 or nd II.					
For a section 501(c)(7), (8), or (10) organization total contributions of more than \$1,000 for the prevention of cruelty to children or animal terms.	n filing Form 990 or 990-EZ that received from any one contributuse <i>exclusively</i> for religious, charitable, scientific, literary, or lals. Complete Parts I, II, and III.	or, during the year, educational purposes, or					
contributions for use <i>exclusively</i> for religious, c If this box is checked, enter here the total contributions. Do not complete any of the parts unle	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total to 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.						
990-PF) but it <b>must</b> answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990; or check the box on line H of its Form 9 e filing requirements of Schedule B (Form 990, 990-EZ, or 990).	990-EZ or on its Form 990-PF,					

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

of Part 1

Name of organization
Young Men's Christian Association of the Greater Houston Area

74-1109737

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions Χ Person **Payroll** 3,355,151. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) Number Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total (d) Type of contribution contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total (a) (b) Number Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) Number (c) Total (b) Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

Page

1 to

of Part II

Young Men's Christian Association of the Greater Houston Area

74-1109737

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I

(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)

\$ \qquad \text{ (d) Date received } \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (d) Date received } \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (d) Date received } \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \qquad \qquad \text{ (a) No. FMV (or estimate) (see instructions)} \qquad \qqqqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqqq

(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) Date received

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

1 to

of Part III

Name of organization

Employer identification number

Part III	Exclusively reli	igious, charitabl	e. etc indiv	vidual contributions t	o section 501(c)(7), (8) or (10)
Young	Men's Christian	Association of	the Greater	Houston Area	74-1109737

	organizations that total more than \$1	,000 for the year. Complete co	olumns (a) through (e) and the following line entry.
	For organizations completing Part III, enter total of contributions of <b>\$1,000 or less</b> for the year. (Er	exclusively religious, charitable, enter this information once. See in	stc., nstructions.)
	Use duplicate copies of Part III if additional spa		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	<u></u>		
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
	<u></u>		
-			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	rurpose of glit	ose or gift	Description of now girt is near
		(-)	
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
	Transfero o finific, addition,		

#### 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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization Young Men's Christian Association of the Greater Houston Area 74-1109737 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 Total number at end of year..... Aggregate contributions to (during year). . . . Aggregate grants from (during year) . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?..... 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?.... Yes Nο **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1.....

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

Part III Organizations Mainta	ining Collect	ions of Art, his	torica	i freasures, or	Other	Similar ASS	ets (C	onunu	ea)
3 Using the organization's acquisition items (check all that apply):	, accession, and	_	,	· ·	e a signit	ficant use of its	collectio	n	
a Public exhibition		<b>d</b> Loa	n or exc	change programs					
<b>b</b> Scholarly research		e Oth	er						
c 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.									
to be sold to raise funds rather the	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
line 9, or reported an	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.								
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian,	or other intermedia	ary for c	ontributions or oth	er asset	s not included	Yes	; Г	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and	complete the follo	wing tal	ble:				_	_
							Amoun	it	
<b>c</b> Beginning balance					1 с	:			
<b>d</b> Additions during the year					1 d				
e Distributions during the year					1е				
f Ending balance					1f				
2a Did the organization include an a	mount on Form	990, Part X, line 2	1?				Yes	,	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Ch	eck here if the expl	lantion	has been provided	in Part	XIII	<del></del>		٦
Part V Endowment Funds. C	omplete if th	e organization a	answe	red 'Yes' to For	m 990	, Part IV, Iin	e 10.		
	(a) Current yea	ar <b>(b)</b> Prior y	ear	(c) Two years back		Three years back		Four years	s back
1 a Beginning of year balance	7,387,7	93. 6,563,	205.	6,326,285	5.	5,172,490.	4	,939,	622.
<b>b</b> Contributions	1,050,0	93. 131,	748.	28,030	).	679,715.		63,	863.
c Net investment earnings, gains, and losses	1,055,9	68. 775,	044.	265,161		531,859.		205,	397.
<b>d</b> Grants or scholarships	, , .	,		,		,			
e Other expenditures for facilities									
and programs	67,7	97. 79,	136.	56,271	- •	57,779.		36,392.	
f Administrative expenses	14,4	54. 3,	068.						
<b>g</b> End of year balance	9,411,6	03. 7,387,	793.	6,563,205	5.	6,326,285.	5	,172,	490.
2 Provide the estimated percentage	e of the current	year end balance (	line 1g,	column (a)) held a	as:				
a Board designated or quasi-endowm	ent 🟲	74.79%							
<b>b</b> Permanent endowment ▶	14.5 <sup>7 %</sup>								
c Temporarily restricted endowmer		0.64%							
The percentages in lines 2a, 2b,	and 2c should e	qual 100%.							
3 a Are there endowment funds not in t	ho possession of	the organization tha	t aro ho	ld and administered	for the				
organization by:	tie possession of	the organization tha	it are ne	iu anu auministereu	ioi tiie			Yes	No
(i) unrelated organizations							3a(i)		Х
(ii) related organizations							3a(ii)	Х	
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations lis	ted as required on	Schedu	le R?			3b	Х	
4 Describe in Part XIII the intended									
Part VI Land, Buildings, and									
Complete if the organi		ered 'Yes' to For	rm 990	), Part IV, line	11a. S	ee Form 990	), Pari	t X, lin	ie 10.
Description of property	(a)	Cost or other basi (investment)		Cost or other basis (other)		ccumulated preciation	(d)	Book va	lue
<b>1 a</b> Land		. ,	+	24,756,750.			2.4	1,756,	750.
<b>b</b> Buildings				92,550,582.	40	461,041.		2,089,	
c Leasehold improvements				72,362,445.		324,061.		3,038,	
<b>d</b> Equipment				43,405,310.		152,960.		1,252,	
<b>e</b> Other			+	1,597,711.	47,	104,900.		., 232,	
Total. Add lines 1a through 1e. (Colum		al Form 990 Part Y	Colum			<b>&gt;</b>		<u>, 597,</u> 5, 734,	
RAA	(a) IIIast Equa	ar onn 550, Fail A	, colulli	11 (D), IIIIC 10(C).).				orm 990	

BAA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
I) Financial derivatives		
2) Closely-held equity interests		
3) Other		
<u>()</u>		
3)		
C)		
D)		
<u> </u>		
<sup>-</sup> )		
B)		
1)		
<u>)                                    </u>		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
art VIII Investments - Program Related.	'Voc' to Form 990	N/A , Part IV, line 11c. See Form 990, Part X, li
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market
	(b) Book value	(c) We thou of Valuation. Gost of the of year market
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(9)		
(9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des	N/A 'Yes' to Form 990 scription	, Part IV, line 11d. See Form 990, Part X, Ii
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
Other Assets. Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7)	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
Other Assets. Complete if the organization answered  (a) Des  (b) Must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered  (a) Des  (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	'Yes' to Form 990	ı, Part IV, line 11d. See Form 990, Part X, li
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  art IX Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	'Yes' to Form 990 scription	(b) Book vi
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Otal. (Column (b) must equal Form 990, Part X, column (E)  (E) must equal Form 990, Part X, column (E)	'Yes' to Form 990 scription	(b) Book vi
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Otal. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.	'Yes' to Form 990 scription	(b) Book v. (c) B
Other Assets. Complete if the organization answered  (a) Des  (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	'Yes' to Form 990 scription  3), line 15.)	I, Part IV, line 11d. See Form 990, Part X, line (b) Book vision (b) Book vision (b) Book vision (b) Book vision (c) Book visi
Other Assets. Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (E)  Other Assets. Complete if the organization answered  (a) Des  (b) Martin (Column (b) must equal Form 990, Part X, column (E)  Other Liabilities. Complete if the organization answered 'Yes' to Fo  (a) Description of liability	'Yes' to Form 990 scription	I, Part IV, line 11d. See Form 990, Part X, line (b) Book vision (b) Book vision (b) Book vision (b) Book vision (c) Book visi
Other Assets. Complete if the organization answered  (a) Des  (b) Must equal Form 990, Part X, column (B) line 13.)	"Yes' to Form 990 scription  B), line 15.)	le or 11f. See Form 990, Part X, line 25
Other Assets. Complete if the organization answered  (a) Des  (b) Must equal Form 990, Part X, column (B) line 13.)	"Yes' to Form 990 scription  "B), line 15.)	le or 11f. See Form 990, Part X, line 25
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Accomplete if the organization answered  (a) Des  (b) Column (c) must equal Form 990, Part X, column (B) line 13.) Accomplete if the organization answered  (a) Des  (b) Column (c) must equal Form 990, Part X, column (C)  (c) Column (b) must equal Form 990, Part X, column (C)  (a) Description of liability  (c) Federal income taxes  (d) Derivative Agreements  (d) Due to Endowment Foundation	"Yes' to Form 990 scription  B), line 15.)	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (b) Book vision   (c) Book vision
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Art IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Otal. (Column (b) must equal Form 990, Part X, column (E)  art X  Other Liabilities.  Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2) Derivative Agreements (3) Due to Endowment Foundation  (4) Funds held in trust  (5)	3), line 15.)	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (b) Book vision   (c) Book vision
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Art IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Otal. (Column (b) must equal Form 990, Part X, column (E)  art X  Other Liabilities.  Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2) Derivative Agreements  (3) Due to Endowment Foundation  (4) Funds held in trust  (5)  (6)	3), line 15.)	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (b) Book vision   (c) Book vision
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Art IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Otal. (Column (b) must equal Form 990, Part X, column (E)  art X  Other Liabilities.  Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2) Derivative Agreements (3) Due to Endowment Foundation (4) Funds held in trust  (5)  (6)  (7)	3), line 15.)	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (b) Book vision   (c) Book vision
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Otal. (Column (b) must equal Form 990, Part X, column (Example)  art X  Other Liabilities.  Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes  (2) Derivative Agreements (3) Due to Endowment Foundation (4) Funds held in trust (5)  (6)  (7)  (8)	3), line 15.)	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (b) Book vision   (c) Book vision
Other Assets. Complete if the organization answered  (a) Des  (b) Must equal Form 990, Part X, column (B) line 13.)	3), line 15.)	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (b) Book vision   (c) Book vision
Other Assets. Complete if the organization answered  (a) Des  (b) Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets. Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Otal. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes  (2) Derivative Agreements  (3) Due to Endowment Foundation  (4) Funds held in trust  (5)  (6)  (7)  (8)  (9)  10)	3), line 15.)	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (b) Book vision   (c) Book vision
Other Assets. Complete if the organization answered  (a) Des  (b) Must equal Form 990, Part X, column (B) line 13.)	"Yes' to Form 990 scription "B), line 15.)  "Im 990, Part IV, line 11  (b) Book value  197, 61  500, 00  19, 54	Part IV, line 11d. See Form 990, Part X, line   (b) Book vision   (b) Book vision   (c) Book vision

S

L VI	D ''' ' (D A ''   E' '   C)	Б.	
chedule <b>C</b>	) (Form 990) 2013	74-1109737	Page 4

Part XI	Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	
	Complete if the organization answered 'Yes' to Form 990, P	art IV,	line 12a.		
1 Tota	I revenue, gains, and other support per audited financial statements			1	117,587,182.
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:				
<b>a</b> Net ι	unrealized gains on investments	2a	971,651.		
<b>b</b> Dona	ated services and use of facilities	2 b	0.12/0021		
<b>c</b> Reco	overies of prior year grants	2 c			
<b>d</b> Othe	overies of prior year grants r (Describe in Part XIII.) See Part XIII	2 d	758,780.		
	lines 2a through 2d			2 e	1,730,431.
	ract line <b>2e</b> from line <b>1</b>			3	115,856,751.
4 Amou	unts included on Form 990, Part VIII, line 12, but not on line 1:				
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a	195,059.		
<b>b</b> Othe	r (Describe in Part XIII.) See Part XIII	4 b	67,797.		
	lines 4a and 4b			4 c	262,856.
	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	116,119,607.
	Reconciliation of Expenses per Audited Financial Stateme			Retur	
	Complete if the organization answered 'Yes' to Form 990, P			· · · · · ·	
1 Total	I expenses and losses per audited financial statements			1	117,137,418.
	unts included on line 1 but not on Form 990, Part IX, line 25:			'	117,137,410.
	ated services and use of facilities	2a			
	year adjustments				
	r Josses.	$\overline{}$			
d Otha	r (Describe in Part XIII.) See Part XIII	2 d	00.051		
			82,251.	2.	00 051
	lines 2a through 2d.			2 e	82,251.
	ract line <b>2e</b> from line <b>1</b>			3	117,055,167.
	unts included on Form 990, Part IX, line 25, but not on line 1: stment expenses not included on Form 990, Part VIII, line 7b	4.0	105 050		
<b>a</b> ITIVES	r (Describe in Part XIII.) See Part XIII	4 a	195,059. 67,797.		
	lines <b>4a</b> and <b>4b</b>			4 c	262,856.
	I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	117,318,023.
	Supplemental Information.			_	117,310,023.
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dort IV	lines 1h and 2h: Dari	+ \ /	
line 4; Par	t X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con	rant iv iplete th	, liftes to and 20, Fait his part to provide any	additi	onal information.
		•			
Part	V, Line 4 - Intended Uses Of Endowment Fund				
m.	TRICE TO A TO A STATE OF THE ST	-	6		
The	YMCA Endowment Foundation exists for the purpose	<u>se oi</u>	<u>furnishing</u> as	<u>ss1s</u> t	<u>ance and</u>
		<i>c</i> .		~	
sup	<u>port to the charitable and educational programs</u>	<u>oi t</u>	<u>he YMCA of the</u>	<u>Gre</u>	<u>eater Houston</u>
_					
<u>Are</u>	<u>a</u>				

BAA Schedule **D** (Form 990) 2013 2013

## **Schedule D, Part XIII - Supplemental Information**

Page 5

Young Men's Christian Association of the Greater Houston Area

74-1109737

Schedule D, Part XI, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

Chg in FMV of Real Estate Held for Sale	\$ -1,347,281.
Revenue - YMCA Endowment	2,106,061.
Total	\$ 758,780.

#### Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S

Grant from Endowment	\$ 67,797.
Total	\$ 67,797.

#### Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

Expenses - YMCA Endowment	\$ 82,251.
Total	\$ 82,251.

#### Schedule D, Part XII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S

Grant from Endowment	Ş	67,797.
Total	\$	67,797.

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Young Men's Christian Association of the Employer identification number Greater Houston Area 74-1109737 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key Yes X No employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in or entity (fundraiser) (or retained by) have custody or control of contributions? from activity organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche		<b>G</b> (Form 990 or 990-EZ) 2013	i the Greater Hous	ton Area	74-110	)9737 Page <b>2</b>
		Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts great the state of th	event contributions	nswered 'Yes' to For s and gross income	rm 990, Part IV, Iir	ne 18, or reported
R			(a) Event #1 Turkey Dash (event type)	(b) Event #2  Run Thru Woods (event type)	(c) Other events  10 (total number)	(d) Total events (add column (a) through column (c))
R E V E N U E	1	Gross receipts	295,717.	276,555.	1,030,729.	1,603,001.
Ě	2	Less: Charitable contributions	167,157.	136,555.	709,836.	1,013,548.
	3	Gross income (line 1 minus line 2)	128,560.	140,000.	320,893.	589,453.
	4	Cash prizes		450.	750.	1,200.
	5	Noncash prizes			1,175.	1,175.
D R E C T	6	Rent/facility costs			37,828.	37,828.
	7	Food and beverages	377.		15,142.	15,519.
E X P	8	Entertainment		2,100.	750.	2,850.
E X P E N S E S	9	Other direct expenses	84,497.	135,036.	343,839.	563,372.
Par	11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	om line 3, column (d)		<b>.</b>	621, 944. -32, 491. orted more than
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E E	1	Gross revenue				
E	2	Cash prizes				
D X I P R E E N C S	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
ŀ	Ente Is th	er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain:	erates gaming activitie activities in each of th	es:ese states?		
10 a	ı wer	e any of the organization's gaming license	s revokea, suspended	or terminated during the	e τax year?	Yes No

**b** If 'Yes,' explain:

Sche	edule <b>G</b> (Form 990 or 990-EZ) 2013	74-1109737	Page 3
11	Does the organization operate gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		No
12	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility.	13 a	90
	<b>b</b> An outside facility.		<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor		
	Name ►		
	Address ►		. — — — –
ı	a Does the organization have a contact with a third party from whom the organization receives gaming reverb If 'Yes,' enter the amount of gaming revenue received by the organization		No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$	n the	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	olumns (iii) and ( iny additional	(v),

Young Men's Christian Association of the Greater Houston Area

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

2013 Open to Public Inspection

OMB No. 1545-0047

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

Employer identification n

Young Men's Christian Association of the Greater Houston Area							74-1109737			
Part I General Information on Grants and Assistance										
Does the organization maintain records the selection criteria used to award the selection criteria used the selection criteria used to award the selection criteria used to award the selection criteria used the selection criteria used to award the selection criteria used to award the selection criteria used the selection criteria used to award the selection criteria used to award the selection criteria used the selection	to substantiate the amo	ount of the grants or	assistance, the grantees'	eligibility for the grants	or assistance, and		X Yes No			
2 Describe in Part IV the organization's pro	ocedures for monitoring	g the use of grant fu	inds in the United States.		See Pa	art IV				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to										
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) YMCA Assoc Endowment Fdn										
2600 N. Loop West, Ste 300										
Houston, TX 77092	76-0555562	501(c)(3)	10,000.	0.			General support			
(2)										
(3)										
<u>(4)</u>										
(5)										
(6)										
(7)										
(8)										
2 Enter total number of section 501(c)(3	3) and government or	rganizations listed	in the line 1 table				1			
3 Enter total number of other organizati	, ,	9					0			
BAA For Paperwork Reduction Act Notice	, see the Instructions	s for Form 990.		TEEA3901L	07/12/13	Schedu	le I (Form 990) (2013)			

Schedule I (Form 990) (2013)					4-1109737	Page 2
Part III Grants and Other Assistance to Part III can be duplicated if additi			nplete if the organ	nization answered 'Yes'	to Form 990, Part IV, I	ine 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash a	assistance
	recipients	casii giant	Hori-casii assistance	i wiv, appiaisai, otilei)		
1 Refugee assistance	1,301	2,358,864.				
2						
3						
4						
5						
6						
7						
Part IV Supplemental Information. Provide	de the information	required in Part I,	line 2, Part III, co	olumn (b), and any othe	er additional information	
Part I, Line 2 - Procedures for Monitor	ing Use of Grants	Funds in U.S.				
Monitoring of Refugee Assistan	.ce:					
	onal_Refugees_	takes two form				
vendors, primarily expenses re	lated to housi	ng, and cash a	ssistance_whic	ch is meant		
for all other living expenses.	_Clients_are_c	ounseled on th	<u>e use of these</u>	e funds and		
agree not to access public cas	h assistance d	luring the prog	ram period. Go	overnmental		
agencies awarding these grants	anduat norto	dia nnoaram an	d financial a	dita of the		
agencies awarding these grants	_conduct_perio	dic program an	u IIIIaliciai at	idits of the		
YMCA to ensure funds are being	used accordin	g to the terms	of the grant.			
BAA					Schedule I (For	rm 990) (2013)

2013

## **Schedule I, Part IV - Supplemental Information**

Young Men's Christian Association of the Greater Houston Area

74-1109737

Page 3

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

Monitoring of Fee Reductions:

Because the demand for financial assistance is great, the YMCA must follow eligibility guidelines. Scholarships are awarded on a first come, first served basis, subject to available resources. Applicants are asked to pay some portion of the fees. If acceptable, a volunteer work program will be arranged. Applicants must complete a Financial Assistance Information form and are required to provide proof of income. Subsidies will be granted to the extent that funds are available. Financial assistance is reviewed for eligibility annually for YMCA programs.

The YMCA monitors the use of subsidies by tracking the applicant's attendance in the program and their participation in bearing a portion of the cost. Additionally, the Senior Compliance Auditor conducts periodic audits to ensure compliance with YMCA policy in the distribution and monitoring of scholarships.

Part IV - Additional Supplemental Information

Part III, Line 1 - Additional Assistance to Individuals

The YMCA also provides assistance to individuals in the form of reductions in the amount of fees charged to participate in programs. Please see below for information regarding such assistance grouped by program.

Healthy Living: 142,888 recipients, \$5,001,085 in assistance

Youth Development: 83,806 recipients, \$3,771,290 in assistance

Social Responsibility: 124,211 recipients, \$2,143,716 in assistance

#### SCHEDULE J (Form 990)

### **Compensation Information**

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

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

Attach to Form 990. See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ame of the organization
Young Men's Christian Association of the Greater Houston Area

Employer identification number

74-1109737

Par	rt I Questions Regarding Compensation			
			Yes	No
1 a	a 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.  Part	III		
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence	;		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ŀ	<b>b</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	1 b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
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 establish compensation of the CEO/Executive Director, but explain in Part III.	to		
	X Compensation committee Written employment contract			
	Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	e		
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:	on		
a	a Receive a severance payment or change-of-control payment?	4a	Х	
	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
(	c Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Part	III		
	Only section 501(c)(3) and 501(c)(4) 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	a The organization?	5 a		X
ŀ	<b>b</b> Any related organization?	5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III.			
	contingent on the net earnings of:			
	a The organization?			X
k	<b>b</b> Any related organization?	6b		X
	If 'Yes' to line 6a or 6b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
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			77
		8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule **J** (Form 990) 2013

Schedule **J** (Form 990) 2013 74-1109737 Page **2** 

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 columns (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	reported as deferred in prior Form 990
Clark D. Baker	(i)	524,145.	90,563.	39,216.	30,600.	28,090.	712,614.	0.
1 President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
Paul E. McEntire	(i)	284,861.	39,188.	0.	30,600.	22,648.	377,297.	0.
2 Sr VP/COO	(ii)	0.	0.	0.	0.	0.	0.	0.
Samantha A. Buckner	(i)	187,297.	17,000.	0.	25,480.	19,994.	249,771.	0.
3 Sr VP/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
David L. Snow	(i)	208,745.	33,500.	0.	0.	53,197.	295,442.	0.
4 Sr VP/Assn Adv	(ii)	0.	0.	0.	0.	0.	0.	0.
Kenneth G. Harris	(i)	175,574.	17,417.	0.	0.	41,858.	234,849.	0.
5 VP Corp Svcs	(ii)	0.	0.	0.	0.	0.	0.	0.
Mary M. Mossing	(i)	155,865.	15,225.	0.	29,795.	0.	200,885.	0.
6 VP Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
Trazanna L. Moreno	(i)	165,252.	15,435.	0.	0.	22,204.	202,891.	0.
7 VP Marketing	(ii)	0.	0.	0.	0.	0.	0.	0.
Linda Falsone-Lykos	(i)	155,536.	14,773.	0.	0.	21,011.	191,320.	0.
8 VP Fin Develop	(ii)	0.	0.	0.	0.	0.	0.	0.
Jennifer S. Lopez	(i)	130,101.	9,500.	0.	0.	40,563.	180,164.	0.
9 VP Hum Resources	(ii)	0.	0.	0.	0.	0.	0.	0.
Nanci H. Rutledge	(i)	125,419.	11,837.	0.	0.	29,652.	166,908.	0.
10 VP Fin Dev	(ii)	0.	0.	0.	0.	0.	0.	0.
Richard A. Byrd	(i)	118,161.	12,600.	0.	0.	41,546.	172,307.	0.
11 VP Fin Development	(ii)	0.	0.	0.	0.	0.	0.	0.
Michael K. Emmons	(i)	0.	0.	377,283.	30,600.	0.	407,883.	0.
12 VP/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
Steven R. Peterson	(i)	155,420.	0.	0.	19,542.	16,593.	191,555.	0.
13 Group Exec Director	(ii)	0.	0.	0.	0.	0.	0.	0.
-	(i)							
14	(ii)				[		T	T
	(i)							
15	(ii)							
	(i)							
16	(ii)							
ΒΔΔ			TEEA4102L 07/08	3/13			Schodula I	(Form 990) 2013

BAA TEEA4102L 07/08/13 Schedule J (Form 990) 2013

Schedule <b>J</b> (Form 990) 2013	74-1109737	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a complete this part for any additional information.	, 6b, 7, and 8, for Part II.	Also
Part 1, Line 1a - Relevant Information Regarding Compensation Benefits		
The value of spouse travel provided to persons listed in Part VII is as follows:		
Clark David Baker \$1,368		
Paul McEntire\$941		
These amounts were not treated as taxable compensation to the above individuals.		
Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation		
Michael_K,_Emmons_received_a severance_payment_of_\$377,283_which_was_paid_out_in_		
calendar_year_2013.		
ВАА	Sche	edule <b>J</b> (Form 990) 2013

### SCHEDULE K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Young Men's Christian Association of the Greater Houston Area

Employer identification number 74-1109737

Part	I Bond Issues												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	(f) Des	(f) Description of purpose		Defe	g) ased	(h) On behalf of issuer	(i) Pooled financing
-										Yes	No	Yes No	Yes No
<b>A</b> H	arris Cty Cultural Edu F	52-1284201	414009ES5	2/28/2013	70,89	3,372.	Refund bond	s issued	6/25/08		Χ	X	X
Вн	arris Cty Cultural Edu F	52-1284201	414009FD7	2/28/2013	42,60	0,000.	Refund bond	s issued	6/25/08		X	X	X
	arris Cty Cultural Edu F			2/28/2013	21,69	5,000.	Refund bond	s issued	6/25/08		X	X	X
	arris Cty Cultural Edu F	52-1284201		2/28/2013	21,69	5,000.	Refund bond	s issued	6/25/08		Х	X	Х
Part	II Proceeds												
						A		В	C	;			D
	Amount of bonds retired						1,2	245,000.	83	20,0	00.	1	320,000.
2	Amount of bonds legally defease	ed											
3	Total proceeds of issue				70,8	93,37	2. 42,6	500,000.	21,6	95,0	00.	21,	595,000.
4	Gross proceeds in reserve funds	3				70,00	0.						
5	Capitalized interest from procee	ds											
6	Proceeds in refunding escrows.												
7	ssuance costs from proceeds					73,47	4.	339,875.	1	73,0	89.		73,089.
	Credit enhancement from proce												
9	Working capital expenditures fro	m proceeds											
10	Capital expenditures from proce	eds											
11	Other spent proceeds				. 64,6	49,89	8. 42.2	260,125.	21,5	21.9	11.	21.	521,911.
	Other unspent proceeds					,	,		, -	,		,	,
13	Year of substantial completion					20	10	2010		2	010		2010
	· · · · · · · · · · · · · · · · · · ·				Yes	No	Yes	No	Yes	No	)	Yes	No
14	Were the bonds issued as part of	of a current refunding i	ssue?		. X		Х		Х			Х	
15	Were the bonds issued as part of	of an advance refundin	g issue?			Х		Х		Х		Х	
16	Has the final allocation of proce	eds been made?			. X		Х		Х			Х	
17	Does the organization maintain	adaguata books and re	sounds to support	the final allocation									
	of proceeds?				. X		X		Х			Х	
Part	III Private Business Us	e						1					1
						A		В	C	;			D
					Yes	No	Yes	No	Yes	No	)	Yes	No
	A/ Hiii	:		0									
'	Was the organization a partner in property financed by tax-exempt	t bonds?				Х		Х		Х			Х
	Are there any lease arrangemen					-11							
	Are there any lease arrangemer cond-financed property?					Х		Х		Х			Х
	For Paperwork Reduction Act N					1 21	1		<u> </u>			ıle <b>K</b> (Forn	1 990) 2013

TEEA4401L 07/12/13

d Was the hedge superintegrated?..e Was the hedge terminated?.....

Schedule K (Form 990) 2013 74-1109737 Page 2 Part III Private Business Use (Continued) В С D Yes No No No Yes Yes Yes No 3a Are there any management or service contracts that may result in private business use of bond-financed property?.... Χ Χ 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?. c Are there any research agreements that may result in private business use of Χ Χ Χ Χ  $\label{eq:difference} \begin{tabular}{ll} d \ | f' Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?....$ 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 용 응 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 6 Total of lines 4 and 5. % Does the bond issue meet the private security or payment test?.... 7 Χ Χ Χ 8 a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. Χ X Χ **b** If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disposed of... 용 용 ્ટ્ર If 'Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? 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? Χ Χ Χ Χ Part IV Arbitrage Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty Χ Χ Χ Χ in Lieu of Arbitrage Rebate?.. If 'No' to line 1, did the following apply? a Rebate not due yet? **b** Exception to rebate?... c No rebate due?..... If you checked 'No rebate due' in line 2c, provide in Part VI the date the rebate computation 3 Is the bond issue a variable rate issue?.... Χ Χ Χ Χ 4 a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? Χ Χ Χ **b** Name of provider . . . . c Term of hedge.....

**BAA** Schedule **K** (Form 990) 2013

Schedule K (Form 990) 2013						74-1109	737	Page 3
Part IV Arbitrage (Continued)								
		Α		В	(	С	Г	)
	Yes	No	Yes	No	Yes	No	Yes	No
5 a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		X		X
<b>b</b> Name of provider		*		*		+		
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the requirements of section 148 ?	Х		Х		Х		Х	
Part V Procedures To Undertake Corrective Action			21		71		- 11	
		A		В		С		)
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	Yes	No	Yes	No	Yes	No	Yes	No
if self-remediation is not available under applicable regulations?	X		X		X		X	
Part VI Supplemental Information. Provide additional information for responses		ctions on		K (coo in		.)	21	

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Name of the organization Young Men's Christian Association of the

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number

Greater Houston Area 74-1109737 Part III, Line 1 - Continuation of Mission The YMCA will partially implement this mission through teaching five core values in all of its programs: Respect, Responsibility, Caring, Honesty and Faith. The YMCA seeks to promote our mission and core values by focusing on youth development, healthy living and social responsibility. We believe that lasting personal and social change can only come about when we all work together to invest in our children, our health and our neighbors. Our goal is to ensure everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. We are an association of men, women and children joined together by a shared commitment to nurture the potential of children, promote healthy living and foster a sense of social responsibility. Our dedication to these goals is only realized through the philanthropic giving of Houstonians, partnerships and community leaders. These gifts have enabled YMCA staff and volunteers to further the YMCA's vision of building healthy, confident, connected and secure children, adults, families and communities. Youth Development Community Impact Children empowered through youth sports 56,367 Children mentored through day camping 65,916 Members enlightened through aquatics 31,811 Children nurtured in child care programs 97,995 Family relationships enriched at Camp Cullen Healthy Living: 376,830 YMCA Facility Members

Name of the organization Young Men's Christian Association of the Greater Houston Area	Employer identification number 74–1109737
Percentage of Family memberships	69%
Percentage of Members Benefited by Membership for All	35%
Social Responsibility:	
Partnerships with agencies, schools, businesses and Chu	<u>irches 350</u>
Refugees given hope through resettlement 1,	301 from 23 countries
Youth developed through Caring Community Centers	45,512
Children equipped with school supplies	94,135
Part III, Line 4a - Healthy Living Program	
Line 4a (Expenses \$64,677,072) (Revenue \$61,345,883)	
Healthy lifestyles are achieved through nurturing mind, body are	nd spirit. At the Y,
well-being and fitness includes more than just working out. Our	37 YMCA Centers in
the Greater Houston area offer workout facilities and group exe	ercise classes for
every age and fitness level. Additionally, the Y provides educate	ational programs to
promote healthier decisions, and offer a variety of programs the	nat support physical,
intellectual and spiritual strength.	
Being healthy means more than simply being physically active.	[t_includes_balancing
body, mind and spirit. The Y is a place where you can work toward	ard that balance by
challenging yourself to learn a new skill or hobby, fostering of	connections with
friends through our lifelong learning programs, or bringing you	ır loved ones closer
together through our many family-centered activities. At the Y,	it's not about the
activity you choose as much as it is about the benefits of live	ing healthier on the
inside as well as the outside.	
The YMCA of Greater Houston reflects the rich diversity of our	Greater Houston

Young Men's Christian Association of the Greater Houston Area	74-1109737
community in our membership base at our 37 facilities. Because	se we believe a
healthier_lifestyle_should_be_available_to_all, the YMCA of Gi	reater Houston offers a
Membership For All plan. Under this plan, the membership rate	is adjusted based on
annual_household_income. In our quest to make YMCA membership	available "for all",
last year approximately one-third of our members qualified and	d_benefited_from
participation in the Membership for All program. Financial ass	sistance offered
through this program totaled \$5,001,085.	
YMCA Membership has never been more relevant in our community.	
healthy solutions to problems such as the rise in childhood ob	pesity, increased
stress and chronic illnesses related to unhealthy diets and li	ifestyles. YMCA
exercise programs are geared for every age group and all level	ls of physical fitness.
Programs include strength training, aerobics, group exercise,	walking clubs, yoga,
martial arts, cycling and cardio strengthening. Building healt	thy lifestyles is also
taught and encouraged through nutritional programs, stress man	nagement and
educational programs geared to attain and maintain healthy liv	ving. Moreover, YMCA
programs enable children, teens, parents and seniors to pursue	e health and wellness
as a family.	
Additionally, the YMCA of Greater Houston is an active participation	ipant in YMCA Healthy
Kids Day. It is the nation's largest health day for children a	and families and offers
families a chance to play together and learn more about ways t	co promote wellness and
healthier living. YMCA Healthy Kids Day events are free and or	oen to all.
Everyone belongs at the YMCA of Greater Houston. At the YMCA,	we strive to be more
than just a place to work-out but a place where you can be you	urself. Whether just
starting on the road to health and wellness or a veteran, the	YMCA seeks to make

Young Men's Christian Association of the Greater Houston Area	Employer identification number 74–1109737
everyone feel accepted, comfortable and at ease.	
Part III, Line 4b - Youth Development Program	
Line 4b (Expenses \$27,184,414) (Revenue \$32,595,158)	
At_the_YMCA, we believe the values and skills learned early o	n_are_vital_building
blocks for life. YMCA Youth Development programs result in mo	re young people taking
a greater interest in learning and making smarter life choice	s. At the Y, children
and_teens_learn_values_and_positive_behaviors, and can_explor	e their unique talents
and interests, helping them realize their potential. This mak	es for confident
children_today_and_contributing_and_engaged_adults_tomorrow.	
YMCA Youth Development Programs include:	
1) YMCA Child Care - The central focus of all YMCA Child Car	e programs is to foster
growth and development not only in children but also in their	parents and families.
These educational programs help kids develop moral and ethica	l behavior, self-esteem
and leadership. Parents play an important role in policy and	program decisions. In
many instances, Y Child Care allows parents of the children i	n our programs to
remain gainfully employed, knowing that their children are th	riving in a safe,
supportive environment. For parents who cannot afford the ful	l_fee,_waiver_or
reduction of tuition is available.	
YMCA Child Care nurtures the development of children by provi	ding a safe place to
learn foundational skills, develop healthy, trusting relation	ships and build
self-reliance through the Y values of caring, faith, honesty,	respect and
responsibility.	

Young Men's Christian Association of the Greater Houston Area	74-1109737
AfterSchool: Once children reach school age, multiple influ	uences enter their lives.
YMCA AfterSchool ensures that the time after school is occu	upied creatively and
constructively. YMCA AfterSchool programs are offered in pa	artnership with 29 area
school districts and various other organizations, offering	care after school in over
200 locations.	
Early Childhood: The YMCA believes that a quality program :	should provide enriching
experiences which facilitate a child's cognitive, social, p	physical and emotional
growth. We strive to meet the developmental needs and temper	erament of each individual
child by working in partnership with families. YMCA Early (	Childhood Development
programs, licensed by the State of Texas, provide curricula	um focused on education,
leadership and character development.	
Infant Care: YMCA Infant Care centers are designed to meet	a child's individual
needs_by_ensuring_positive_attention_and_development. Becau	use this is a critical
time in a child's life, our infant care focuses on the deve	elopment of the whole
child and equips even infants with essential skills for li	fe-long learning. Because
well-trained staff is a key factor in quality infant care,	staff members are
required to attend numerous training sessions throughout the	he year.
Middle School: The YMCA helps young people make wise and he	ealthy choices through
programs that give youth opportunities to gain leadership s	skills, values and an
ethic of service. Under the guidance of caring adults, pre-	-teens learn fair play,
positive communication and develop a spirit of cooperation	- all skills that are
needed to succeed.	
2) YMCA Parent/Child - Serving families has always been at	t the heart of the Y. We

Young Men's Christian Association of the Greater Houston Area	74-1109737
are a place where they can find respite from social, economic	and educational
challenges, and learn how to overcome them. We have a fundament	tal desire to provide
opportunities for every family to build stronger bonds, achieve	e_greater_work/life
balance, and become more engaged with their communities	
The YMCA Adventure Guides program is designed to assist the page	rent_and_child_on_a
journey of discovery. While activities with the whole family as	re important, we see
tremendous_value_in_supporting_and_strengthening_the_ability_or	f a parent and their
child to communicate at an early age in caring, honest, respec	tful and responsible
ways. The Adventure Guide Program does not have to be for just	one parent and child,
but may include the entire family unit. Typical activities the	Adventure Guides take
part in include games, crafts, songs, stories, skits and outdoor	or pursuits, such as
camping, hiking and swimming. The program is for school-age ch	ildren.
Other YMCA family programs include Family Camp, Healthy Family	Home and other family
events_which provide children and their parents with activities	s_that_foster
understanding and companionship. Activities are planned to br	ing groups of families
together to support each other. Parents have the opportunity	to learn from each
other and from their children in an enjoyable way	
3) YMCA Swim, Sports & Play - The Y is the starting point for	many youth to learn
about being active, and developing healthy habits they'll carry	y with them throughout
their lives. The benefits are far greater than just physical he	ealth. Whether it's
gaining the confidence that comes from learning to swim or built	lding the positive
relationships that lead to good sportsmanship and teamwork, page	rticipating in
programs at the Y is about building the whole child, from the	inside out.

Young Men's Christian Association of the Greater Houston Area	T4-1109737
Aquatics: The YMCA offers a wide range of swimming options for	the whole family.
Swimming builds self-confidence and develops the whole person -	- spirit, mind and
body. Classes are divided into ability groups and trained inst	ructors emphasize
personal safety, swimming skills, endurance and social skills v	while guiding students
with praise and encouragement.	
The YMCA is committed to offering a quality, year-round swim to	eam_with_emphasis_on
teaching the value of competition through teamwork, sportsmansh	nip and doing one's
best. The program strives to offer a well-rounded, values-center	ered program for every
member, from the youngest and newest members to our veteran ser	nior_swimmers
YMCA Water Wise is a multifaceted awareness program designed to	o_educate_the
community about how to prevent drowning. Water Wise includes a	a website with water
safety_tips, CPR and first aid information as well as swim less	son_schedules. The
initiative also offers a school district lifeguard training pro	ogram, a speakers
bureau that provides water safety presentations to the community	y in English and
Spanish, swimming lessons at elementary and middle schools and	water safety classes
taught_at_local_apartment_complexes.	
Youth Sports: The YMCA believes that youth sports programs enco	ourage and promote
healthy_and_strong_children, families_and_communities_by_placing	ng a priority on
family_involvement, healthy_competition_and_the_value_of_partic	cipation over winning.
Team_building as well as individual development, a positive se	lf-image and a sense
of fair play and mutual respect for others are hallmarks of YMC	CA Sports programs.
Caring adult coaches and volunteers create an asset-rich environment	onment in which
children_learn_and_practice_the_core_values_of_responsibility,	honesty, respect,
faith and caring. Parents are encouraged to be more than mere s	spectators by

Young Men's Christian Association of the Greater Houston Area	Employer identification number 74–1109737
contributing their time as volunteer coaches and team parents	s_as_well_as_being_their
kid's greatest fan. YMCA Youth Sports programs are a great s	tart to a lifetime of
fitness and values	
Camping Services: Overnight, day or specialty camps at the Y	share one thing:
they're about discovery. Children have the opportunity to exp	olore nature, find new
talents, try new activities, gain independence, and make last	ting friendships and
memories. And, of course, it's fun too.	
YMCA summer day camp provides youth with supervised activities	es that teach core
values, conflict resolution and leadership skills. Children l	nave fun while making
new friends, developing new skills, learning core values, but	ilding_self-confidence,
appreciating teamwork and growing in self-reliance. Y camp	is a fun and happy place
to enjoy the summer. Y Day Camp gives children the opportunit	ty to play games, create
arts and crafts, explore science and technology, swim, partic	cipate in field trips,
appreciate nature and discover and value our many cultures.	
Revering nature and the fullness of God's bounty is a major p	orogram goal for the
YMCA. YMCA Camp Cullen provides a resident camping experience	e for campers ages eight
to_sixteen. YMCA camping programs are educational; they promo	ote spiritual awareness,
mental development, physical well-being, social growth, and a	a respect for the
environment. Through a variety of activities and the use of a	natural surroundings,
YMCA camping seeks to help participants achieve their fulles	t_potential_in_spirit,
mind and body	
Campers at Camp Cullen take part in a wide range of water spo	orts, horseback riding,
climbing, nature, drama and more. In addition to the many fur	n activities available,

Young Men's Christian Association of the Greater Houston Area	74-1109737
the campers also gather as a cabin group each day where the	y play, learn and bond
while participating in fun activities like campfires and sca	avenger hunts. In many
instances, camping programs serve as child care for parents	in the summertime,
allowing them to remain gainfully employed. Scholarships a	are offered families
unable_to_afford_the_full_fee	
The YMCA offers a Teen Camp experience in a safe atmosphere	with highly trained, fun
and energetic staff. Teen Camp is filled with fun and excit	ing trips so teens won't
feel like they are in a day camp - but like they are hanging	g out with friends, fully
enjoying their freedom from school.	
Other YMCA camps include Holiday Camps, Sports Camps and other	her Specialty Camps to
provide youth with opportunities to enhance sports skills as	nd build leadership
abilities	
abilitiesPart III, Line 4c - Social Responsibility Program	
	64) (Revenue \$8,045,926)
Part III, Line 4c - Social Responsibility Program	64) (Revenue \$8,045,926)
Part III, Line 4c - Social Responsibility Program	
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,86)	ard. To bring about
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,86)  The YMCA is committed to moving people and communities forward	ard. To bring about  nd tools. For the last
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,86  The YMCA is committed to moving people and communities forward meaningful change, individuals need ongoing encouragement and analysis.	ard. To bring about  nd tools. For the last  d the resources our
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,80)  The YMCA is committed to moving people and communities forward meaningful change, individuals need ongoing encouragement and 125 years, the YMCA of Greater Houston has actively provided	ard. To bring about  nd tools. For the last  d the resources our  child welfare,
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,86)  The YMCA is committed to moving people and communities forward meaningful change, individuals need ongoing encouragement at 125 years, the YMCA of Greater Houston has actively provided communities need to address the most pressing social issues	ard. To bring about  nd tools. For the last d the resources our : child welfare, to make sure every
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,86)  The YMCA is committed to moving people and communities forward meaningful change, individuals need ongoing encouragement at 125 years, the YMCA of Greater Houston has actively provided communities need to address the most pressing social issues education, employment, housing and substance abuse. We work	ard. To bring about  nd tools. For the last d the resources our : child welfare, to make sure every
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,86)  The YMCA is committed to moving people and communities forward meaningful change, individuals need ongoing encouragement at 125 years, the YMCA of Greater Houston has actively provided communities need to address the most pressing social issues education, employment, housing and substance abuse. We work	ard. To bring about  nd tools. For the last  d the resources our  : child welfare,  to make sure every  heir best.
Part III, Line 4c - Social Responsibility Program  Line 4c (Expenses \$10,757,138 including grants of \$2,358,80)  The YMCA is committed to moving people and communities forward meaningful change, individuals need ongoing encouragement at 125 years, the YMCA of Greater Houston has actively provided communities need to address the most pressing social issues education, employment, housing and substance abuse. We work child, family and community has what they need to achieve the	ard. To bring about  nd tools. For the last d the resources our : child welfare, to make sure every heir best.  ty Centers vision is to

Young Men's Christian Association of the Greater Houston Area	74-1109737			
that they "belong" to the YMCA located within their apartment	complex. This model is			
based_upon_building_a_YMCA_program_presence_within_an_individu	al apartment community			
and providing a standardized set of programs for the residents	÷			
The Y serves in 21 Caring Community Centers in Houston and off	ers programs such as:			
Afterschool Program with Enrichment Activities: The YMCA offer	s_after-school			
"drop-in" program for children that includes homework assistant	ce, games and			
activities, and snacks. In addition, the YMCA provides activit	ies that might include			
classes_such_as_dance, karate, Writers_in_the Schools, art, et	<u>c.</u>			
Summer Programs: The YMCA offers a partial (four hour) day pro-	gram_for_4-6_weeks			
during the summer much like the after-school program. In many cases, the program is				
intertwined with the free lunch program for residents				
Core Programs: The YMCA arranges for children to participate i	n_traditional_core			
programs of the YMCA which may include swim lessons, youth spo	rts, day camp, older			
youth programs, and resident camping.				
Social_Service_Programs: Other_social_service_programs_provide	d_at_Caring_Community			
Centers may include adult continuing education, health care se	rvices, tutorial			
programs, provision of basic necessities, counseling, and other needed				
services/programs				
2) YMCA Residences - The YMCA offers accommodation - both per	manent and temporary			
to anyone seeking a wholesome environment. The YMCA Residence	program is designed to			
foster good citizenship and sound character. A variety of serv	ices are provided to			

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pport and use of
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ecruiting and
seekers and
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MCA movements in
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social ties. In
ourage older adults
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Young Men's Christian Association of the Greater Houston Area	74-1109737
addition to longevity and good health. With that in mind,	the YMCA offers fitness
programs for older adults like water exercise, yoga, stret	ching classes, and walking
clubs.	
5) YMCA Special Populations - The YMCA offers a variety o	f programs and services to
people of all abilities, including those with psychiatric	or physical disabilities.
The Miracle League Sports program at the Langham Creek YMC	A is designed specifically
for children with disabilities. The goals of the League ar	e to provide opportunities
for children with disabilities to play Miracle League spor	ts, to promote community
support and to begin the construction of special facilitie	s that meet the unique
needs_of_Miracle_League_players	
The Miracle League removes the barriers that keep children	with mental and physical
disabilities _off the sports field and allows them to expe	rience the joy of playing
as part of a team. One of the main barriers for these chi	ldren is the natural grass
field used in conventional youth leagues. The Miracle Leag	ue plays on a
custom-designed, rubberized turf field that accommodates w	heelchairs and other
devices while helping to prevent injuries.	
But the Miracle League is about more than playing a game.	It is about making new
friends, building self-esteem and being treated just like	other kids. To help the
athletes, the Miracle League uses a "buddy" system - pairi	ng each player with an
able-bodied peer. The result is a bond that cannot be desc	ribed and an impact not
only on the player, but their buddy as well.	
We cannot change or cure the medical issues facing these c	hildren. What we can do is

Young Men's Christian Association of the Greater Houston Area	74-1109737
provide them with an opportunity to experience the joy and b	enefits that come from
playing as a part of the team.	
6) _YMCA Employment Development and Training - The YMCA offe	rs_employment_training
for income eligible young people and immigrants in collabora	tion with other agencies
and the business community.	
7) YMCA Operation Backpack - YMCA Operation Backpack, Houston	s largest school supply
drive, collects and distributes over \$1.5 million in backpace	ks_and_school_supplies
for children. The YMCA partners with various local churches,	community organizations
and_multiple_media_partners_providing_over_75,000_Houston_ch	ildren_with_needed
supplies for the first day of school.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The CFO, together with Blazek & Vetterling, presents the For	m 990 to the Finance
Committee for their detailed review. Upon completion of the	review_process, the
Finance Committee accepts the Form 990 as presented. The Fin	ance Committee Chair
briefs the YMCA Board of Directors of their review. Prior to	filing, the Form 990 is
posted on the organization's website accessible through a se	cure portal for board
members' review.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	Conflicts
The YMCA of Greater Houston has adopted a comprehensive Conf	lict of Interest policy.
The Policy requires each Director, Officer, Trustee, Volunte	er and Employee of the
Association to make full disclosure of any interest that mig	ht result in a conflict
on their part. The Policy clearly defines potential conflict	s of interest and
requires disclosure of potential conflicting interests in ce	rtain business
transactions. The Policy further requires Directors, Officer	s, Trustees, selected

found Men S Christian Association of the	Employer identification number 74-1109737
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflict	ts (continued)
Volunteers and selected Employees to review the policy annually	and disclose any
potential conflicts of which the Board should be made aware. Th	e President annually
makes a report to the Executive Committee based on the disclosu	re forms submitted.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top	Management
The compensation and performance of the President, EVP & COO, S	VP & CFO, SVP
Financial Development and SVP Marketing & Communication is revi	ewed annually by the
Executive Compensation Committee of the Board of Directors. An	independent
nationally_recognized_compensation_firm_provides_not-for-profit	_compensation
comparability data for all senior level positions to the Execut	ive Compensation
Committee as required for compliance with the regulations of Se	ction 4958 of the
Internal Revenue Code. The Executive Compensation Committee has	reviewed and deemed
reasonable_the_compensation_of_all_senior_staff_in_compliance_w	ith IRS regulations.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers &	Key Employees
See above for process followed for individuals described in que	stion 15b
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
These documents are available to the public upon request.	

2013

# **Schedule O - Supplemental Information**

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Young Men's Christian Association of the Greater Houston Area

74-1109737

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

#### **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. See separate instructions.

Information about Schedule R (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047 2013

Open to Public Inspection

Name of the organization

Young Men's Christian Association of the Greater Houston Area

Employer identification number

74-1109737

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity					
(1)										
(2)										
(3)										
		1		l						

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>(b)</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	Sec 512 controlle	(b)(13) d entity?
(1) Young Men's Christian Assoc Endowm 2600 N. Loop West, Ste 300 Houston, TX 77092				509(a)(3)	Young Men's Christian Assoc of Gr	Yes	No
76-0555562 (2)	Endowment	TX	501(c)(3)	Type I	Hou Ar	Х	
(3)							
<u>(4)</u>							

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

TEEA5001L 06/26/13

Schedule R (Form 990) 2013

Schedule **R** (Form 990) 2013

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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV,	ine 34
because it had one or more related organizations treated as a partnership during the tax year.	
Name, address, and EIN of related organization  (b) Co Legal domicile (state or foreign country)  (c) Legal domicile (state or foreign country)  (d) Direct (related, unrelated, entity under sections 512-514)  (e) Predominant income (related, unrelated, excluded from tax under sections 512-514)  (f) Share of total income end-of-year assets  (g) Share of end-of-year assets  (h) Disproportionate allocations?  (o) Code V-UBI amount in toone end-of-year assets  (Form 1065)  (Form 1065)  (Form 1065)  (Form 1065)	g ownership
<u>(1)</u>	
<u>(3)</u>	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Part IV,
Name, address, and EIN of related organization  (b)  Primary activity  (c)  Legal domicile (state or foreign country)  (c)  Legal domicile (state or foreign country)  (c)  Legal domicile (state or foreign country)  (c)  Corp, S corp, or trust)  (c)  Share of entity (C corp, S corp, or trust)  (c)  Share of end-of-year assets  (d)  Share of end-of-year assets	(i) Sec 512(b)(13) controlled entity?
	Yes No
<u>(2)</u>	

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Schedule **R** (Form 990) 2013

Schedule **R** (Form 990) 2013 Page **3** 

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on I	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.			1а		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b	Х	
c Gift, grant, or capital contribution from related organization(s).			1с	Х	
d Loans or loan guarantees to or for related organization(s).					X
e Loans or loan guarantees by related organization(s)			1е		X
f Dividends from related organization(s).					X
g Sale of assets to related organization(s).					X
h Purchase of assets from related organization(s).					X
i Exchange of assets with related organization(s).					X
j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k Lease of facilities, equipment, or other assets from related organization(s).			1k		X
Performance of services or membership or fundraising solicitations for related organization(s)				Х	
m Performance of services or membership or fundraising solicitations by related organization(s)				- 21	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Х	21
Sharing of paid employees with related organization(s)				X	
Graining of paid employees with related organization(e)				Λ	
p Reimbursement paid to related organization(s) for expenses			1р		Х
q Reimbursement paid by related organization(s) for expenses.					X
4 Neimbursement paid by related organization(s) for expenses.			14		Λ
r Other transfer of cash or property to related organization(s).			1r		v
s 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 cover			15		Λ
· · · · · · · · · · · · · · · · · · ·	(b)		-	47	
(a) Name of related organization	Transaction	(c) Amount involved	(Method of	detern	nining
<u> </u>	type (a-s)		amount	involv	ed
(1) Verne Man la Chuistian Bassa Endarmant Ed	<b>1</b> -	10 000 (	To ala		
(1) Young Men's Christian Assoc Endowment Fd	b	10,000.0	Jasn		
(2) Young Men's Christian Assoc Endowment Fd	С	67,797.0	Cash		
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(3)					
(4)					
_					
(5)					
(6)					
(6)  BAA TEEA5003L 06/27/13		Schedul	e <b>R</b> (Forr	n 990)	2013
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Schedule **R** (Form 990) 2013

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d)	1.	- \	40	(a)	/1	-1	<b>(1)</b>		١.	
	ary detailty	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	292	tion	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	ate	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	, í	Yes	No	Ī
(1)	-												
	-												
(2)	-												
	-												
(3)													
(4)	-												
	-												
(5)													
(6)													
	-												
(7)													
(D)													
<u>(8)</u>													
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**BAA** TEEA5004L 06/27/13 Schedule **R** (Form 990) 2013

Schedule R (Form 990) 2013

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