

## **Oldham County Fiscal Court Grant Application Guidelines**

Oldham County Fiscal Court accepts grant applications from non-profit, tax-exempt organizations which meet these criteria:

- Have a significant presence in Oldham County;
- Serve a public purpose in concert with the goals and activities of OCFC;
- Have the capacity to be accountable for use of donated funds;
- Show support from the majority of their clients/beneficiaries.

### **Funding categories**

Arts and Humanities - activities which meet any or all of the following qualifications:

- Contribute to tourism in Oldham County;
- Conduct activity (e.g., record keeping) on behalf of Fiscal Court;
- Support community-wide celebrations;
- Encourage arts activity on the part of Oldham Countians;
- Play an educational role for Oldham Countians, particularly students.

Social Services - agencies which meet any or all of the following qualifications:

- Provide a needed service to disadvantaged Oldham Countians;
- Provide an emergency social service to Oldham Countians;
- Provide a social service not otherwise available to Oldham Countians.

Recreation - activities which meet any or all of the following qualifications:

- Serve Oldham County residents in facilities within the County;
- Activities are largely financially supported by the participants

### **Timing and Process**

In order to process grant applications in a timely and efficient manner, OCFC has established the following schedule:

- Accept grant applications postmarked up to December 30 or the last work day of each year.
- In January, Committee members accept for review the compiled applications.
- In March, the Committee will convene to discuss their individual ratings.
- The Committee will make recommendations to the Fiscal Court for grant awards no later than the first Fiscal Court meeting in June.

### **Accountability**

Any agency or organization requesting funds will be held to a high standard for reporting its current financial situation and its specific intention for use of requested funds. Moreover, any agency or organization requesting funds, and which has previously received a grant from OCFC, will be asked to report in detail on the use to which those funds were put.

Updated October 2025

### **Oldham County Fiscal Court Grant Application**

**Date of Application:** 12/29/2025

**Official Name of Organization:** Young Men's Christian Association of Greater Louisville

**Doing Business As:** Oldham County Family YMCA

**Mailing Address:** 545 South Second Street, Louisville, KY 40202

**Branch Address:** 20 Quality Pl, Buckner, KY 40010

**EIN:** 61-0444843

**Date and Place of Incorporation:** 1853; Louisville, KY

**Name, Complete Address, Email and Phone Number of Contact Person:**

Michelle Hurley, Grants and Donor Relations Specialist  
545 South Second Street, Louisville, KY 40202  
[mhurley@ymcalouisville.org](mailto:mhurley@ymcalouisville.org) 502 635 4400

**Purpose of Organization or Mission Statement and Services Rendered:**

The Young Men's Christian Association of Greater Louisville is a nonprofit organization dedicated to building a healthy, connected, and thriving community. Guided by the mission to put Christian principles into practice through programs that build healthy spirit, mind, and body for all, the YMCA strengthens individuals, families, and neighborhoods across the region. Since its incorporation in 1853, the YMCA has provided opportunities for youth development, healthy living, and social responsibility while ensuring accountable stewardship of resources and meaningful community impact.

The Oldham County Family YMCA has served the community for more than 25 years, providing residents with recreational programs, youth and adult sports, wellness and fitness activities, summer camps, childcare, and educational initiatives. The branch offers programs and services that support healthy living, social connection, family engagement, and lifelong learning for Oldham County residents of all ages.

**Amount Requested:** \$2,685

**Attachments:**

List of Officers and Directors – Name, Office, Address, Business Affiliation, Compensation from Organization.

- Copy of 501c(3) tax-exempt status letter from IRS;
- Documentation for most recent form 990;
- Documentation for most recent filing with KY Secretary of State;
- Most recent Organization/Agency budget **summary**, or balance sheet, or income/expense statement (Please, no complete budgets!);
- If a recipient of funds for the prior year, a statement of the use of those funds;
- Photographs, videos, letters of support.

**Email complete applications to:** Caroline Schoenig [CSchoenig@oldhamcountky.gov](mailto:CSchoenig@oldhamcountky.gov) no later than 12/30/2025.

Updated October 2025

**For more than 25 years, the Oldham County Family YMCA has served as a central resource for residents seeking recreation, wellness, and community connection.** The YMCA has established a strong presence in the county, providing a safe and welcoming environment where families, youth, older adults, and individuals come together to build healthy habits, form friendships, and support one another. The recent 25th anniversary celebration highlighted the YMCA's enduring impact, drawing community members and supporters from across the county and reaffirming its role as a trusted gathering place for residents of all ages.

In response to low kindergarten readiness scores and limited access to preschool, **the YMCA launched the Early Learning Readiness program this past year** at the Oldham County Family YMCA. This free family program provides a **safe, supportive space where children and caregivers can learn and grow together**. Each session incorporates songs, stories, creative play, motor skill development activities, and social development supports for children, along with peer learning and support for caregivers. By emphasizing play-based learning, and caregiver involvement, Early Learning Readiness **bridges gaps in access to preschool while supporting holistic child development and family engagement**. The program underscores the YMCA's commitment to strengthening the community by addressing educational disparities and promoting lifelong learning.

Outdoor recreation areas at the Oldham County Family YMCA are heavily used by the community and support a wide range of activities. Basketball goals, open soccer areas, and walking trails provide residents with spaces for physical activity, spontaneous play, and informal gatherings. These areas serve members participating in structured programs, as well as the general public, offering **free and accessible options for wellness and connection**. Families use the trails for walking, youth gather for pick-up games on the courts and fields, and older adults enjoy opportunities to socialize and exercise in a safe environment. The YMCA's outdoor spaces have become **vital for fostering social interaction, physical activity, and overall community wellbeing**.

Despite the popularity of the outdoor areas and increased activity from new programs, the lack of seating limits comfort and accessibility for caregivers, older adults, and community members who spend extended time on the campus. **Picnic tables placed near high-use areas would provide opportunities for rest, observation, and social connection**. To address this need, the Oldham County Family YMCA respectfully requests \$2,685 from Oldham County Fiscal Court to purchase and install three composite picnic tables along publicly accessible trails near basketball and soccer areas.

Composite materials were selected for their durability, resistance to weather, and low maintenance, ensuring a long-lasting benefit to the community. The tables will be installed by YMCA staff as part of routine facility maintenance, allowing all funds to be applied directly to materials and maximizing the value of the investment for Oldham County residents. The Oldham County Family YMCA will maintain the tables as part of regular upkeep and remains fully accountable for the responsible use of all awarded funds, ensuring long-term benefit for residents of Oldham County. This project represents a **cost-effective enhancement of existing outdoor amenities** without adding operational costs.

Caregivers supervising children, families attending programming, and residents using the walking trails would all benefit from convenient, durable seating, allowing them to **stay longer, engage more fully with activities, and build stronger connections with neighbors and fellow participants**. Improving access to seating will also encourage broader exploration in our natural environment and help create a more accessible space for the entire community. The picnic tables will strengthen the functionality of the YMCA campus, support inclusive participation across age groups, and complement family-focused programs such as Early Learning Readiness. By providing comfortable, accessible seating in well-used areas, this investment will **improve the connections built within families outdoors and foster broader community engagement in nature**.

Search  GO



[Enlarge & Video](#)

## COMPOSITE PICNIC TABLE

Surprisingly comfortable. Lightweight composite material lasts forever.

- Natural-looking wood grain planks never need sealing or painting.
- 14-gauge, powder-coated steel frame. Matte black.
- Mounting hardware sold separately.



### COMPOSITE PICNIC TABLE

MODEL NO.	DESCRIPTION	SIZE L x W x H	WT. (LBS.)	PRICE EACH		ADD TO CART
				1	3+	
<a href="#">H-9130</a>	6' Rectangle Table	72 x 62 x 29"	200	\$920	\$895	<a href="#">Specify Color</a>

SHIPS UNASSEMBLED VIA MOTOR FREIGHT

### MOUNTING HARDWARE FOR COMPOSITE PICNIC TABLE

MODEL NO.	DESCRIPTION	PRICE EACH	ADD TO CART
<a href="#">H-9130-HDWR</a>	Mounting Hardware	\$37	1 <span style="border: 1px solid black; padding: 2px;">ADD</span>

**\*\*Year Over Year Budget Comparison - Branch Level**

Period: 11 - November 2025

	YMCA of Greater Louisville As of November	2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual / Forecast	2026 Budget	2022-2023 \$ Var Actual to Budget
1	Current Unrestricted							
17	OLDHAM COUNTY							
01	CONTRIBUTIONS	112,353	131,735	151,359	104,186	124,490	135,000	10,510
03	SPECIAL EVENTS			312				
08	UNITED WAY	2,460						
10	GRANTS & CONTRACT SERVICES	3,680	10,521	15,696	27,198	22,866	45,320	22,454
11	MEMBERSHIPS	1,339,180	1,788,495	2,052,297	2,335,621	2,650,380	2,750,136	99,756
13	PROGRAM FEES	517,861	651,879	737,182	980,167	1,394,440	1,418,922	24,482
14	MERCHANDISE SALES	25,418	34,681	63,839	98,580	78,256	83,500	5,244
16	RENT & MISCELLANEOUS	220	1,985	1,983	216	1,376		(1,376)
17	IN KIND DONATIONS				500			
19	FINANCIAL ASSISTANCE					(110,564)	(104,861)	5,703
	Revenue	2,001,172	2,619,295	3,022,669	3,546,468	4,161,245	4,328,017	166,772
21	SALARIES & WAGES	739,784	914,868	1,072,873	1,182,146	1,333,892	1,382,568	(48,676)
22	EMPLOYEE BENEFITS	46,278	61,734	72,507	81,392	109,954	112,377	(2,423)
23	PAYROLL TAXES	59,405	73,862	86,508	93,887	107,174	113,384	(6,210)
24	PROFESSIONAL SERVICES	9,514	12,686	3,327	2,436	17,911	8,220	9,691
25	SUPPLIES	154,440	195,929	222,533	228,847	290,379	317,562	(27,183)
26	TELEPHONE	30,374	32,389	34,463	33,084	32,791	31,536	1,255
27	POSTAGE	5,358	4,488	5,156	6,356	2,045	2,000	45
28	OCCUPANCY	582,762	654,430	665,894	723,700	726,647	801,847	(75,200)
29	EQUIPMENT	7,178	7,453	18,172	9,525	14,824	15,000	(176)
31	PRINTING & PROMOTION	14,033	26,039	31,025	35,165	35,270	24,616	10,655
32	TRANSPORTATION & TRAVEL	11,872	21,050	46,129	32,523	34,728	26,924	7,804
33	TRAINING & MEETINGS	3,649	5,262	20,860	13,569	13,656	12,765	891
35	MEMBERSHIP DUES	26,163	34,317	38,239	51,396	67,266	72,112	(4,847)
37	FINANCING COST	29,212	42,083	52,176	68,003	85,074	91,813	(6,739)
38	INSURANCE PREMIUMS	110,623	116,493	120,419	124,828	169,090	142,368	26,722
39	MISCELLANEOUS	541	6,696					
48	INTRA Y ALLOCATION	324,197	303,600	332,305	345,207	461,510	503,163	(41,653)
53	F/A PURCHASES & RESERVE	185,233	461,630	452,664	424,367	109,571	134,076	(24,505)
	Expense	2,340,615	2,975,009	3,275,251	3,456,432	3,611,783	3,792,331	(180,547)
17	OLDHAM COUNTY	(339,444)	(355,714)	(252,582)	90,036	549,461	535,686	(13,775)
1	Current Unrestricted	(339,444)	(355,714)	(252,582)	90,036	549,461	535,686	(13,775)

**Internal Revenue Service**

**Date:** August 19, 2004

Young Men's Christian Association  
of Greater Louisville  
545 S. 2<sup>nd</sup> St.  
Louisville, KY 40202

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**

John Kennedy ID 31-07927  
Customer Service Representative

**Toll Free Telephone Number:**

8:00 a.m. to 6:30 p.m. EST  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

61-0444843

Dear Sir or Madam:

This is in response to your request of August 19, 2004, regarding your organization's tax-exempt status.

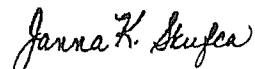
In January 1945 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services

0056860

Michael G. Adams  
KY Secretary of State

Received and Filed

5/14/2025 12:03:05 PM

Fee receipt: \$15.00

# Commonwealth of Kentucky

## Michael G. Adams, Secretary of State

Michael G. Adams  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

### Annual Report Online Filing For the Year 2025

ARP

**Company:** THE YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER LOUISVILLE  
**Company ID:** 0056860  
**State of origin:** Kentucky  
**Formation date:** 4/3/1878 12:00:00 AM  
**Date filed:** 5/14/2025 12:02:21 PM  
**Fee:** \$15.00  
**Principal Office**

545 SOUTH SECOND ST  
LOUISVILLE, KY 40202

#### Registered Agent Name/Address

GARY A COBBS  
545 SOUTH SECOND ST.  
LOUISVILLE, KY 40202

#### Current Officers

Vice President	Josh Zimmerman	545 South Second St Louisville
Officer	Howard Holloman	545 South Second St. Louisville, KY 40202
President	Gary Cobbs	545 South Second St. Louisville, KY 40202
Treasurer	Mary McKinley	545 South Second St. Louisville, KY 40202
Vice President	Ryan Kingery	545 South Second St Louisville
Secretary	Debbie Wesslund	545 South Second St Louisville
Vice President	Lisa Dunlap	545 South Second St Louisville

#### Directors

Director	James R. Allen	545 South Second St. Louisville, KY 40202
Director	Barry Barker	545 South Second St. Louisville, KY 40202
Director	J. McFerran Barr	545 South Second St. Louisville, KY 40202
Director	Heather Bell	545 South Second St. Louisville, KY 40202
Director	Cheryl Bruner	545 South Second St. Louisville, KY 40202
Director	Doug Butcher	545 South Second St. Louisville, KY 40202
Director	Dwayne Compton	545 South Second St. Louisville, KY 40202
Director	Wendy Dant Chesser	545 South Second St. Louisville, KY 40202
Director	Emmy Daunhauer	545 South Second St. Louisville, KY 40202
Director	CoTrina Day	545 South Second St. Louisville, KY 40202
Director	Christopher M Ecken	545 South Second St. Louisville, KY 40202
Director	Tim Findley	545 South Second St. Louisville, KY 40202
Director	Gaylee Gillim	545 South Second St. Louisville, KY 40202
Director	Robert Gunn	545 South Second St. Louisville, KY 40202
Director	Howard Holloman, Jr.	545 South Second St. Louisville, KY 40202
Director	Robert L Hook, Jr.	545 South Second St. Louisville, KY 40202
Director	Stephen James	545 South Second St. Louisville, KY 40202

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

**Annual Report  
Online Filing  
For the Year 2025**

**ARP**

Director	Bridgette Johnson	545 South Second St. Louisville, KY 40202
Director	Betty Kinzer	545 South Second St. Louisville, KY 40202
Director	Leon Lamoreaux	545 South Second St. Louisville, KY 40202
Director	Michelle Massey	545 South Second St. Louisville, KY 40202
Director	Mary McKinley	545 South Second St. Louisville, KY 40202
Director	Timothy M Nall	545 South Second St. Louisville, KY 40202
Director	Charles Neal	545 South Second St. Louisville, KY 40202
Director	Joseph A Paradis, III	545 South Second St. Louisville, KY 40202
Director	Andy Powell	545 South Second St. Louisville, KY 40202
Director	Tracy Roberts	545 South Second St. Louisville, KY 40202
Director	Robert W Rounsavall, III	545 South Second St. Louisville, KY 40202
Director	Megan Schulte	545 South Second St. Louisville, KY 40202
Director	Steve Sexton	545 South Second St. Louisville, KY 40202
Director	Ben Shown, III	545 South Second St. Louisville, KY 40202
Director	Ryan Sienkowski	545 South Second St. Louisville, KY 40202
Director	G. Bradley Smith	545 South Second St. Louisville, KY 40202
Director	Debbie Wesslund	545 South Second St. Louisville, KY 40202
Director	Mike Zufall	545 South Second St. Louisville, KY 40202

County:	JEFFERSON
Business size:	Large
Business type:	Social Services

**Signatures**

**Signature**

Jill Ballard

**Title**

Accounting Grant Management Specialist

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: the Young Men's Christian Association of Greater Louisville Inc. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 545 S 2nd Street. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: Louisville, KY 40202

D Employer identification number: 61-0444843. E Telephone number: (502) 587-9622. G Gross receipts \$ 82,624,403

F Name and address of principal officer: Josh Zimmerman, 545 S 2nd Street, Louisville, KY 40202

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: ymcalouisville.org

K Form of organization: Corporation

L Year of formation: 1853. M State of legal domicile: KY

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains rows for various financial and organizational metrics with columns for Prior Year and Current Year.

Part II Signature Block

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

<b>Sign Here</b>	Signature of officer Josh Zimmerman CFO / VP of Finance		Date 2025-06-16		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2025-06-16	Check <input type="checkbox"/> if self-employed	PTIN P01022180
	Firm's name Deming Malone Lifesay & Ostroff			Firm's EIN 61-1064249	
	Firm's address 9300 Shelbyville Road Suite 1100 Louisville, KY 402225187			Phone no. (502) 426-9660	

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2024)

Part III **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

The YMCA of Greater Louisville is a mission-based organization of people of all ages, faiths & abilities, all working side-by-side to ensure that everyone has the opportunity to live life to its fullest. Our mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. The YMCA is committed to strengthening communities we serve through the delivery of programs and services in three areas: Youth Development, Healthy Living and Social Responsibility. We believe that lasting personal and social change can only come about when we work together to invest in our kids, our health and our neighbors. At the root of our Movement is our commitment to character development embodied in the Y's core values of caring, honesty, respect and responsibility; everything we do stems from this. With the help of our community's contributions, we provide financial assistance to those who are in need of YMCA programs and services.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **22,260,936** including grants of \$ ) (Revenue \$ **22,485,925** )

Healthy Living- improving the Greater Louisville community's health and well-being means building healthy spirit mind and body for all. The YMCA is a leading voice on health and well-being. We bring families closer together, encourage good health, and foster connections through fitness, sports, character development and shared interests. YMCA health enhancement programs are medically based and stress the value of prevention through balanced efforts of good exercise habits, and overall health including proper nutrition, stress management and health education. This is particularly important as our nation struggles with an obesity crisis, families struggle with work/life balance and individuals search for personal fulfillment. Our programs are family oriented and offered at affordable fees, with financial assistance for those that are unable to pay the full fees. The YMCA provides a variety of programs that assist our community with attaining healthier habits and includes adventure guides, family camps, fitness classes, CPR and First Aid, lifeguard training, starter fitness programs, aquatic exercise, sports and swim lessons for adults, indoor cycling and senior social groups. The nature of these programs is to promote one's own self-worth by emphasizing skill acquisition & development, safety, cooperation and self-confidence, leadership & teamwork.

**4b** (Code: ) (Expenses \$ **21,154,663** including grants of \$ ) (Revenue \$ **13,133,232** )

Youth Development- nurturing the development of every child and teen means we believe that all children deserve the opportunity to discover who they are and to foster growth and development of not only the child but also the family. We help young people cultivate the skills, values and relationships that lead to positive behaviors, better health and educational achievement. Our YMCA programs such as before/after school child care, child watch, preschool child development centers, achievers, youth sports, swim lessons, day & resident camps offer variety and a wide range of experiences to help foster social and emotional learning. Parents play an important role in programs such as child care. As such, social events are scheduled at appropriate times to include interaction with and between the children and their parents.

**4c** (Code: ) (Expenses \$ **6,410,419** including grants of \$ **111,836** ) (Revenue \$ **6,656,465** )

Social Responsibility - the YMCA has been listening and responding to the Louisville community's most critical social needs since 1853. The YMCA supports our community through programs such as housing for runaway and homeless youth at our YMCA Safe Place Services branch, permanent housing for men trying to break out of the cycle of homelessness at our Chestnut Street YMCA branch, and teaching Safety Around Water, a drowning prevention initiative, to children. With these programs, we deliver training, resources and support to empower our neighbors to produce change, bridge gaps and overcome obstacles. The outreach shelter and counseling services offered at YMCA Safe Place Services enable teens that may come from abusive homes or struggle with chemical dependency a "Safe Place" to land. Here, youth are provided emergency shelter, individual and family counseling, opportunities for spiritual activities, and life skills learning sessions that aim at healing and re-uniting families. Street outreach and programs directed toward children of incarcerated parents -YNOW (YMCA's New Outlook Within) provide mentors and peer education groups that stress problem prevention and personal fitness to families in crisis. Services are offered as a form of financial assistance to assist these youth since YMCA Safe Place is the only 24 hour free, crisis shelter for teens and the only free care-based intensive case management and family mediation program for teens and their parents in this community.

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

**4e Total program service expenses** **49,826,018**

Part IV Checklist of Required Schedules		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. . . . .	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	Yes	
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<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> . . . . .		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions. . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

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 . . . . .

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a and 1b regarding Form 1096 and Form W-2G.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

<b>1c</b>	Yes	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	2,856		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<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.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No

<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 35		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 35		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

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

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

status with respect to such arrangements? . . . . .

16b

No

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IN, KY
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 YMCA of Greater Louisville Inc 545 South Second St Louisville, KY 40202 (502) 587-9622

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Debbie Wesslund Secretary	1.0	X		X				0	0	0
(2) Howard Holloman Jr Board Chair	1.0	X		X				0	0	0
(3) Mary McKinley Treasurer	1.0	X		X				0	0	0
(4) Andy Powell Director	1.0	X						0	0	0
(5) Betty Kinzer Director	1.0	X						0	0	0
(6) Bradley Smith Director	1.0	X						0	0	0
(7) Carrye Jones Director	1.0	X						0	0	0
(8) Charles Neal	1.0	X						0	0	0



Director		X							0	0	0
(28) Stephen James	1.0	X							0	0	0
Director											
(29) Steve Sexton	1.0	X							0	0	0
Director											
(30) Tim Findley	1.0	X							0	0	0
Director											
(31) Timothy M Nall	1.0	X							0	0	0
Director											
(32) Tracy Roberts	1.0	X							0	0	0
Director											
(33) Tricia Burke	1.0	X							0	0	0
Director											
(34) Vinay K Polepalli	1.0	X							0	0	0
Director											
(35) Wendy Dant Chesser	1.0	X							0	0	0
Director											
(36) Gary A Cobbs	40.0			X					318,996	0	69,970
President	15.0										
(37) Josh Zimmerman	40.0			X					143,002	0	48,929
VP of Finance	15.0										
(38) Richard S Tarver	40.0			X					46,005	0	8,831
President (Retired)	15.0										
(39) Freddie Brown Jr	50.0					X			152,879	0	29,396
Branch Executive Director											
(40) Jeffrey Jaehnen	50.0					X			155,800	0	63,619
Branch Executive Director											
(41) Laura Lewter	50.0					X			151,755	0	47,691
Branch Executive Director											
(42) Laurie Padilla	50.0					X			136,278	0	20,531
Branch Executive Director											
(43) Ryan Kingery	50.0					X			173,370	0	28,869
Vice President of Information Technology											
<b>1b Sub-Total</b>											
<b>1c Total from continuation sheets to Part VII, Section A</b>											
<b>1d Total (add lines 1b and 1c)</b>									1,278,085	0	317,836

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 17

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Louisville Mechanical Services 11121 Plantside Dreive Louisville, KY 40299	HVAC Maintenance	1,224,160
HMC Service Co 6909 Enterprise Dr Louisville, KY 40214	HVAC Maintenance	446,410
Current360 Inc 137 W Muhammad Ali Blvd Ste 200 Louisville, KY 40202	Marketing	401,094

Coverall Service Co-Louisville

Janitorial

391,270

13257 OBannon Station Way  
Louisville, KY 40222

Aquatics Construction & Services

Construction

387,183

10812 Blue Lick Road  
Louisville, KY 40229

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 21

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns				
<b>1b</b> Contributions, gifts, grants, and membership dues, and other similar amounts	17,883			
<b>1c</b> Fundraising events	17,883			
<b>1d</b> Related organizations	0			
<b>1e</b> Government grants (contributions)	7,674,043			
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	3,685,511			
<b>1g</b> Noncash contributions included in lines 1a - 1f:	500			
<b>h Total.</b> Add lines 1a-1f	11,425,761			

Program Service Revenue	Business Code			
		(A)	(B)	(D)
<b>2a</b> Healthy Living	624110	21,912,897	21,912,897	
Youth Development	624110	12,798,529	12,798,529	
Social Responsibility	624110	6,486,824	6,486,824	
<b>f</b> All other program service revenue.		0	0	0
<b>9 Total.</b> Add lines 2a-2f.		41,198,250		
<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,678,752		2,678,752
<b>4</b> Income from investment of tax-exempt bond proceeds				
<b>5</b> Royalties				
<b>6a</b> Gross rents	(i) Real	473,383		
	(ii) Personal			
	<b>b</b> Less: rental expenses			
	<b>c</b> Rental income or (loss)	473,383	0	
<b>d</b> Net rental income or (loss)		473,383		473,383
	(i) Securities		(ii) Other	

<b>Other Revenue</b>	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	25,516,005				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	25,324,511				
	<b>c</b> Gain or (loss)	<b>7c</b>	191,494	0			
	<b>d</b> Net gain or (loss)				191,494		191,494
	<b>8a</b> Gross income from fundraising events (not including \$ 17,883 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	82,449				
	<b>b</b> Less: direct expenses	<b>8b</b>	83,167				
	<b>c</b> Net income or (loss) from fundraising events				-718		-718
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	170,681					
<b>b</b> Less: cost of goods sold	<b>10b</b>	16,186					
<b>c</b> Net income or (loss) from sales of inventory				154,495	154,495		
<b>11a</b> CONTRACT SERVICES	Business Code	561000	793,192	793,192			
<b>b</b> PARKING LOT		531190	156,245	0	71,066	85,179	
<b>c</b> MISCELLANEOUS		900099	129,685	129,685			
<b>d</b> All other revenue			0	0	0	0	
<b>e Total.</b> Add lines 11a-11d			1,079,122				
<b>12 Total revenue.</b> See instructions			57,200,539	42,275,622	71,066	3,428,090	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	111,836	111,836		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	595,541		595,541	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	25,410,295	23,564,554	1,499,292	346,449
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,507,401	1,335,255	131,596	40,550

<b>9</b> Other employee benefits . . . . .	843,932	733,372	80,835	29,725
<b>10</b> Payroll taxes . . . . .	1,951,143	1,778,712	146,225	26,206
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	28,655		28,655	
<b>c</b> Accounting . . . . .	84,950		84,950	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	120,685		120,685	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
<b>12</b> Advertising and promotion . . . . .	1,120,716	1,045,456	34,681	40,579
<b>13</b> Office expenses . . . . .	5,688,510	5,306,408	352,717	29,385
<b>14</b> Information technology . . . . .	1,095,127	30,111	1,027,037	37,979
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	7,195,130	7,102,458	91,174	1,498
<b>17</b> Travel . . . . .	739,265	666,397	63,086	9,782
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	519,450	338,293	64,556	116,601
<b>20</b> Interest . . . . .	601,162	601,162		
<b>21</b> Payments to affiliates . . . . .	510,368	482,591	27,777	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,550,780	4,218,923	331,857	
<b>23</b> Insurance . . . . .	1,673,163	1,575,832	94,000	3,331
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CONTRACT SERVICES	1,410,366	812,087	520,455	77,824
<b>b</b> MEMBERSHIP DUES	70,067	52,434	17,383	250
<b>c</b> MISCELLANEOUS	100,583	70,137	30,446	
<b>d</b>				
<b>e</b> All other expenses	0	0	0	0
<b>25 Total functional expenses.</b> Add lines 1 through 24e	55,929,125	49,826,018	5,342,948	760,159
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form 990 (2024)

Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	4,208	<b>1</b>	4,208
	<b>2</b> Savings and temporary cash investments . . . . .	12,949,186	<b>2</b>	11,158,106
	<b>3</b> Pledges and grants receivable, net . . . . .	1,332,608	<b>3</b>	810,503
	<b>4</b> Accounts receivable, net . . . . .	760,070	<b>4</b>	546,745
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	17,927,966	<b>7</b>	17,927,966
	<b>8</b> Inventories for sale or use . . . . .	5,460	<b>8</b>	10,121
	<b>9</b> Prepaid expenses and deferred charges . . . . .	719,834	<b>9</b>	1,571,939
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	116,169,162	<b>10a</b>	

	<b>b</b> Less: accumulated depreciation	<b>10b</b>	70,209,831	45,915,181	<b>10c</b>	45,959,331	
	<b>11</b> Investments—publicly traded securities			45,082,159	<b>11</b>	48,196,296	
	<b>12</b> Investments—other securities. See Part IV, line 11			0	<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11			0	<b>13</b>		
	<b>14</b> Intangible assets				<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11			1,592,451	<b>15</b>	1,203,386	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)			126,289,123	<b>16</b>	127,388,601	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses			3,007,134	<b>17</b>	3,749,731	
	<b>18</b> Grants payable				<b>18</b>		
	<b>19</b> Deferred revenue			657,773	<b>19</b>	422,201	
	<b>20</b> Tax-exempt bond liabilities			12,672,190	<b>20</b>	11,780,341	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			219,690	<b>21</b>	193,823	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			2,666,585	<b>23</b>	2,153,667	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			0	<b>24</b>	0	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			1,065,745	<b>25</b>	395,815	
	<b>26 Total liabilities.</b> Add lines 17 through 25			20,289,117	<b>26</b>	18,695,578	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b> Net assets without donor restrictions			92,883,153	<b>27</b>	103,207,633	
	<b>28</b> Net assets with donor restrictions			13,116,853	<b>28</b>	5,485,390	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b> Capital stock or trust principal, or current funds				<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund				<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds				<b>31</b>		
	<b>32</b> Total net assets or fund balances			106,000,006	<b>32</b>	108,693,023	
<b>33</b> Total liabilities and net assets/fund balances			126,289,123	<b>33</b>	127,388,601		

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,200,539
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,929,125
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,271,414
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	106,000,006
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,353,584
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	68,019
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	108,693,023

**Part XII Financial Statements and Reporting**

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

<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		<b>Yes</b>	<b>No</b>
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		<b>Yes</b>	<b>No</b>

Separate basis     Consolidated basis     Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis     Consolidated basis     Both consolidated and separate basis

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

Form **990** (2024)

Form 990 (2024)

**Additional Data**

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**Software ID:** 24020961

**Software Version:** 2024v5.1

**Form 990, Special Condition Description:**

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (the Young Men's Christian Association of Greater Louisville Inc) and Employer identification number (61-0444843)

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 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... (checked)
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2024

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	

**16a 33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	9,277,275	12,131,453	13,692,106	9,076,228	11,425,761	55,602,823
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,232,281	27,373,702	35,018,421	38,416,827	42,291,808	165,333,039
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	395,511	535,035	196,672	217,595	85,179	1,429,992
<b>4</b> Tax revenues levied for the organization's benefit and either						

organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	31,905,067	40,040,190	48,907,199	47,710,650	53,802,748	222,365,854
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	46,125	43,200	89,325
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b. . . . .	0	0	0	46,125	43,200	89,325
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						222,276,529

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. . . . .	31,905,067	40,040,190	48,907,199	47,710,650	53,802,748	222,365,854
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	395,511	535,035	962,168	2,065,784	3,152,135	7,110,633
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0
<b>c</b> Add lines 10a and 10b. . . . .	395,511	535,035	962,168	2,065,784	3,152,135	7,110,633
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>12</b> . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	32,300,578	40,575,225	49,869,367	49,776,434	56,954,883	229,476,487
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	96.862 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	97.941 %

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	3 %
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	2 %

- 19a 33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- b 33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

Schedule A (Form 990) 2024

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. . . . .		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2). . . . .		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. . . . .		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination. . . . .		

<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>			
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>4a</b>			
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>			
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>			
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>			
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>			
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>			
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>			
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
<b>7</b>			
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b>			
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>			
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>			
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>			
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>			
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>			

**Schedule A (Form 990) 2024**

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

Yes No

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

<b>1</b>		

**Section D. All Type III Supporting Organizations**

**1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	<b>Yes</b>	<b>No</b>
<b>1</b>		

**2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

<b>2</b>		
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**3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

<b>3</b>		
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**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

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

**b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

<b>2b</b>		
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**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.

<b>3a</b>		
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**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

<b>3b</b>		
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Schedule A (Form 990) 2024

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	

<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2024

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

<b>Section D - Distributions</b>			Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>		
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>		
<b>10</b>	Line 8 amount divided by Line 9 amount	<b>10</b>		
<b>Section E - Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b>	Distributable amount for 2024 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2024:			
<b>a</b>	From 2019. . . . .			
<b>b</b>	From 2020. . . . .			
<b>c</b>	From 2021. . . . .			
<b>d</b>	From 2022. . . . .			
<b>e</b>	From 2023. . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2024 distributable amount			
<b>i</b>	Carryover from 2019 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2024 from Section D, line 7:			
	\$			

<b>a</b> Applied to underdistributions or prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			
<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

Schedule A (Form 990) (2024)

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

Facts And Circumstances Test

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Return Reference	Explanation
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Schedule A (Form 990) 2024

Additional Data

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**Software ID:** 24020961  
**Software Version:** 2024v5.1

**Schedule B**  
**(Form 990)**  
**(Rev. January 2025)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
the Young Men's Christian Association of Greater Louisville Inc

**Employer identification number**  
61-0444843

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization  
the Young Men's Christian Association of Greater Louisville Inc

**Employer identification number**  
61-0444843

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			<input type="checkbox"/> Person <input type="checkbox"/> Real estate

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ RESTRICTED	<input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 3

Name of organization the Young Men's Christian Association of Greater Louisville Inc	Employer identification number 61-0444843
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
		\$	

-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Name of organization the Young Men's Christian Association of Greater Louisville Inc	Employer identification number 61-0444843
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

Schedule B (Form 990) (Rev. 1-2025)

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## Additional Data

[Return to Form](#)

**Software ID:** 24020961  
**Software Version:** 2024v5.1

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Table with 2 columns: Name of the organization (the Young Men's Christian Association of Greater Louisville Inc) and Employer identification number (61-0444843)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

Schedule D (Form 990) (Rev. 1-2025)

Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 80%, b Permanent endowment 20%, c Term endowment 0%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Schedule D (Form 990) (Rev. 1-2025)

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

<b>Part VIII Federal income taxes</b>	
Federal Income Taxes	
Refundable advance	120,500
Operating lease obligations	275,315
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	395,815

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

**Schedule D (Form 990) (Rev. 1-2025)**

Schedule D (Form 990) (Rev. 1-2025)

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	58,548,093
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,353,584
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	30,450
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	68,019
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,452,053
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	57,096,040
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	120,685
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-16,186
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	104,499
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	57,200,539

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	55,855,076
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	30,450
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	16,186
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	46,636
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	55,808,440
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	120,685
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	120,685
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	55,929,125

**Part XIII Supplemental Information**

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

Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	The Organization is the custodian of scholarship funds.
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE YMCA'S ENDOWMENT FUNDS CONSIST OF INVESTMENTS HELD IN VARIOUS INSTITUTIONS INVESTMENT ACCOUNTS. THESE INVESTMENTS CONSIST OF BOARD DESIGNATED FUNDS AND PERMANENTLY RESTRICTED FUNDS. THE BOARD DESIGNATED ENDOWMENT FUNDS ARE FOR FUNDING THE FUTURE OPERATIONS OF THE YMCA. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS

Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Organization is exempt from federal, state and local income taxes as a not-for-profit organization as described under Internal Revenue Code Section 501(c)(3). The Organization file's informational tax returns in the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to the Organization's tax-exempt purpose may be subject to taxation as unrelated business income. As of December 31, 2024, the Organization did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Change in Derivative financial instrument - 65112 Gain on Unemployment Trust - 2907
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Cost of Goods Sold - -16186
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Cost of Goods Sold - 16186

**Schedule D (Form 990) (Rev. 1-2025)**

## Additional Data

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Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Black Achievers</b> (event type)	<b>Together for Teens</b> (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts . . . . .	91,032	9,300		100,332
2	Less: Contributions . . . . .	16,279	1,604		17,883
3	Gross income (line 1 minus line 2) . . . . .	74,753	7,696	0	82,449
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .	1,665	400	2,065
	7	Food and beverages . . . . .	52,813	7,296	60,109
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	20,275	718	20,993
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-718

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

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

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

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

11	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility . . . . .	<b>13a</b> _____ %

b An outside facility . . . . . **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule G (Form 990) (Rev. 1-2025)

**Additional Data**

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**Software Version:** 2024v5.1

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization the Young Men's Christian Association of Greater Louisville Inc Employer identification number 61-0444843

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

Table with 8 columns: (a) Name and address of organization or government, (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 noncash assistance, (h) Purpose of grant or assistance. Includes entries for YMCA Blue Ridge Assembly and National Safe Place Inc.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) Rev. 1-2025 Page 2

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

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Includes rows (1) through (7).

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

Table with 2 columns: Return Reference, Explanation. Includes entry for Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.

Additional Data

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Schedule J (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: the Young Men's Christian Association of Greater Louisville Inc Employer identification number: 61-0444843

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Contains questions 1a through 9 regarding compensation reporting, including travel, housing, and severance.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

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

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

Table with 8 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Lists individuals like Gary A Cobbs, Josh Zimmerman, Ryan Kingery, Jeffrey Jaehnen, and Freddie Brown Jr.

7 Laura Lewler  
Branch Executive Director

(i)	140,433	3,500	0	29,900	17,791	199,446	0
(ii)	0	0	0	0	0	0	0

7 Laurie Padilla  
Branch Executive Director

(i)	133,278	3,000	0	4,550	15,981	156,809	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

**Part III Supplemental Information**

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

Return Reference	Explanation
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Schedule J (Form 990) (Rev. 1-2025)

**Additional Data**

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Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization the Young Men's Christian Association of Greater Louisville Inc

Employer identification number 61-0444843

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Rows A, B, C.

Part II Proceeds

Table with columns: 1-17, A, B, C, D. Rows 1-17.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) (Rev. 1-2025)

Schedule K (Form 990) (Rev. 1-2025)

Part III Private Business Use

Table with columns: 1-9, A, B, C, D. Rows 1-9.

Part IV Arbitrage

Table with columns: 1, A, B, C, D. Row 1.

<b>2</b>	If "No" to line 1, did the following apply? . . . . .							
<b>a</b>	Rebate not due yet? . . . . .		X		X		X	
<b>b</b>	Exception to rebate? . . . . .	X		X		X		
<b>c</b>	No rebate due? . . . . .		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .							
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X		X		X		

Schedule K (Form 990) (Rev. 1-2025)

Schedule K (Form 990) (Rev. 1-2025)

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			
<b>b</b> Name of provider . . . . .	Republic Bank and Trust		Republic Bank and Trust		Republic Bank and Trust			
<b>c</b> Term of hedge . . . . .	1050 %		1550 %		2000 %			
<b>d</b> Was the hedge superintegrated? . . . . .		X		X		X		
<b>e</b> Was the hedge terminated? . . . . .		X		X		X		
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .	0 %		0 %		0 %			
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .		X		X		X		
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .		X		X		X		

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation

Schedule K (Form 990) (Rev. 1-2025)

**Additional Data**

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 Software Version: 2024v5.1

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**SCHEDULE O**  
**(Form 990)**  
(Rev. January 2025)  
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. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization the Young Men's Christian Association of Greater Louisville Inc	<b>Employer identification number</b> 61-0444843
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Return Reference	Explanation
Form 990, Part III, Line 1	The YMCA of Greater Louisville is a mission-based organization of people of all ages, backgrounds, faiths & abilities - all working side-by-side to ensure that everyone has the opportunity to live life to its fullest. Our mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all. The YMCA is committed to strengthening communities we serve through the delivery of programs and services in three areas: Youth Development, Healthy Living and Social Responsibility. We believe that lasting personal and social change can only come about when we work together to invest in our kids, our health and our neighbors. At the root of our Movement is our commitment to character development embodied in the Y's core values of caring, honesty, respect and responsibility; everything we do stems from this. With the help of our community's contributions, we provide financial assistance to those who need of YMCA programs and services.
Form 990, Part VI, Line 11b Review of form 990 by governing body	Form is emailed to Board and asked for any questions or clarifications by due date. Having due date passed with no questions or concerns, Form 990 is filed.
Form 990, Part VI, Line 12c Conflict of interest policy	THE BOARD MINUTES DETAIL WHEN A MEMBER IS ABSTAINING FROM VOTING DUE TO A CONFLICT OF INTEREST.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Executive Committee (EC) of the Association Board serves as the Review and Compensation Committee. There is no independent compensation consultant other than what the YMCA North American Network (YNAN) uses and our EC does not use that resource at any significant level here. The EC is provided with comparative data from the YNAN including their independent consultant review and the South Metro Group and any local comparative studies purchased through local means. The committee then filters through their own experiences for local benchmarking. There is no written employment contract, the CEO serves "at-will". Modifications to compensation to CEO are accompanied by documentation from Board Chair and passed to personnel files. The EC also reviews salaries and makes recommended merits for Sr. Mgmt Team. The EC reviews an Executive Letter from the CEO and uses a 360 degree tool compiled by the Board Chair. The Board Chair reviews the results of the evaluation with the CEO.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE EXECUTIVE COMMITTEE (EC) OF THE ASSOCIATION BOARD SERVES AS THE REVIEW AND COMPENSATION COMMITTEE. THERE IS NO INDEPENDENT COMPENSATION CONSULTANT OTHER THAN WHAT THE YMCA NORTH AMERICAN NETWORK (YNAN) USES AND OUR EC DOES NOT USE THAT RESOURCE AT ANY SIGNIFICANT LEVEL HERE. THE EC IS PROVIDED WITH COMPARATIVE DATA FROM THE YNAN INCLUDING THEIR INDEPENDENT CONSULTANT REVIEW AND THE SOUTH METRO GROUP AND ANY LOCAL COMPARATIVE STUDIES PURCHASED THROUGH LOCAL MEANS. THE COMMITTEE THEN FILTERS THROUGH THEIR OWN EXPERIENCES FOR LOCAL BENCHMARKING. THERE IS NO WRITTEN EMPLOYMENT CONTRACT, THE CEO SERVES "AT-WILL". MODIFICATIONS TO COMPENSATION TO CEO ARE ACCOMPANIED BY DOCUMENTATION FROM BOARD CHAIR AND PASSED TO PERSONNEL FILES. THE EC ALSO REVIEWS SALARIES AND MAKES RECOMMENDED MERITS FOR SR. MGMT TEAM. THE EC REVIEWS AN EXECUTIVE LETTER FROM THE CEO AND USES A 360 DEGREE TOOL COMPILED BY THE BOARD CHAIR. THE EC MAKES THE FINAL REVIEW AND COMPENSATION DECISIONS IN "EXECUTIVE SESSION" ABSENT OF ANY STAFF. THE BOARD CHAIR REVIEWS THE RESULTS OF THE EVALUATION WITH THE CEO.
Form 990, Part VI, Line 19 Required documents available to the public	THE GOVERNING DOCUMENTS OF THE ORGANIZATION AND THE CONFLICT OF INTEREST POLICY are AVAILABE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION ARE ALSO AVAILABLE THROUGH THE SECRETARY OF STATE'S WEBSITE. THE ANNUAL FINANCIAL STATEMENT AUDIT AND FORM 990 AND 990T ARE PROVIDED TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE.
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue: , Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; - Total Revenue: , Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in fair value of derivative financial instruemnt - 65112; Loss on unemployment reserve - 2907;

## Additional Data

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**Software ID:** 24020961  
**Software Version:** 2024v5.1

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization the Young Men's Christian Association of Greater Louisville Inc

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

61-0444843

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025)

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

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

	country)	or trust)					yes	no

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		No
b Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
c Gift, grant, or capital contribution from related organization(s) . . . . .		No
d Loans or loan guarantees to or for related organization(s) . . . . .		No
e Loans or loan guarantees by related organization(s) . . . . .		No
f Dividends from related organization(s) . . . . .		No
g Sale of assets to related organization(s) . . . . .		No
h Purchase of assets from related organization(s) . . . . .		No
i Exchange of assets with related organization(s) . . . . .		No
j Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
k Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
o Sharing of paid employees with related organization(s) . . . . .	Yes	
p Reimbursement paid to related organization(s) for expenses . . . . .		No
q Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
r Other transfer of cash or property to related organization(s) . . . . .	Yes	
s Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) National Safe Place	Q	497,942	Management Contract
(2) Health Equity Partners	K	575,563	Cash
(3) National Safe Place	B	88,496	Cash

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



<b>First Name</b>	<b>Last Name</b>	<b>Office/Branch</b>	<b>Company</b>
Howard	Holloman, Jr.	Board Chair	Retired, GE Appliances, a Haier Company
Emmy	Daunhauer	Camp Piomingo Board Chair	Wyatt, Tarrant & Combs
CoTrina	Day	Chestnut Street Board Chair	Jefferson County Public Schools
Melissa	Wilson	Clark County Board Chair	Insulated Roofing Contractors
J.	Barr	Emeritus	Parthenon Capital Management
Robert	Hook Jr.	Emeritus	Bob Hook Chevrolet
Joseph	Paradis, III	Emeritus	Bramco, Inc.
Robert	Rounsavall, III	Emeritus	Dixie Real Properties
Mike	Zufall	Floyd County Board Chair	Retired, Hewlett-Packard
Doug	Butcher	National Safe Place Board Chair	CBRE Inc
Megan	Schulte	Northeast Board Chair	Schulte Family Dentistry
Ben	Shown III	Norton Commons Board Chair	Retired
Michelle	Massey	Oldham County Board Chair	Operation Parent
Bridgette	Johnson	Republic Bank Foundation Chair	New Directions Housing Corporation
Debbie	Wesslund	Secretary	Independent Public Affairs Consultant
Steve	Sexton	Southeast Board Chair	Goodwill Industries
Stephen	James	Southwest Board Chair	SCJ Consulting
Mary	McKinley	Treasurer	Forvis
James	Allen		Baird
Barry	Barker		Retired TARC
Alice	Bridges		AOB Consulting
Cheryl	Bruner		Pitt & Emison
Dwayne	Compton		University of Louisville
Wendy	Dant Chesser		One Southern Indiana
Christopher	Ecken		
Tim	Findley		Retired, TARC
Jackie	Floyd		Russell: A Place of Promise
Gaylee	Gillim		Law Office of Gaylee Gillim
Robert	Gunn		Metro United Wa
Betty	Kinzer		Retired US Postal Service
Leon	Lamoreaux		Anthem
Andy	Powell		Republic Bank
Emmett	Ramser		Norton Children's Hospital
Tracy	Roberts		UPS
Ryan	Sienkowski		Caesars Southern Indiana
G.	Smith		MCM