Young Women's Christian Association 2014 Public Disclosure Copy FYE (6.30.2015)

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns keep indefinitely.
- Supporting documentation keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

EIDE BAILLY LLP 5 TRIAD CENTER STE 600 SALT LAKE CITY, UT 84180-1128

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111-2605

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



May 16, 2016

Young Women's Christian Association of Utah, dba YWCA Utah 322 East 300 South Salt Lake City, UT 84111-2605

Dear Anne:

Enclosed is the 2014 Exempt Organization return, as follows...

2014 Form 990

Please review the return for completeness and accuracy.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

In addition, the enclosed CD includes a public disclosure copy of the Form 990 and Form 990-T (if applicable). All exempt organizations are required to have a copy of its current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. You should sign the copy of these returns and keep them available at your primary office location.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Ted L. Hill CPA

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2015

Prepared for	Young Women's Christian Association of Utah, dba YWCA Utah 322 East 300 South Salt Lake City, UT 84111-2605
Prepared by	Eide Bailly LLP 5 Triad Center Ste 600 Salt Lake City, UT 84180-1128
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Form **990**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	ror the	e 2014 calendar year, or tax year beginning 000 1, 2014 and 6	ending 0	UN 30, 2013	
В	Check if applicabl	YOUNG WOMEN S CHRISTIAN ASSOCIATION		D Employer identifi	cation number
	Addre chang				
	Name chang	Doing business as		87-0	212467
	Initial return Final return	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone numbe	
	—return. termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,735,707.
Г	Amen	ded CAIM TAKE CIMY IIM 9/111-2605		<u> </u>	
F	□return □Applic □tion			H(a) Is this a group re	
	tion pendi	SAME AS C ABOVE		for subordinates	······ — —
_	-			H(b) Are all subordinates in	
		empt status:	or 527	-	list. (see instructions)
			1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1900 N	A State of legal domicile: UT
P	art I	Summary	TTMATT	TO DEDTOME	Ъ ШО
e	1	Briefly describe the organization's mission or most significant activities: YWCA	UTAH	12 DEDICATE	THOMEON
ă	1	ELIMINATING RACISM, EMPOWERING WOMEN, AND			
ēr	1	Check this box if the organization discontinued its operations or dispos			
30				3	15
ø		Number of independent voting members of the governing body (Part VI, line 1b) .			15
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			147
Activities & Governance		Total number of volunteers (estimate if necessary)			1594
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)		3,461,593.	3,463,920.
en	1	Program service revenue (Part VIII, line 2g)		788,061.	945,237.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		279,053.	280,533.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		228,682.	200,203.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,757,389.	4,889,893.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		2,948,525.	3,131,763.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 341,78	38.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,789,190.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,737,715.	4,997,165.
	19	Revenue less expenses. Subtract line 18 from line 12		19,674.	-107,272.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		23,799,789.	23,581,663.
AS	21	Total liabilities (Part X, line 26)		600,093.	589,535.
File	22	Net assets or fund balances. Subtract line 21 from line 20		23,199,696.	22,992,128.
Pa	art II	Signature Block			
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei		ANNE BURKHOLDER, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai	d	TED L. HILL CPA		if self-employ	_{ed} P00097426
Pre	parer	Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958
Use	Only	Firm's address 5 TRIAD CENTER STE 600			
	-	SALT LAKE CITY, UT 84180-1128		Phone no. 80	1-532-2200
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

963,118 · including grants of \$ 775,019. 4b) (Revenue \$ (Code:) (Expenses \$ LOLIE ECCLES EARLY EDUCATION CENTER - FULL-TIME, NATIONALLY ACCREDITED, STATE-LICENSED CHILD CARE AND EARLY EDUCATION THAT PROMOTES A SAFE, NURTURING, RESPECTFUL PLACE WHERE COMMUNITY CHILDREN FROM INFANCY THROUGH FIVE YEARS CAN LEARN, PLAY AND GROW. LAST YEAR, 166,854 HOURS OF CARE AND EDUCATION WERE PROVIDED TO 154 CHILDREN. FURTHER, 100% OF THE CHILDREN'S FAMILIES INCREASED THEIR INVOLVEMENT IN THEIR CHILD'S SCHOOLING AND EARLY LEARNING ACTIVITIES. A NEW ALL-DAY PRIVATE KINDERGARTEN CLASSROOM OPENED IN THE FALL OF 2014, AND 12 PUPILS WERE ADDITIONALLY, SUMMER CAMP WAS PROVIDED TO OLDER ENROLLED. OUT-OF-SCHOOL CHILDREN WHICH RESULTED IN AN ADDITIONAL 36 STUDENTS FOR THE SUMMER.

COMPLETING A SAFETY PLAN; 36% WERE EMPLOYED AT EXIT; AND 40% FOUND

THE 24-HOUR CRISIS LINE PROVIDED

ADDITIONALLY,

INFORMATION AND RESOURCE REFERRALS TO 2,068 PEOPLE.

643,986 • including grants of \$ 1,857. 4с) (Revenue \$) (Expenses \$ SALT LAKE AREA FAMILY JUSTICE CENTER - A COLLABORATIVE PROJECT INVOLVING POLICE, PROSECUTORS, PROBATION, LAW ENFORCEMENT, VICTIM ADVOCATES, LEGAL AID SERVICES, CHILD WELFARE AGENCIES AND OTHERS THAT IS DESIGNED TO DEVELOP A STRONGER, MORE COORDINATED COMMUNITY RESPONSE TO FAMILY VIOLENCE. THE SLAFJC MODEL OF SERVICE DELIVERY BRINGS TOGETHER THE EFFORTS AND EXPERTISE OF MULTIPLE AGENCIES IN ONE LOCATION TO PROVIDE CO-LOCATED, WRAPAROUND SERVICES FOR ADULT FEMALE AND MALE VICTIMS OF FAMILY VIOLENCE IN SALT LAKE COUNTY. THERE ARE NOW 15 COMMUNITY PARTNERS IN THE SLAFJC. THE SLAFJC SERVED 1,298 INDIVIDUALS 456 RETURNING) TOTALING 5,802 VISITS. (842 NEW, 255 REQUESTED 775 (92%) PARTICIPANTS PROTECTIVE ORDERS; 113 FILED PROTECTIVE ORDERS. CREATED SAFETY PLANS, AND ALL HAD CONVERSATIONS ABOUT SAFETY.

4d	Other	program	services	(De	scrib	e ir	n Schedule	ЭO.)

AFFORDABLE HOUSING.

(Expenses \$ 1,443,105 • including grants of \$

4. Total program service expenses ► 4,324,258.

168,361.)

) (Revenue \$

87-0212467

Form 990 (2014) OF UTAH, DBA
Part IV Checklist of Required Schedules

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	Х					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x				
	public office? If "Yes," complete Schedule C, Part I							
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect							
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or							
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v				
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for							
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?							
	If "Yes," complete Schedule D, Part IV	9		Х				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent							
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X							
	as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,							
	Part VI	11a	Х					
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? If "Yes," complete Schedule D, Part VII	11b		Х				
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c	37					
_			X					
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х					
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f						
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		х				
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,							
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000							
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any							
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to							
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			**				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v					
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х				
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X				
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b						
	1. 100 to into 200, and the organization attach a copy of its addition intaholar statements to this return:							

87-0212467

Form 990 (2014) OF UTAH, DBA YWCA
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		$ _{\mathbf{x}}$
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZSa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		7.
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a		28a		X
b		28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2014)

87-0212467

Form 990 (2014) OF UTAH, DBA YWCA UTAH

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	<u></u>	<u></u>					
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O								
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
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).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v				
_	any contributions that were not tax deductible as charitable contributions?	6a		_X_				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱ ۵.						
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?							
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
			990	(2014)				

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
			,		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other								
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervis	ion							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4	Х	Х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or								
	more members of the governing body?			7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or								
	persons other than the governing body?			7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:								
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)								
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	napters, affiliates	,							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b	X					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " describe								
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approve	al by independen	ıt							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a								
	taxable entity during the year?			16a	Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participatio	n							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's								
	exempt status with respect to such arrangements?			16b		X				
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶UT									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501(c)	(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest p	oolicy, and	finan	cial					
	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 bo	oks and records	▶							
	ANNE BURKHOLDER - (801) 537-8604									
	322 EAST 300 SOUTH, SALT LAKE CITY, UT 84111-2605									

OF UTAH, DBA YWCA UTAH

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87-0212467

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

Form 990 (2014)

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l		((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week	box offic	, unle cer an	ss pe ıd a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor		1 1 1 1 1		organizations	compensation			
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	istee c	trustee		ao	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com				and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARILYNN PAINE	1.00	_	_				_			
CHAIR		Х		Х				0.	0.	0.
(2) CHARLOTTE MILLER	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) CHRISTINE ARTHUR	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) KRISTINE GODDARD	1.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) COLETTE HERRICK	1.00									
PAST CHAIR		Х		Х				0.	0.	0.
(6) CHRISTINA LAU BILLINGS	1.00									
BOARD MEMBER	1	Х						0.	0.	0.
(7) GLORIA GARCIA FAULKNER	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) EMMA E. HOUSTON	1.00	٠,,							0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) DENEECE HUFTALIN	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Δ.						0.	0.	<u> </u>
(10) LUCINDA L. KINDRED	1.00	Х						0.	0.	0.
BOARD MEMBER (11) SILVIA NORMAN	1.00	^						0.	0.	<u> </u>
BOARD MEMBER	1.00	X						0.	0.	0.
(12) KELLI POLCHA	1.00	^						0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(13) KATHERINE VENTI	1.00									
BOARD MEMBER		x						0.	0.	0.
(14) AMANDA WAGNER	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) JILL WINEGARDNER	1.00							-		
BOARD MEMBER		Х						0.	0.	0.
(16) ANNE BURKHOLDER	40.00									
CEO	1.00			х				89,387.	0.	7,305.

87-0212467 Page 8 Form 990 (2014) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations)fficer line) 89,387. 0. 1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 89,387. 7,305. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 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. (C) (A) (B) Name and business address NONE Description of services Compensation

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

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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 (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function husiness revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 14.892 1 a Federated campaigns **b** Membership dues 1b 21,027. 341,745. c Fundraising events d Related organizations 1d 1,619,299 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,466,957 266,239 g Noncash contributions included in lines 1a-1f: \$ 3,463,920. h Total. Add lines 1a-1f Business Code 2 a PROGRAM SERVICE FEES 900099 Program Service Revenue 945,237. 945,237 b С f All other program service revenue g Total. Add lines 2a-2f. 945,237. Investment income (including dividends, interest, and 257,675 257,675. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 57,873, 6 a Gross rents **b** Less: rental expenses 0. 57,873. c Rental income or (loss) d Net rental income or (loss) ... 57,873 57,873. 7 a Gross amount from sales of (i) Securities (ii) Other 770,522. assets other than inventory b Less: cost or other basis 604,289. 143,375 and sales expenses 166,233. -143,375. c Gain or (loss) 22,858. 22,858. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 341,745. of including \$ contributions reported on line 1c). See Part IV, line 18 a 240,480. Other b Less: direct expenses _____ b 98,150. c Net income or (loss) from fundraising events 142,330 142,330. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 4,889,893. 945,237 480,736.

Form 990 (2014) OF UTAH, DBA Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	onete all columns. All oth	this Dort IV	mpiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	103,389.	5,170.	93,050.	5,169.
_	trustees, and key employees	103,309.	3,170.	93,030.	3,109.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		2,495,265.	2,282,476.	46,864.	165,925.
7 8	Other salaries and wages	2, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	2,202,470•	40,004.	100,040
0	section 401(k) and 403(b) employer contributions)	80,202.	72,884.	2,854.	4 464
9	Other employee benefits	262,891.	238,903.	9,357.	4,464. 14,631.
10	Payroll taxes	190,016.	172,677.	6,763.	10,576.
11	Fees for services (non-employees):		= / = / • / / /		
b		35,245.	8,707.	26,538.	
c	Accounting	16,700.	4,125.	7,610.	4,965.
d			•	,	·
е	D (' 1(1'' ' ' O D 'N'' ' 17				
f	Investment management fees	25,218.	21,060.	4,158.	
g					
_	column (A) amount, list line 11g expenses on Sch O.)	60,373.	7,518. 966.	20,465.	32,390. 5,176.
12	Advertising and promotion	6,142.			5,176.
13	Office expenses	77,903.	34,216.	9,073.	34,614.
14	Information technology	79,746.	52,591.	15,928.	11,227.
15	Royalties				
16	Occupancy	503,864.	467,289.	15,068.	21,507.
17	Travel	5,651.	5,369.	109.	173.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,390.	22,100.	10,239.	2,051.
20	Interest	25.51.0		05 540	
21	Payments to affiliates	27,510.	250 140	27,510.	12 500
22	Depreciation, depletion, and amortization	391,421.	358,148.	19,573.	13,700.
23	Insurance	64,294.	51,746.	8,731.	3,817.
24	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 0.)				
а	IN-KIND EXPENSE	266,546.	266,546.		
a b	FOOD	115,080.	113,934.	936.	210.
c	SUPPLIES	52,258.	47,089.	2,417.	2,752.
d	CLIENT ASSISTANCE	41,489.	41,489.	, -	,
	All other expenses	61,572.	49,255.	3,876.	8,441.
25	Total functional expenses. Add lines 1 through 24e	4,997,165.	4,324,258.	331,119.	341,788.
<u> 26</u>	Joint costs. Complete this line only if the organization	. ,		,	· · · · · · · · · · · · · · · · · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule 0 contains a response or note to any line in this Part X	Pa	rt X	Balance Sheet					
1 Cash - non-interest-bearing			Check if Schedule O contains a response or note	e to an	y line in this Part X			
1 Cash - non-interest-bearing								
2 Savings and temporary cash investments 3 Plodges and grants receivable, net 4 Accountrs receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4988()(1)), persons described in section 4988()(3)(8), and contributing employees controlly organizations (see inst). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Sch. L 10b Less: accumulated depreciation 11 Investments- publicity traded securities 12 Investments- publicity traded securities 13 Investments- program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Exams and other payable to current and former officers, or televable in a document of the part IV of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 or televable inces 27 through 29, and lines 33 and 34. 21 Less 37 19. 29 381, 291. 25 Organizations that follow SFAS 117 (ASC 958), check here 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated incene, or other funds 33 Total net assets or fund balances 23 1,199, 696. 33 33 Total net assets or fund balances 24 2,199, 198. 32 25 2,199, 196. 33 37 1,199								-
A Pledges and grants receivable, net		1			1			
A Accounts receivable, net 422,785, 4 403,338.		2	Savings and temporary cash investments				2	1,054,189.
Section 2016 Sec		3					3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Canas and other receivables from other disqualified persons (as defined under section 4988(0/1)), persons described in section 4988(c/3)(8), and contributing employees and sponsoring organizations of section 501(e)) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D Less: accumulated depreciation 11 Investments: populocy traded securities 11 Investments: populocy traded securities 12 Investments: other securities. See Part IV, line 11 12 Investments: other securities. See Part IV, line 11 13 Investments: postpara-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grafts payable 19 Deferred revenue 19 Deferred revenue 10 Deferred revenue 11 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part X of Schedule D 22 Complete Part IV of Schedule D 23 Fotal liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 10 Complete Part X of Schedule D 22 Fotal liabilities. Add lines 17 through 25 Organizations that of ort follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 3		4		422,785.	4	403,338.		
Part II of Schedule I. Coans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), persons described in section 4958(n)(3)(8), and contributing employers and sponsoring organizations of section 501(n)(9) voluntary employers beneficiary organizations (see instit). Complete Part II of Sch L. Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D basis. Complete Part IV of Schedule D 11b Investments - oublidy traded securities 11c Investments - orbidy traded securities 11c Investments - orbidy traded securities 11c Investments - orbidy traded securities 11d Investments - orbidy traded		5	Loans and other receivables from current and for	rmer o	fficers, directors,			
6 Loans and other receivables from other disqualified persons (as defined under section 4980(i)(f)(1)), persons described in section 4980(i)(i)(i), and contributing employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 b Less: accumulated depreciation 1 b Less: accumulated depreciation 1 to b 2,003,439 1 Investments - publicly traded securities 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 1 Investments - portain related. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 2 Investments - portain related. See Part IV, line 11 2 Investments - portain related. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 2 Investments - other securities. See Part IV, line 11 2 Investments - other securities. See			trustees, key employees, and highest compensa	ted en	nployees. Complete			
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instr). Complete Part II of Sch L							5	
employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net		6	•					
## Page 20 Employees' beneficiary organizations (see instr). Complete Part II of Sch L								
7 Notes and loans receivable, net 10,430,500. 7 10,430,500.	ets							
9 Prepaid expenses and deferred charges						10 420 500		10 420 500
9 Prepaid expenses and deferred charges	Ass					10,430,500.		10,430,500.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8 , 624 , 971 .						E2 121		72 076
basis. Complete Part VI of Schedule D 10a 8 , 624 , 971.						33,434.	9	12,070.
b Less: accumulated depreciation 10b 2,003,439 6,891,116 10c 6,621,532 11 Investments - publicly traded securities 1,979,043 11 1,955,618 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 2,509,287 13 2,396,348 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 23,799,789 16 23,581,663 354,314 17 335,669 18 Grants payable 19 Grants payable 18 Grants payable 18		10a	Land, buildings, and equipment: cost or other		9 624 971			
11 Investments - publicly traded securities 1,979,043. 11 1,955,618. 12 Investments - other securities. See Part IV, line 11 2,509,287. 13 2,396,348. 13 Investments - program-related. See Part IV, line 11 2,509,287. 13 2,396,348. 14 Intangible assets 14 15 15 15 15 15 Other assets. See Part IV, line 11 15 15 15 15 15 15 15		١.			2 003 430	6 801 116	40-	6 621 532
12 Investments - other securities. See Part IV, line 11 2 , 509 , 287 . 13 2 , 396 , 348 . 14 Intangible assets 14 15 15 16 16 16 16 16 16		1	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			1 979 0/3		1 955 618
13 Investments · program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 14 Intangible assets 14 Intangible assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 23,799,789 ⋅ 16 23,581,663 ⋅ 354,314 ⋅ 17 335,669 ⋅ 18 18 19 Deferred revenue 15,379 ⋅ 19 24,666 ⋅ 18 20 21 22 22 22 22 22 22					1,7/7,043.		1,755,010.	
14		1			2 509 287.		2 396 348.	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 23,799,789. 16 23,581,663.						2/303/2074		2703070101
16 Total assets. Add lines 1 through 15 (must equal line 34) 23,799,789 16 23,581,663 354,314 17 335,669 18 354,314 17 335,669 18 18 19 Deferred revenue 15,379 19 24,666 20 24 20 21 22 22 22 22 22 22								
17 Accounts payable and accrued expenses 354,314. 17 335,669. 18 Grants payable 19 Deferred revenue 15,379. 19 24,666. 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 Total liabilities. Add lines 17 through 25 600,093. 26 589,535. 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 21,425,957. 27 21,092,554. 27 21,092,554. 28 Temporarily restricted net assets 21,402,448. 28 1,518,283. 29 Permanently restricted net assets 371,291. 29 381,291. 39 39 29 381,291. 39 39 29 39 39 29 39 39 39 29 39 39 29 39 39 39 29 39 39 39 39 29 39 39 39 29 39 39 39 39 39 39 39 39 39 39 39 39 39				23.799.789.		23.581.663.		
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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 25 Total liabilities. Add lines 17 through 25 600 , 093 . 26 589 , 535 . Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 371 , 291 . 29 381 , 291 . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 24 J4 4, 666 . 25 J2 J4 5, 379 . 19 J2 4, 666 . 26 J2		1						
Page 19 Deferred revenue 15,379. 19 24,666. 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 21, 425, 957 ⋅ 27 21, 092, 554 ⋅ 27 21, 092, 554 ⋅ 27 29 Permanently restricted net assets 1, 402, 448 ⋅ 28 1, 518, 283 ⋅ 371, 291 ⋅ 29 381, 291 ⋅ 29				,				
Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 21, 425, 957 · 27 21, 092, 554 · 1, 402, 448 · 28 Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Peirmanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Paid-in or capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances					15,379.		24,666.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 21 Loans and dispersions, trusted persons. 22 2 2 23 229 200 2 24 20 3 229 200 2 25 5 600 0,093 2 26 589 535 2 26 589 535 2 27 21 092 554 2 27 21 092 554 2 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						·		
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parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here D and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 25 600,093. 26 589,535. 600,093. 26 589,535. 61,425,957. 27 21,092,554. 21,425,957. 27 21,092,554. 31,402,448. 28 1,518,283. 371,291. 29 381,291. 381,291.		24	Unsecured notes and loans payable to unrelated	l third	parties		24	
Schedule D 25		25	Other liabilities (including federal income tax, pay	ables	to related third			
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Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 21,425,957. 27 21,092,554. 1,402,448. 28 1,518,283. 371,291. 29 381,291.					k here 🕨 🔼 and			
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and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 23,199,696. 33 22,992,128.	<u>a</u> u							
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33 Total net assets or fund palances 23, 123, 123, 123, 123, 123, 123, 123,	<u>S</u>	20	•				20	
33 Total net assets or fund palances 23, 123, 123, 123, 123, 123, 123, 123,	sse							
33 Total net assets or fund palances 23, 123, 123, 123, 123, 123, 123, 123,	t As							
00 500 500 501 660	Se	1				23,199.696.		22,992.128.
		1						

Form **990** (2014)

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,88			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,99			
3	Revenue less expenses. Subtract line 2 from line 1	3		-10			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,19 -10			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:		ļ				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:		ļ				
	Separate basis X Consolidated basis Both consolidated and separate basis		ļ				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	ļ				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit				
	Act and OMB Circular A-133?			За	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION
OF UTAH, DBA YWCA UTAH

Employer identification number 87 - 0212467

Pai	t I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
he o	organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch)(A)(i).				
2		A school described in sect i									
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz					-	the hospital's name.			
		city, and state:		,			(,			
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). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
	37										
		section 170(b)(1)(A)(vi). (C	•				anno en menn ane general	paisie accession in			
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma				contribution	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	•	•	-			-			
		income and unrelated busin	•	•				-			
		See section 509(a)(2). (Cor		,			, 3	,			
10		An organization organized a	•	ively to test for public sa	afety. See	section 50	9(a)(4).				
11		An organization organized a	•	•	•			purposes of one or			
		more publicly supported or	•	•	-		•				
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	11e, 11f, and 11g.				
а		Type I. A supporting orga	nization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or									
f	Ente	r the number of supported o	organizations								
g		ide the following information			Viv.A la Alaa a	iti	())				
	(I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see			
		organization		above or IRC section	governing		Instructions)	Instructions)			
				(see instructions))	Yes	No	,	,			
ota	ı										

Schedule A (Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH

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

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3078775.	3297438.	3042594.	3461593.	3463920.	16344320.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3078775.	3297438.	3042594.	3461593.	3463920.	16344320.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						164,760.
6	Public support. Subtract line 5 from line 4.						16179560.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3078775.	3297438.	3042594.	3461593.	3463920.	16344320.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	-41,927.	255,019.	328,770.	334,386.	257,675.	1133923.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	227,663.	137,379.	197,006.	173,349.		
11	Total support. Add lines 7 through 10						18511993.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,004,472.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
_	organization, check this box and stop here Section C. Computation of Public Support Percentage						
Sec	etion C. Computation of Publ	ic Support Per	rcentage				07.40
	Public support percentage for 2014 (I					14	87.40 %
	Public support percentage from 2013					15	87.83 %
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	_	
_	meets the "facts-and-circumstances"	~	="		•		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

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

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

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Schedule A (Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
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	За		
	Sa		
	3b		
	3с		
	4a		
	ıu .		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	92		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
n 99	90 or 99	0-EZ)	2014

Pa	rt IV Supporting Organizations (continued)			ago o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations		·	
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <i>part VI</i> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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).	1		
Sec	tion D. Type III Supporting Organizations		l.,	
			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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):			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	200		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Ves " describe in p _{a-t} u , the role played by the organization in this regard	3h		

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH

87-0212467 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instr i	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Cont	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou				
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
	_		Excess Distributions	Underdistributions	Distributable
secti	ion E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2014			
		onable cause required-see instructions)			
3	Exces	ss distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2014, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Rema	ining underdistributions for 2014. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2015. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а					
b					
С					
d	Exces	ss from 2013			
е	Exces	ss from 2014			

Schedule A (Form 990 or 990-EZ) 2014

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule A	(Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH	87-0212467 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number

87-0212467

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter hourpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$
	•	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 120,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 73,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>108,947.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$ <u></u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 505,411.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 200,328.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		_ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		_ \$135,422. _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		_ \$\$ <u></u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions - \$ 83,815.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

(a) No. from Part I (a) Description of noncash property given Part I (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I Description of noncash property given (see instructions) (b) FMV (or estimate) (see instructions) Date received (c) FMV (or estimate) (see instructions)	
(a) No. from Part I Description of noncash property given \$ \$ (c) FMV (or estimate) (see instructions) Date received	
No. from Part I Description of noncash property given	_
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date received	
	_
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date received	
<u></u>	_
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date received	
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date received	

Employer identification number

mpleting Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 to wing line entry. For organizations less for the year. (Enter this info. once.)
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	
Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
	(b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gif Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gif Transferee's name, address, and ZIP + 4 (e) Transfer of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization YOUNG W	OMEN'S CHRISTIAN	ASSOCIATION	[Em	ployer identification number
		, DBA YWCA UTAH			87-0212467
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			>	. \$
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	>	· \$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	>	· \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
	art I-C Complete if the org	<u> </u>	. ,,	<u>-</u>	. ,, ,
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities	· \$
2	Enter the amount of the filing organ		· ·		
	exempt function activities			▶	* \$
3	Total exempt function expenditures		,		
	line 17b				
	Did the filing organization file Form				
5		the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political			
	contributions received that were pr	•			•
	political action committee (PAC). If			•	arate segregated fulld of a
	. , ,	· · · · · · · · · · · · · · · · · · ·	1	1	(a) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	1 ' '
				funds. If none, enter -(
					delivered to a separate
					political organization. If none, enter -0
					,

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

Schedule C (Form 990 or 990-EZ) 2014

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2014	OF UTAH, D	BA YWCA UTAH		87-0	0212467 Page 2
Part II-A Complete if the org	ganization is ex	empt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).					
	-	ffiliated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
	re of excess lobbying	,			
B Check ► ☐ if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.	() Eur	a vacce i i
	ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinior	(grass roots lobbying)			
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add l					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)		bbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17					
Over \$17,000,000	\$1,000	0,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	h Subtract line 1g from line 1a. If zero or less, enter -0-				
i Subtract line 1f from line 1c. If zero or less, enter -0-					
j If there is an amount other than ze					
reporting section 4911 tax for this	Yes No				
(Some organizations t	hat made a section See the sepa	arate instructions for li	have to complete all nes 2a through 2f.)	of the five columns I	pelow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		i
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

87-0212467 Page 3

Schedule C (Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH 87-021246 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	77	X	4	1.40
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	77		,149.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Х	1	140
j Total. Add lines 1c through 1i		37		,149.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n F01/a	\(E\) or oc	otion	
) 1 50 1 (C)	i(a), or se	cuon	
501(c)(6).			Yes	No
			162	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3 is
answered "Yes."	110, 0	ii (b) i ai	· /	C 0, 13
Dues, assessments and similar amounts from members		1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 				
expenses for which the section 527(f) tax was paid).	ai			
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	ontical			
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		4		
Part IV Supplemental Information		j 3		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liot\: Dort I	I A lings 1	and 2 (200	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), rait i	I-A, IIIIes I d	and 2 (See	
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
TIME IT BY BIND IT BODDING HOTIVITIES.				
ACTIVITIES IN 2014/15 INVOLVED LESS THAN 50 HOURS OF	STAFF	TTME.		
THE THE PARTY OF T	<u> </u>			
PRIMARILY THE CEO'S. NO PUBLIC FUNDS WERE USED TO SU	PPORT	SUCH		
ACTIVITIES, WHICH FOCUSED ON STATE AND FEDERAL APPROP	RIATIO	ONS AN	D	
LEGISLATION AFFECTING THE YWCA'S WORK ON BEHALF OF UT	AH WOI	MEN AN	D THEI	R
FAMILIES, PARTICULARLY VICTIMS AND SURVIVORS OF FAMIL	Y VIO	LENCE.		

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

87-0212467 Page 4 Schedule C (Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH Part IV | Supplemental Information (continued) ACTIVITIES INCLUDED WRITING LETTERS AND MAKING TELEPHONE CALLS TO LEGISLATIVE AND CONGRESSIONAL OFFICES AS WELL AS TO GOVERNMENT OFFICIALS, GIVING TOURS OF THE YWCA, SENDING OCCASIONAL E-MAILS TO LEADERSHIP VOLUNTEERS AND MEMBERS AS WELL AS TO STATE LEGISLATORS AND CONGRESSIONAL DELEGATION, PERSONAL VISITS TO OFFICES OF ELECTED OFFICIALS, SOME MEDIA INTERVIEWS, AND SIGNING LETTERS GENERATED BY VARIOUS STATE AND NATIONAL COALITIONS.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number 87-0212467

Par	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		IS Or Accounts. Complete if the
	organization answered Tes to Form 990, Pattiv, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a cel	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ıcture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
D	conservation easements.	A.t. Illiatoria al Tura	Otto a Obraham A a a da
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASI		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
			<u> </u>
2	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under SFAS 11	•	
h	Assets included in Form 990 Part X		▶ \$

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or O	ther Simila	r Asse	t s (contir	nued)	- <u>J</u> -
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that are	a significant u	se of its	collectio	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organization's	exempt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical trea	sures, or other sin	nilar assets				
	to be sold to raise funds rather than to be main	ntained as part of th	ne organization's co	ollection?		\square	Yes		No
Pai	t IV Escrow and Custodial Arrang						line 9, or		
	reported an amount on Form 990, Part	X, line 21.	_						
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other assets	not included				
	on Form 990, Part X?					\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:						
							Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on For					🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part >	(III				
Pai	t V Endowment Funds. Complete if t	the organization ans	swered "Yes" to Fo	rm 990, Part IV, Iir	ie 10.				
	·	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	1,979,043.	1,771,937.	1,729,28	9. 1,76	7,557.	1	,560,	751.
	Contributions	47,294.	6,925.						
С	45 472 226 651 205 240 42 005							234,	945.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	90,974.	2,800.	138,14	0. 6	0,173.		9,	527.
f	Administrative expenses	25,218.	23,670.	24,46	1. 2	1,180.		18,	612.
g	End of year balance	1,955,617.	1,979,043.		_	9,289.		,767,	557.
2	Provide the estimated percentage of the curre				· ·				
а	Board designated or quasi-endowment	78.81	%	"					
b	Permanent endowment > 20.30	%	_						
С	Temporarily restricted endowment	• 89 %							
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the posses	•	tion that are held a	nd administered fo	or the organiza	ation			
	by:	· ·			· ·			Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the d								
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot) Accumulated		(d) Boo	k valu	<u> </u>
	,	basis (investm		-	, depreciation		` ,		
1a	Land		44	3,011.			44	3,0	11.
	Buildings				,514,46	0.	5,55		
	Leasehold improvements		17	0,633.	44,87		12	5,7	56.
d	Equipment		94	5,609.	444,10	2.	50	1,5	07.
е	Other								
	. Add lines 1a through 1e. (Column (d) must eq		X, column (B), line 1	0c.)		▶	6,62	1,5	32.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 OF UTAH, DBA	YWCA UTAH		87-0212467 Page
Part VII Investments - Other Securities.	- Farms 000 Bart IV line 1:	th Con Faura 200 Bart V line 10	
Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-vear market value
(4) =:	(b) Book value	(c) meaned or validation. Seek o	Toria or your marker value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) INVESTMENTS IN AFFILIATED			
(2) COMPANY	2,396,348.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,396,348.		
Part IX Other Assets.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		.▶
Part X Other Liabilities.			
Complete if the organization answered "Yes" to			e 25.
1. (a) Description of liability	(k	b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	YOUNG WOMEN'S CHRISTIAN AS	SSOCIA	TION	07	2212467
_	dule D (Form 990) 2014 OF UTAH, DBA YWCA UTAH	\A/:+	h Dawanua naw F		0212467 _{Page}
Pai	t XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per F	teturi	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			1.1	4,791,808
1	Total revenue, gains, and other support per audited financial statements			1	4,/91,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11	100 206		
а	Net unrealized gains (losses) on investments		-100,296. 2,211.	-	
b	Donated services and use of facilities		۷,۷11.	-	
С	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)	2d			00 005
е	Add lines 2a through 2d			2e	-98,085
3	Subtract line 2e from line 1			3	4,889,893
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,889,893
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	4,999,376
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	2,211.		
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,211
3	Subtract line 2e from line 1			3	4,997,165
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,997,165
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1	b 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 ad	ditional info	rmation.		
PAI	RT V, LINE 4:				
THI	E ENDOWMENT FUND (UNRESTRICTED, TEMPORARII	Y RES	TRICTED, AN	ID PI	ERMANENTLY
RE	STRICTED FUNDS) IS INTENDED TO PROVIDE FUN	DING	FOR EMERGEN	ICY I	RESERVES,

CAPITAL MAINTENANCE, AND LONG-TERM SUPPORT FOR THE ORGANIZATION.

PART X, LINE 2:

YWCA UTAH AND YWBUILDING HOPE OALICB ARE ORGANIZED AS UTAH NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION

170(B)(1)(A)(VI), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS

Part XIII Supplemental Information (continued)

UNDER SECTION 509(A)(1). THE CRITCHLOW IS A LIMITED LIABILITY COMPANY. AS SUCH, THE TAX EFFECTS OF THE CRITCHLOW'S ACTIVITIES ACCRUE DIRECTLY TO ITS MEMBERS AND NO TAX PROVISION IS RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. YWCA UTAH AND YWBUILDING HOPE QALICB ARE ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THESE ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. YWCA UTAH AND YWBUILDING HOPE QALICB HAVE DETERMINED THEY ARE NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAVE NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

YWCA UTAH BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE

ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

YWCA UTAH WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO

UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH

INTEREST AND PENALTIES ARE INCURRED.

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

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

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

OF UTAH	, DBA YWCA UTAH				87-0212	467
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Ye	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of r tion of g fundrai (includ rofessio	non-g gover ising ing o onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) [fundra have cu: or contr contribut	stody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contribu	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH

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

		of fundraising event contributions and gro	oss income on Form 990	J-EZ, IIII es T and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LEADER	STRONGER	NONE	
			LUNCHEON	TOGETHER BRE		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			, ,,,	()1 /	,	
š.	4	Gross receipts	419,680.	158,262.		577,942.
æ	'	Ciross receipts	113,0001	130,131		377,73121
	_	Lacar Cantributions	200,864.	140,881.		341,745.
	2	Less: Contributions	200,004.	140,001.		341,743.
		Out to the same (the same time of	218,816.	17,381.		236,197.
	3	Gross income (line 1 minus line 2)	210,010.	17,301.		230,137.
	,	Cook prizes				
	4	Cash prizes				
	_	Namanah miman				
Ś	5	Noncash prizes				
nse		Double all the control				
фе	6	Rent/facility costs				
Direct Expenses	_		60,834.	11,102.		71 026
Je Se	7	Food and beverages	00,034.	11,104.		71,936.
	_		16 025			16 025
		Entertainment	16,935. 4,535.			16,935. 5,751.
	9	Other direct expenses	-	1,210.		
		Direct expense summary. Add lines 4 through			_	94,622.
Do	rt I	Net income summary. Subtract line 10 from li		000 D-+ IV II 10		141,575.
Г	וונו		answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(L.) Dull tobe (instant		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				billyo/progressive billyo		coi. (a) through coi. (c))
Вè		_				
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses						
Ϋ́	3	Noncash prizes				
섳		D 1/6 377				
Ë	4	Rent/facility costs				
	_	O				
	5	Other direct expenses				
	_		Yes %	Yes%	Yes%	
	6	Volunteer labor	∟ No		└── No	
	_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
		ter the state(s) in which the organization condu	· · · · -			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	/ear'?	Yes No
b	If "	Yes," explain:				
	"	, !				
	_	, ,				

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Sch	nedule G (Form 990 or 990-EZ) 2014 OF UTAH, DBA YWCA UTAH 87-0	212	467	Page 3
	Does the organization conduct gaming activities with nonmembers?	_	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:	1	ı	
	a The organization's facility	13a		<u>%</u>
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		%
'-	Effect the fiame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	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:			
	Maria N			
	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?	Ш	Yes	└── No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year \$\infty\$ \$\text{supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I		Ob 10	h 15h
Г	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9,	90, 10	D, 15D,
	100, 10, and 17 b, as applicable. Also provide any additional information (see instructions).			

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule C	G (Form 990 or 990-EZ) Supplemental Infe	OF UTAH,	, DBA YWC	A UTAH	87-0212467 Page 4
Part IV	Supplemental Info	ormation (continu	ued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number 87-0212467

Pai	rt I Types of Property									
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash cont amounts repo			ethod of det		•	
		applicable	items contributed			nonca	sh contribut	lion a	nount	S
1	Art - Works of art			,	, 9					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X		1	,669.	DONOR	DEFIN	ED		
5	Clothing and household goods	X		215	,443.	DONOR	DEFIN	ED		
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	43	48	,621.	DONOR	DEFIN	ED		
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (GIFT CARDS)	X	1		506.	DONOR	DEFIN	ED		
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz		,							
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement	29				· ·	
00-	Design the constant that the constant backing a section by			d - d in Dod I ii			[Yes	No
30a	During the year, did the organization receive by						ıτ			
	must hold for at least three years from the date		•	-	•			20-		х
	exempt purposes for the entire holding period?	·						30a		
	If "Yes," describe the arrangement in Part II.	action that =	oquires the review	of any non stand	lard contrib	utions?		24	х	
31	Does the organization have a gift acceptance p							31	- 22	\vdash
J∠d	Does the organization hire or use third parties of contributions?		•					32a		х
h	contributions? If "Yes," describe in Part II.							o∠a		
33	If the organization did not report an amount in	column (c) t	for a type of propo	rty for which colu	ımn (a) ie ch	necked				
55	describe in Part II.	column (c) i	or a type or prope	rty for writeri colu	iiiii (a) is Cl	iconeu,				
	GOOGLING HIT GILL.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Schedule M	(Form 990) (2014)	OF UTAH,	DBA	YWCA	UTAH			87-0212467	Page 2
Part II	Supplemental	Information	Provide :	the inform	ation requi	red by Part I, lir number of item	nes 30b, 32b, and ns received, or a co	33, and whether the organiz ombination of both. Also cor	ration
	<u> </u>								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2014

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Employee

OF UTAH, DBA YWCA UTAH

87

Employer identification number 87-0212467

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FREEDOM AND DIGNITY FOR ALL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CHILDREN'S ADVOCACY AND INTERVENTION - AGE-APPROPRIATE, TRAUMA-INFORMED SERVICES FOR CHILDREN AND TEENAGERS IN RESIDENCE (AGES SIX TO 19) WHO HAVE BEEN EXPOSED TO FAMILY VIOLENCE. SERVICES INCLUDE MATERNAL/CHILD FAMILY SUPPORT, ACADEMIC ASSISTANCE, AFTER-SCHOOL AND SUMMER CAMP PROGRAM, MENTAL HEALTH REFERRALS, AND OTHER SPECIALIZED INTERVENTION. DROP-IN CHILD CARE WAS AVAILABLE FOR INFANTS AND YOUNG CHILDREN IN LAST YEAR, 525 CHILDREN BEGAN TO OVERCOME THEIR DIFFICULT RESIDENCE. EXPERIENCES THROUGH 7,012 HOURS OF CHILD-CENTERED ADVOCACY AND 24,515 HOURS OF ONSITE AFTER-SCHOOL, SUMMER CAMP, AND TEEN PROGRAMMING. THOSE OLDER THAN SIX, 94% STATED THEY HAD LEARNED TO KEEP THEMSELVES AND OTHERS SAFE WHILE STAYING AT THE YWCA. LAST YEAR, RESIDENTIAL DROP-IN CHILD CARE OFFERED 12,949 HOURS OF CHILD CARE WERE PROVIDED TO 183 CHILDREN WHO LIVED IN SHELTER AND TRANSITIONAL HOUSING. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 665,366. REVENUE \$ 12,899.

KRH SUPPORTIVE SERVICES - SAFE, SUPPORTIVE SERVICES FOR HOMELESS

LOW-INCOME MOTHERS AND CHILDREN LIVING IN THE 36-UNIT KATHLEEN ROBISON

HUNTSMAN (KRH) APARTMENTS. KRH IS A RESPECTFUL, EMPOWERING PLACE WHERE

SURVIVORS CAN BEGIN TO HEAL AND CREATE HEALTHIER FAMILIES; STRENGTHEN

THEIR SELF-DETERMINATION; ADVANCE ECONOMICALLY; AND OBTAIN PERMANENT

HOUSING. LAST YEAR, 45 MOTHERS AND 114 CHILDREN LIVED IN THE KRH

APARTMENTS FOR AN AVERAGE OF 14 MONTHS FOR THOSE THAT EXITED. THE

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION **Employer identification number** OF UTAH, DBA YWCA UTAH 87-0212467 APARTMENT UTILIZATION RATE WAS 86%. 46% OF WOMEN WORKED OR ATTENDED JOB TRAINING AND 20% WERE ENROLLED IN SCHOOL OR SPECIALIZED JOB TRAINING. OF THE FAMILIES WHO MOVED OUT OF KRH, 80% FOUND PERMANENT HOUSING. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 338,537. YWBUILDING HOPE - SHELTER AND RESIDENCE FOR WOMEN AND CHILDREN WHO HAVE EXPERIENCED FAMILY VIOLENCE. EXPENSES \$ 227,214. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. RESIDENTIAL SELF-SUFFICIENCY - SAFE, SUPPORTIVE, RESPECTFUL, EMPOWERING TRANSITIONAL HOUSING WHERE UP TO 12 SINGLE, HOMELESS WOMEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE CAN HEAL AND DEVELOP HEALTHY, NEW FRIENDSHIPS; STRENGTHEN THEIR SELF-DETERMINATION; ADVANCE ECONOMICALLY; AND OBTAIN PERMANENT HOUSING. LAST YEAR, THE ROOM UTILIZATION RATE WAS 91%. 24 WOMEN CREATED HEALTHIER, MORE INDEPENDENT LIVES; 54% WERE EMPLOYED AND 31% ATTENDED SCHOOL. 62% MOVED INTO PERMANENT HOUSING AT EXIT. EXPENSES \$ 160,305. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,325. YWCA PROGRAMMING "FOR EVERY WOMAN" INCLUDES THE FOLLOWING: EARLY EDUCATION (MENTIONED EARLIER); THE UTAH WOMEN'S WELL-BEING INITIATIVE; LEADERSHIP DEVELOPMENT; AND MEMBER AND OTHER ACTIVITIES. EXPENSES \$ 51,683. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,615. WOMEN'S LEADERSHIP DEVELOPMENT. IN ITS FOURTH YEAR REAL WOMEN RUN HELD A NETWORKING SOCIAL, FULL-DAY TRAINING, AND FOLLOW-UP TRAINING FOR MORE

THAN 250 WOMEN. THIS COLLABORATIVE NONPARTISAN EFFORT EDUCATES AND

Employer identification number 87-0212467

EMPOWERS UTAH WOMEN TO PARTICIPATE FULLY IN PUBLIC LIFE AND CIVIC

LEADERSHIP THROUGH ELECTED POLITICAL OFFICE AT ALL LEVELS, APPOINTMENTS

TO BOARDS AND COMMISSIONS, PARTICIPATION IN CAMPAIGNS, AND ENGAGEMENT

IN THE POLITICAL SYSTEM. THE YWCA YOUNG WOMEN'S COUNCIL ORGANIZED THE

7TH ANNUAL YOUNG WOMEN'S LEADERSHIP SUMMIT, WHICH ATTRACTED 100 YOUNG

PROFESSIONAL WOMEN. FOUR WOMEN RECEIVED OUTSTANDING ACHIEVEMENT AWARDS

AT THE YWCA'S ANNUAL LEADERLUNCHEON.

UTAH WOMEN'S WELL-BEING INITIATIVE - IN MAY 2014 THE YWCA LAUNCHED A

COLLABORATIVE NONPARTISAN INITIATIVE TO ADVANCE THE WELL-BEING OF UTAH

WOMEN IN KEY DIMENSIONS OF THEIR LIVES THROUGH RESEARCH, ISSUE

EDUCATION, COLLABORATION AND PUBLIC POLICY ADVOCACY. THE FIRST

RESEARCH BRIEFING - THE WELL-BEING OF UTAH WOMEN: AN OVERVIEW - WAS

RELEASED IN PARTNERSHIP WITH THE INSTITUTE FOR WOMEN'S POLICY RESEARCH.

FOLLOW-UP CONVERSATIONS, DISSEMINATION OF THE STATEWIDE BRIEFING AND

ADDITIONAL NATIONAL RESEARCH, NETWORKING WITH ALLIES, AND STRATEGY

PLANNING FOR THE INITIATIVE OCCURRED IN 14/15.

MEMBER AND OTHER ACTIVITIES. YWCA MEMBERSHIP OFFERED VARIED

OPPORTUNITIES THROUGHOUT THE YEAR TO ENGAGE MEANINGFULLY IN THE YWCA'S

MISSION-BASED WORK THROUGH AFFINITY AND LEARNING GROUPS, ADVOCACY,

EDUCATION, LEADERSHIP DEVELOPMENT, AND SERVICE. 14/15 EDUCATIONAL AND

OUTREACH EVENTS FOR THE BROADER COMMUNITY INCLUDED THE ANNUAL WEEK

WITHOUT VIOLENCE AND THE ANNUAL STAND AGAINST RACISM.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 112,522.

FORM 990, PART VI, SECTION A, LINE 4:

BY-LAW CHANGES WERE MADE IN NOVEMBER 2014.

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

Employer identification number 87 - 0212467

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

ACCORDING TO YWCA BYLAWS, THE YWCA IS A MEMBERSHIP ORGANIZATION.

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

ACCORDING TO YWCA BYLAWS, MEMBERS OF THE YWCA BOARD OF DIRECTORS ARE YWCA MEMBERS ELECTED BY THE YWCA MEMBERSHIP TO SERVE ON THE BOARD.

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

ACCORDING TO THE YWCA BYLAWS, YWCA MEMBERS MUST APPROVE OF ANY PROPOSED

AMENDMENTS TO THE YWCA'S CONSTITUTION AND BYLAWS IF THE AMENDMENT CONCERNS:

THE VOTING RIGHTS OF MEMBERS; ELECTION OF THE BOARD OF DIRECTORS; THE

YWCA'S AFFILIATION WITH THE YWCA USA; AND/OR THE DISSOLUTION AND

DISTRIBUTION OF ASSETS.

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

BEFORE FORM 990 IS SUBMITTED, THE BOARD'S FINANCE COMMITTEE RECEIVES COPIES

AND REVIEWS THE FORM 990 WITH THE TAX PREPARER, WHO THEN MEETS WITH THE

FULL BOARD OF DIRECTORS, WHICH ALSO RECEIVES COPIES AND HAS THE OPPORTUNITY

TO ASK QUESTIONS BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER, UPON ELECTION AND BEFORE ATTENDING A FIRST BOARD

MEETING, IS ASKED AND EXPECTED TO SIGN A CONFLICT OF INTEREST STATEMENT.

ANNUALLY, THEREAFTER, DURING THE LENGTH OF THE BOARD MEMBER'S SERVICE, THE

MEMBER IS ASKED AND EXPECTED TO SIGN A CONFLICT OF INTEREST STATEMENT. THE

CEO KEEPS THESE RECORDS.

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH	Employer identification number 87-0212467								
FORM 990, PART VI, SECTION B, LINE 15:									
THE YWCA BOARD HAS APPROVED THE SALARY STRUCTURE FOR STAF	F INCLUDING THE								
CEO. THE BOARD PRESIDENT RECEIVES AND REVIEWS LOCAL SALA	RY								
SURVEYS/INFORMATION CONCERNING CEO COMPENSATION, REVIEWS	CEO PERFORMANCE								
WITH THE EXECUTIVE COMMITTEE, AND DISCUSSES ANY INCREASES	IN COMPENSATION								
WITH THEM FOR THEIR APPROVAL. THE CEO DETERMINES THE COM	PENSATION OF OTHER								
STAFF, USING THE SAME SALARY STRUCTURE.									
FORM 990, PART VI, SECTION C, LINE 19:									
THE YWCA MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM	990 AVAILABLE TO								
THE PUBLIC UPON REQUEST.									

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF UTAH, DBA YWCA UTAH

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

(b)

Primary activity

 $\begin{array}{c} \text{Employer identification number} \\ 87-0212467 \end{array}$

(f)

Direct controlling

of disregarded entity		foreign country)			er	ntity	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(1 controlled entity?	
		,,		501(c)(3))		Yes	No
YW BUILDING HOPE QALICB - 26-3747857 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111	HOLD TITLE TO REAL PROPERTY FOR YWCA PROGRAMS	IITAH	501(C)(3)	LINE 11A, I	YWCA UTAH	х	
DAME STILL, OF VILLE		F ****	331(3)	1111, 1	THE STATE	21	

Page 2

87-0212467

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop alloca	ortionate ations?	Code V-UBI amount in box	Gener mana partn	Percentage ging ownership
THE CRITTON III		country)		360110113 3 12-3 14)			Yes	No	K-1 (Form 1065)	Yes	40
THE CRITCHLOW, LLC -	4										
87-0574508, 322 EAST 300	_										
SOUTH, SALT LAKE CITY, UT											
84111	REAL ESTATE	UT	YWCA UTAH		-84,946.	1,709,934.		X	N/A	X	90.00%
	1										
	1										
	_										
	1										
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	1										
	1										
							L	<u> </u>			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	ti) ction b)(13) rolled tity?
		country)		or tracty				Yes	No
									_
									<u> </u>
								\vdash	
	-								
	1								

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in Parts II	-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	X
	Loans or loan guarantees to or for related organization(s)						
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
					10		X
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		X
	•						
r	Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)							Х
	If the answer to any of the above is "Yes," see the instructions for information on w				•		
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YW BUILDING HOPE QALICB	D	10,430,500.	FMV
(2) YW BUILDING HOPE QALICB	K	227,214.	FMV
(3) THE CRITCHLOW, LLC	D	380,000.	FMV
(4) THE CRITCHLOW, LLC	P	127,261.	FMV
<u>(5)</u>			
<u>(6)</u>	10		

Schedule R (Form 990) 2014

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.

Name, address, and EIN of entity	Primary activity			Are a	.11	(f)	(g)	(I		(i)	(j)	(k)
of entity	I filliary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	sec.	Share of	Share of	Dispr	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
-		(state or foreign	excluded from tax under	orgs.	?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	o
-					\dashv							
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]				L			

	368 (Rev. 1-2014)					Page 2
	ı are filing for an Additional (Not Automatic) 3-Month Ex					. ► [X]
	only complete Part II if you have already been granted an a			filed Form	8868.	
	are filing for an Automatic 3-Month Extension, comple			1.7	 	1)
Part	II Additional (Not Automatic) 3-Month E	xtensio		•	•	
	T		Enter filer's	T	ng number, see	
Type or			TON	Employe	r identification n	umber (EIN) or
print	YOUNG WOMEN'S CHRISTIAN ASSO		87-0212	167		
File by the due date f						
filing your return. See	322 EAST 300 SOUTH	Social se	curity number (SSN) 		
instructior	is. City, town or post office, state, and ZIP code. For a for SALT LAKE CITY, UT 84111-20		lress, see instructions.			
	·					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01				
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already granted	l an autor	natic 3-month extension on a pre	viously file	ed Form 8868.	
Telepoint Telepoint In It the		s in the Ur Group Exe	Fax No. ▶	If this is fo	r the whole grou	p, check this
	request an additional 3-month extension of time until	MAY	15, 2016			_
5 F	or calendar year, or other tax year beginning	JUL 1	, 2014 , and endig	ng JUN	30, 201	.5
6 If	the tax year entered in line 5 is for less than 12 months, o	heck reas	on: Initial return	Final r	eturn	
L	Change in accounting period					
	tate in detail why you need the extension					
<u> </u>	DDITIONAL TIME REQUIRED TO GA	ATHER	FINANCIAL INFORMA	TION		
_						
_						
_						
_						
					.	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0
_	onrefundable credits. See instructions.			8a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					
	x payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid			•
-	reviously with Form 8868.			8b	\$	0.
	alance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			^
Е	FTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
			st be completed for Part II	-		
Under pe it is true,	enalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	orm.	panying schedules and statements, and t	o the best o	f my knowledge a	nd belief,
Signatur	e ▶ Title ▶ C	CEO		Date	>	
					Form 886	3 (Rev. 1-2014)