

Return of Organization Exempt From Income Tax

2014

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning		, 2014, and ending	, 20
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLEGHENY VALLEY YMCA		D Employer identification no. 25-0965630
	Doing business as		E Telephone number (724) 224-9500
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite
	5021 FREEPORT ROAD		
City or town, state or province, country, and ZIP or foreign postal code		910,790	
NATRONA HEIGHTS, PA 15065		G Gross receipts \$	
F Name and address of principal officer: GERALD DEMARCO		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.AVYMCA.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1942	M State of legal domicile: PA

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AVYMCA PROVIDES COMMUNITY BASED OPPORTUNITIES TO INDIVIDUALS, REGARDLESS OF ABILITY TO PAY BY PUTTING CHRISTIAN VALUES/PRINCIPLES INTO PRACTICE THROUGH FACILITIES/WELLNESS PROGRAMS/ACTIVITIES THAT BUILD HEALTHY SPIRIT/MIND/ AND BODY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		13
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5		127
	6 Total number of volunteers (estimate if necessary)	6		97
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
b Net unrelated business taxable income from Form 990-T, line 34	7b		0	
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	139,065	62,190	
	9 Program service revenue (Part VIII, line 2g)	858,129	817,374	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,552	111	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,473	25,276	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,006,219	904,951		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	684,379	637,385	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	24,724		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	494,061	470,025	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,178,440	1,107,410		
19 Revenue less expenses. Subtract line 18 from line 12	(172,221)	(202,459)		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,221,755	1,017,854	
	21 Total liabilities (Part X, line 26)	74,524	72,419	
22 Net assets or fund balances. Subtract line 21 from line 20	1,147,231	945,435		

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

Sign Here	Signature of officer: <i>Gerald Demarco</i>	Date
	Type or print name and title: GERALD P DEMARCO, EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if PTIN self-employed	PTIN
	J SCOTT MAZUR CPA	<i>J Scott Mazur CPA</i>	11-11-2015		P01367415
	Firm's name ▶ J SCOTT MAZUR CPA	Firm's EIN ▶	Phone no. 412-741-8090		
	Firm's address ▶ 432 GREEN STREET SEWICKLEY PA 15143				

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