Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A F	or the	2010 calendar year, or tax year beginning and	ending	<u> </u>					
<b>3</b> C	heck if	C Name of organization		D Employer identification number					
	Addres	SOUTH SOUND YOUNG MEN'S CHRISTIAN ASS	N.						
	Name change	Doing Business As		91-0586473					
F	]lnıtıal ∫return ]Termin	Number and street (or P 0. box if mail is not delivered to street address)	Room/suite						
Ţ	⊒ated ]Amend ⊒return	1550 IEDM MIGHWAI DE	l	(360)753-6576 G Gross receipts \$ 7,217,623.					
r									
	Jtión pendin			H(a) Is this a group return for affiliates?  Yes X No					
		SAME AS C ABOVE		H(b) Are all affiliates included? Yes No					
ΙT	ax-exe	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1)	or 527	<b>=</b>					
J V	Vebsit	e: WWW.SOUTHSOUNDYMCA.ORG		H(c) Group exemption number ▶					
		organization. Corporation Trust X Association Other ▶	L Year	of formation: 1892 M State of legal domicile: WA					
Pa	rt I	Summary							
e	1	Briefly describe the organization's mission or most significant activities. TO P	ROVIDI	YOUTH AND COMMUNITY					
Activities & Governance		AN AFFORDABLE AND ACCESSIBLE RESOURCE FO							
veri	ľ	Check this box  fithe organization discontinued its operations or dispo	sed of mor	1 1 10					
g.		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)	REC	EIVED 14 19					
S &		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	L.,,,,,	EIVED 356					
vitie	6	Total number of volunteers (estimate if necessary)	111	76 76 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
\ctj	7a	Total unrelated business revenue from Part VIII column (e), Inp. 14	27418	0.2 2018 $96 $ $2029$					
_	b	Net unrelated business taxable income from 990-1 Tine 34	A	$ \begin{array}{c c}  & 0 \\  & 7b \\  & 0 \end{array} $					
		, KECEIVED	a	NPriof year Current Year					
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)  JAN 0 9 2018	L	812,941. 562,673.					
Revenue	9	rogram corrido rovondo (rait vini, into 29)		6,734,371. 6,495,170.					
Re	10	investment income (Part VIII, column (A), lines 3 (part VIII, column (A), lines 5 (d. 8) (a) (D. 11e)	 	38,410. 26,280. 122,176. 119,625.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 85, 5, 10, 11, 11e)  Total revenue - add lines 8 through 11 (must equal baself), column (A), line 12)	<u> </u>	7,707,898. 7,203,748.					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<del></del>	0. 0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.					
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,761,323. 4,583,668.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.					
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> 27.                                    </u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_	2,860,215. 2,712,931.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	7,621,538. 7,296,599.					
Ses		Revenue less expenses Subtract line 18 from line 12		86,36092,851.					
		Total access (Part V. line 16)	B	eginning of Current Year End of Year 9,815,023. 9,380,550.					
Bal		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	<b>⊢</b>	5,130,005. 4,788,383.					
rvet Assets Fund Balan		Net assets or fund balances Subtract line 21 from line 20	<u> </u>	4,685,018. 4,592,167.					
_	rt II	Signature Block							
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of my knowledge and belief, it is					
rue,	correc	t, and complete. Declaration suppleparer (other than officer) is based on all information of w	hich prepare	r has any knowledge					
		Construction of the Constr		12/20/17					
Sigr		Signature of officer		Date 7					
Her	e	KYLE CRONK, CEO Type or print name and title		<del></del>					
		<del></del>		Date , Check   PTIN					
Paid		DANIEL MORTENSEN, CPA  Preparer's signature  Danuel Mortensen, CPA		2/19/17 (self-employed P01631156					
	arer	Firm's name NR SMITH AND ASSOCIATES, PS		Firm's EIN > 91-0959909					
	Only	Firm's address 2120 CATON WAY SW							
		OLYMPIA, WA 98502-1106		Phone no (360)754-9475					
Иау	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No					
320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.	Form <b>990</b> (2010)					

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: TO PROVIDE YOUTH AND COMMUNITY AN AFFORDABLE AND ACCESSIBLE RESOURCE FOR THE POSITIVE DEVELOPMENT OF SPIRIT, MIND AND BODY THROUGH	CE
	RECREATIONAL HEALTH AND LEADERSHIP PROGRAMS.	
	RECREATIONAL REALIT AND DEADERSHIP PROGRAMS.	
	Out the survey and the last control of the survey of the s	
2	·	X No
•	If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  L Yes If "Yes," describe these changes on Schedule O	S LEY IND
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
*	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 2,492,204 · including grants of \$ ) (Revenue \$ 2,781)	, <b>357.</b> )
	CHILDCARE: SEE ATTACHED	
4b	(Code: ) (Expenses \$ 1,854,941. including grants of \$ ) (Revenue \$ 2,843, MEMBERSHIP: SEE ATTACHED	,346.
		<del></del>
	(Code: ) (Expenses \$ 736,480 • including grants of \$ ) (Revenue \$ 431,	705
4c	(Code: ) (Expenses \$ 736,480 · including grants of \$ ) (Revenue \$ 431, YOUTH: SEE ATTACHED	, 703.
	TOUTH. SEE ATTACHED	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 1,028,831. including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 6,112,456.	

032002 12-21-10

Form **990** (2010)

032003 12-21-10

ŧ

Form 990 (2010) SOUTH SOUND The 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	x	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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,			1
	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			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			7.7
	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, VIII, VIII, IX, or X	1	, j	* *
	as applicable	ša.		&. <sup>27</sup>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ٔ ما	х	
	Part VI	11a		<del> </del>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	Ì
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			   v
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<b>.</b>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.0	'	х
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<del>-^</del> -
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del> -		<del></del> -
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ĺ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	5		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
-	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	The state of the s		990 /	2010)

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? X 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? X 24c X d 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Х 27 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): Dí. a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33

section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of

If "Yes," complete Schedule R, Part V, line 2 37

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Х Form **990** (2010)

Х

Х

X

Х

X

33

34

35

36

37

34

35

Form 990 (2010) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable   1		Check if Schedule O contains a response to any question in this Part V			<u> </u>
be Enter the number of Forms W2G included in line 1s. Enter 0-4 in ot applicable   10   0   0   0   0   0   0   0   0				Yes	No
c Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) without prize with the pri	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11 12	* 33	%**	& X
Be the deganization country from the access of performance and reportants to vendors and reportants graining (gambling) with minimum process with the performance of				<b>4</b>	\$
2a Settler the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  **Medical Professional Profession Professional Pro	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Æ.	
field for the calendary year ending with or within the year covered by this return.    1			1c	, (v	<del></del>
b If at least one is reported on line 2a, did the organization flet all required federal employment tax returns?  No ic. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of 15,000 or more during the year?  3a Did the organization have unrelated business gross income of 15,000 or more during the year?  3a At any time during the celendary 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)?  5b If Yes, "the three the name of the foreign country   ▶  5ce instructions for filing requirements for Form TD F 90·22 1, Report of Foreign Bank and Financial accounts  5a Was the organization have the organization has that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "to line 5a or 5b, did the organization file Form 88861?  6b Oes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If Yes," did the organization include with every solicitations under section 170(c).  8c Did the organization notify the donor of the value of the goods or services provided?  9c Did the organization exceeve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c Unit be organization received a contribution of qualified intellectual property, did the organization refere any apprentine, directly or indirectly, to pay premiums on a personal benefit contract?  9c Unit the organization received a contribution of qualified intellectual property, did the organization refere any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c Unit the organization received an contribution of orars, boats, arplanes, or other vehicles, did the organization refere any pay permiums, directly or indirectly, on a personal benefit contract?  9c U	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<b>3</b>		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a			~~~	2 i	X
A Dut the organization have unrelated business gross income of \$1,000 or more during the year?  3a Dut the organization have unrelated business gross income of \$1,000 or more during the year or the year?  3b If "Yes," has it field a Form 990-T1 or this year? If "No.", prowde an explanation in Schedule O  4a At any time during the celendary 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, secunties account, or other financial accountly?  5b If "Yes," and the mane of the foreign country See instructions for thing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization shall may receive deductible contributions under section 170(c).  5d Dud the organization shall may receive deductible contributions under section 170(c).  5d Dud the organization shall may receive deductible contributions or displace personal property for which it was required to file Form 8222?  5d If "Yes," indicate the number of Forms 8222 fled during the year.  5d If "Yes," indicate the number of Forms 8222 fled during the year.  5d If the organization received a contribution of qualified intellectual property, did the organization file form 18699 as required?  5d	b				
b if "Yes," insist filled a Form 990-T for this year" if "No.", proude 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 accountry or the financial account in a foreign country [such as a bank account, securities account, or other financial accountry Sechicles and Sechicles of the Company of the Sechicles of the Sechicles of Section 490. Sechicles of Section 490. Sect			n	24	~*
4a A 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)?  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  8 Was the organization approach to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 8886-17  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 Dif the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  9 Dif the solid the organization include with every solicitation and express statement that such contributions or girls were not tax deductible?  9 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?  9 Did the organization receive apartly more of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  11 Did the organization of the support of the goods or services provided?  12 Did the organization of the number of Forms 8282 filed during the year  13 Did the organization of the value of the goods or services provided?  14 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  15 Did the organization of the provided of the supporting organization file Form 8890 as required?  15 Did the organization maintaining donor advised funds and section 59(s)(3) supporting organization file of Form 1098 C?  16 Sponsoring organizations maintaining donor advised funds.  17			$\vdash$		
triancial account in a foreign country   such as a bank account, securities account, or other financial account)?  b if "Yes," either the name of the foreign country   See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts D old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? D old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? D old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? D old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? D observed that the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible? D if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To organizations that may receive deductible contributions under section 170(c). D if the organization shall may receive deductible contributions under section 170(c). D if the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? D if "Yes," indicate the number of Forms 8282 filed during the year. D if the organization received an contribution of qualified intellectual property, did the organization file Form 18899 as required? To the organization received a contribution of qualified intellectual property, did the organization file a Form 1096 organization file a Form 1098 organization file a Form 1098 organization file and the properties of the organization maintaining donor advised full das sections 90(a) supporting organizations. D file supporting organizations. D file supporting organiza			3b	_	<u> </u>
b if "Yes," enter the name of the foreign country ▶  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction?  5b X X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X X  6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6d Does the organization have annual gross accepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6d Drives, "I did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  6d Drives," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  6d Drives," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  6d Drives," did the organization oraclive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  7d Drives," did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8282 filed during the year  6d Drives," indicate the number of Forms 8282 filed during the year  6d Drives," indicate the number of Forms 8282 filed during the year  6d Drives," indicate the number of Forms 8282 filed during the year  7d Drives," indicate the number of contributions indicated property, did the organization file Form 8899 as required?  7f Drives," indicate the number of contributions or divisited the organization file Form 8899 as required?  7f Drives," indicate the number of contribution or doubled intellectual property, did the organization file Form 8899 as required?  7f Drives," indicate the number of Forms 8282 filed during the year and the organization make a distributi	4a				v
See instructions for fuling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for fuling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Saw sthe organization a party to a prohibited tax shelter transaction?  5a Was the organization aparty to a prohibited tax shelter transaction?  5b If Yes,* to line Sa or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen on tax deductible?  5b If Yes,* did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7 Organization sthat may receive deductible contributions under section 170(c).  a bid the organization sthat may receive deductible contributions under section 170(c).  a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 filed during the year  c Did the organization receive any funds, directly or indirectly, 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?  If If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 108-C?  Sponsoring organizations maintaining donor advised funds and section \$9(3)(3) supporting organizations. Did the gropanization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Consideration make any taxable distributions under section 4966?  b Consideration make any taxable distributions under section 4966?  b Consideration make any taxable distributions under section 4966?  b Consideration make any taxable distributions unde				2 380	
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b Prives, to line Sa or 5b, dot the organization file Form 8886-7?  Consistency and the organization reloade with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  b Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If Yes, did the organization notify the donor of the value of the goods or services provided?  b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-0?  S Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Institution fees and capital contribution of organization filing Form 990 in lieu of Form 1041?  119	þ			,è	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-17  8 Does the organization have annual gross receipst that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c), a Did the organization notify the donor of the value of the goods or services provided to the payor?  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 Did the organization received a contribution of cars, botas, arginanes, or other wholes, did the organization file a Form 1098-C?  2 Sponsering organizations maintaining donor advised funds and section 509(s)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  2 Did the organization make any taxable distributions under section 4966?  2 Did the organization make any taxable distributions under section 4966?  3 Section 501(c)(7) organizations. Enter  2 In this timulation fees and capital contribution to a donor, donor advisor, or related person?  3 Section 501(c)(7) organizations. Enter  3 In Justice 1 In Justic			~~	i ilis.	l x
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$55 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization receive a payment in excess of \$55 made partly as a contribution and partly for goods and services provided to the payor?  To Pick the organization notify the donor of the value of the goods or services provided?  Did the organization is ell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To bid the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of durist fundilectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 698(a)(3) supporting organizations file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions of a contribution of a contr			<del></del>		
Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization neclude a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums, directly or not personal benefit contract?  g if the organization received a contribution of care, boats, amplanes, or other vehicles, did the organization file Form 199C PS, Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(12) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations included in nor			-		
any contributions that were not tax deductible?  b	_	· · · · · · · · · · · · · · · · · · ·	30		<del>                                     </del>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  In the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make a distribution to a donor, donor advised, runds.  Did the organization make a distribution to a donor, donor advised, runds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Bection 501(c)(12) organizations. Enter  Initiation fees and capital contributions included on Part Vill, line 12  Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources against amo	oa		62		x
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization are even a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  A X  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  2 Sponsoring organizations maintaining donor advised funds. 2 Did the organization make any taxable distributions under section 4966? 3 Did the organization make any taxable distributions under section 4966? 4 Did the organization make any taxable distributions under section 4966? 5 Did the organization make any taxable distributions under section 4966? 5 Did the organization make any taxable distributions under section 4966? 5 Did the organization selection form members or shareholders 6 Gross income from members or shareholders 1 Did bi "Yes," enter the amount of the exempt interest received or accrued dump the year 1 Did bi "Yes," enter the amount of tax exempt interest received or accrued dump the year 1 Did bi ("Yes," enter the amount of reserves the organization in formation the organization must report on Schedule O.  5 En	h	•			
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To bit "Yes," indicate the general payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To bit for organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization, drung the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization of the sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter 15 Sectio			6b		l
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the organization the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 If the organization the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization smalintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advised, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  D Gross income from members or shareholders  b 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.)  12a Section 501(c)(12) organizations. Enter  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must r	7		¥ &	4.	26
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the organization the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 If the organization the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization smalintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advised, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  D Gross income from members or shareholders  b 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.)  12a Section 501(c)(12) organizations. Enter  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must r				36.	×
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c			-		
to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  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  Gross income from members or shareholders  Gross income from embers or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  28 Section 501(c)(2) organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  If I'wes, enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is incensed to issue qualified health plans  Enter the amount					
d if "Yes," indicate the number of Forms 8282 filed during the year  Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the organization, during the year, pay premiums, directly, on a personal benefit contract?  1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  intitation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified health insurance issuers.  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.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  If the organization is licensed to issue qualified health plans  E	-		7c		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  2 Did the organization make any taxable distributions under section 4966?  3 Did the organization make a distribution to a donor, donor adviser, or related person?  5 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Did  1 Section 501(c)(2) organizations. Enter  a Gross income from members or shareholders  5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a Section 501(c)(2)9 qualified nonprofit health insurance issuers.  a 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.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  1 Did the organization receive any payments for indoor tanning services during the tax year?  14a X	d		3	* 4	- W.Y.
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11a 12c Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 14a Did the organization is 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.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1 1		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Intitiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  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  Cross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  4a Did the organization receive any payments for indoor tanning services during the tax year?  b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b  10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b  10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	¥*	* 1.	(1) (1)
posporsoring organizations maintaining donor advised runds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  Lite organization receive any payments for indoor tanning services during the tax year?  b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	9	Sponsoring organizations maintaining donor advised funds.		م میشہ	釜
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Did the organization make a distribution to a donor, donor advisor, or related person?	-		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10		1 1	* 3	<b>è</b>
Section 501(c)(12) organizations. Enter  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			5.	*	***
a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c 14a X  I Ha X  I Ha Y  I Ha I X  I Ha I X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>1</b>	8	43
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	Section 501(c)(12) organizations. Enter	<i>*</i>	* 🔌	. * .
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	<b>a</b>		3	4	ر ً
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b		3	3	
b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	4-	, , , , , , , , , , , , , , , , , , ,			ļ
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		f I	12a		-
a 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.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	_				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b			125		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	- · · · · · · · · · · · · · · · · · · ·	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13b  13c  14a  X  15c  15c  15c  16c  17c  18c  18c  18c  18c  18c  18c  18					
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b		· · · · · · · · · · · · · · · · · · ·			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			10-		Y
			-	<del> </del>	<del>  ^</del> `
	D	ir Yes, has it filed a Form 720 to report these payments? If INO, provide an explanation in Schedule O		gan	(2010)

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 to any question 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	<u> 19</u>	(A)	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	19	*	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	1 32
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	- }	1	ł
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	L	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	(6,	4.	š *%
	by the following			*
а	The governing body?	8a	X	**
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ŀ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	34.	733/6	x 3
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			Γ –
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by independent		ž	2 3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	×,	3.8	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		Š.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			X
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		×	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	المتذلات		ا ۔۔۔۔ ا
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest police	y, and fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization o	nization >	<u> </u>	
	1530 YELM HIGHWAY SE, OLYMPIA, WA 98501-4684			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	ation nor any related	orga	anıza	ation	COI	mpei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		Pos					Reportable	Reportable	Estimated
	hours per week (describe	⊢	heck	call t	all that app			compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations in Schedule O)		Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
MICHAEL WEST										_
PRESIDENT/CEO	40.00	X		X				0.	168,204.	0.
WENDY AVILA		l							_	_
BOARD MEMBER		X						0.	0.	0.
LAURIE BERRYMAN									_	_
BOARD MEMBER		Х	L					0.	0.	0.
PAT BERSCHAUER		٠,,								•
JUDY BLYTHE		X	$\vdash$			_		0.	0.	0.
BOARD MEMBER		x						0.	0.	_
MARK C FURMAN		_		_				0.	U •	0.
BOARD MEMBER		х						0.	0.	0.
STEVE HATTON		Α						· ·	0.	<u> </u>
BOARD MEMBER		x						0.	0.	0.
WENDY HOLDEN						H				
BOARD MEMBER		x						0.	0.	0.
DAVID MATZINGER						П			-	
BOARD MEMBER		X						0.	0.	0.
ALLEN T MILLER, JR						П				
BOARD MEMBER		Х						0.	0.	0.
DR RHONDA QUASH COATS										
BOARD MEMBER		Х						0.	0.	0.
KIM PUTNAM										
BOARD MEMBER		X						0.	0.	0.
CHRISTINE THIS									_	
BOARD MEMBER		X						0.	0.	0.
RUTH WEIGELT										
BOARD MEMBER		Х	Щ					0.	0.	0.
BOB SUMMERS								_		
CHEIF FINANCIAL OFFICER	40.00	Ш		Х		Щ		0.	55,786.	0.
SUSAN CALLENDER	40.00							_		
FINANCE DEVELOPMENT DIR.	40.00	igsqcup		X		igspace		0.	63,849.	0.
RON WHITE	40.00			۲٫				_	E 4 0 0 0 0	^
DIR OF CHILD DEVELOPMENT	40.00	L!		X		Ш		0.	54,877.	0.

032007 12-21-10

Part VII Section A. Officers, Directors, Tru		mple	oyee			High	est				
(A)	(B) Average		( <b>C</b> ) Position					(D)	(E)	1	(F)
Name and title	hours per	l (c		call t			lv)	Reportable compensation	Reportable compensatio	_	Estimated amount of
	week	\ <u>`</u>	T				1,,	from	from related		other
	(describe	rector	1	Ì '	1	1		the	organization	- 1	compensation
	hours for	ord	<u></u>		l	sated		organization	(W-2/1099-MIS	ic)	from the
	related organizations	trustee or director	Il trustee		9	шреп		(W-2/1099-MISC)		1	organization
	in Schedule	Individual	Institutional t	<u>,</u>	mploy	stcol	<u>ة</u>			Í	and related organizations
	O)	ğ	Instit	Officer	Key employee	Highest compensated employee	Form			ļ	organizations
JOYCE NEAS						Г					
BRANCH EX DIRECTOR	40.00		<u> </u>	Х		<u> </u>	L	0.	72,88	35.	0.
JASON GRATER	40.00		1			ſ				}	_
BRANCH EX DIRECTOR	40.00	<u> </u>	├-	X		<u> </u>	L	0.	13,73	37.	0.
LYNN WOFFORD CHAIRMAN				x				0.		0.	0.
KIMBERLY ELLWANGER		-	┝	^	-	⊢	-	U .		<u> </u>	
VICE CHAIR			1	x				0.		0.	0.
DICK WADLEY		┢╌	<del>                                     </del>	-	_	┢╌	H	<del>  :</del>		<del>~ '  </del>	
VICE CHAIR		1	1	x	ı			0.		0.	0.
JACE MUNSON	- <del></del>				_		Г			$\neg \uparrow$	
TREASURER		L	L	Х				0.		0.	0.
JOHN PARRY			1					_			_
SECRETARY		<u> </u>	_	Х		<u> </u>	<u> </u>	0.		0.	0.
NEIL WOODY				x			ľ	0.		0.	0
PAST CHAIR		⊢	┝	^		┢	-	<del> </del>		<del>     </del>	0.
							1			- }	
1b Sub-total						▶	<b>L</b>	0.	429,33	38.	0.
c Total from continuation sheets to Part VI	I, Section A					•		0.		0.	0.
d Total (add lines 1b and 1c)					_	▶		0.	429,33	38.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 ın reportable	9	
compensation from the organization				_			_				Yes No
3 Did the organization list any former officer.	director or tru	otoo	. ka		اماما		ا ا	highest companies of an	anloves as	Г	<del></del>
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		Siee	, Ke	y <del>e</del> ii	ipio	yee,	OI I	nignest compensated er	nployee on	1	3 X
4 For any individual listed on line 1a, is the su		le co	amo	ensa	ation	n and	d ot	ther compensation from	the organization	-	<del>-;  - ,  - ,  - ,  - ,  - ,  - ,  - ,  </del>
and related organizations greater than \$150								•		ľ	4 X
5 Did any person listed on line 1a receive or a									dual for services	Ī	
rendered to the organization? If "Yes," com	plete Schedul	e <i>J t</i>	or s	uch	pers	son					5 X
Section B. Independent Contractors							_				<del></del>
Complete this table for your five highest contact the organization NONE	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ition from
the organization NONE (A)					_		$\neg$	(B)			(C)
Name and business	address							Description of s	ervices	Co	ompensation
			_				ᆜ	 			
							- 1				
							4				
		_					-	<del></del>			
									Ţ		
2 Total number of independent contractors (ii	ncluding but n	ot h	mite	d to	tho	se lis	stec	d above) who received m	ore than		l l
\$100,000 in compensation from the organiz	ation 🕨	_			(	)					- 000 (5-2-2)

டு	arı	×A I	Statement of Reve	enue		•			- 3-
ts st	<u> </u>	1 a	Federated campaigns		22,367	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
itions, gifts, grants	lar an	b	Membership dues Fundraising events Related organizations		379,339				
Contributions	allo ollik	g h	similar amounts not included abo	ove 1f	32,867.	562,673.			
	T				Business O. I			8 4 W B	× 28 482
a	1.	2 a	MEMBERSHIP DUES	3	Business Code			in a se ac	
Ġ.	'		CHILD CARE	<del> </del>	900099	2843346.	· <b>I</b>	İ	2,843,346.
Program Service		b			900099	2781357.			2,781,357.
5 5	5	С	YOUTH		900099	431,705.			431,705.
žã		d	AQUATICS		900099	342,043.		<del> </del>	342,043.
90	1	е	PHYSICAL EDUCAT	TION	900099	96,719.	<del> </del>	<del> </del>	
ď		f	All other program service reve		-	30,713.			96,719.
		а	Total. Add lines 2a-2f	on do		6495170.	<del></del>		
_	13					0493170.	a % % & x	*** ** **	, A 4 Y
	`		Investment income (including	aiviaenas, inte	erest, and	1			]
	Ι.		other similar amounts)		<b>•</b>	26,280.	26,280.		
	4		Income from investment of ta	x-exempt bond	proceeds				
!	] 5	•	Royalties	_	•				
	1			(ı) Real	(II) Personal	. * * * * * * * * * * * * * * * * * * *	» 🕸 🔉	ć ¥	2. 8. 19. 1
	6	а	Gross Rents		<u></u>				
		b	Less rental expenses		<del></del>	, , , , , , , , , , , , , , , , , , ,			
	i		<u>-</u>		<del></del>			# } <sup>25</sup> 26	*
	]		Rental income or (loss)	L					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(II) Other	4 k * &	· ( 14 8 %	& & * *	* * 3
			assets other than inventory						
		b	Less cost or other basis						3 * Y % 1
			and sales expenses		1				
	l		Gain or (loss)		<del> </del>	* * * * *	*		
			` '		<u> </u>				
	_		Net gain or (loss)						
Other Revenue	8		Gross income from fundraising including \$ 379,3	39. of					
æ			contributions reported on line	1c). See		. * * . *		. * *, ^* ~	
힐			Part IV, line 18	a	0.			a War	
ᅙ			Less direct expenses	k	13,875.				
			Net income or (loss) from fund				*	1	
- 1	9	а	Gross income from gaming act	tivities See		3. 3. 5	X X	8 17 m N	* 4 4
ı			Part IV, line 19	а	ıİ İ	* * · · · · · · · · · · · · · · · · · ·	· ·	* / *	3 5 8 46
ľ		b I	Less direct expenses	b	,		`	Ì	
- 1		c I	Net income or (loss) from gami	na activities				***************************************	
			Gross sales of inventory, less r						
ľ			and allowances		1		ļ		
			ess cost of goods sold	a				i	1
				b	'L				
ŀ		<u> </u>	Net income or (loss) from sales						
-		—,	Miscellaneous Revenue	<u> </u>	Business Code				
_ ]	11	a i	SPECIAL EVENTS		900099	72,627.			72,627.
- 1		b [	MISC. REVENUE		900099	60,873.			60,873.
		c _							
		d A	All other revenue					<del></del>	<del></del>
		e T	otal. Add lines 11a-11d			133,500.	·		<del></del>
	12	_ 1	otal revenue. See instructions.		<u> </u>	7203748.	26,280.	<del></del>	6.65.5.5.5
32009 12-21-	10					7203740.	40,400.	0.	6,614,795.
									Form <b>990</b> (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)										
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21			% % % & 3_ 2							
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22			\$							
3	Grants and other assistance to governments,										
	organizations, and individuals outside the U.S										
	See Part IV, lines 15 and 16				1. 3% 4						
4	Benefits paid to or for members			3, 18 8, 12							
5	Compensation of current officers, directors,			1							
	trustees, and key employees	429,339.	171,736.	233,259.	24,344.						
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	Other salaries and wages	3,377,411.	2,368,501.	1,008,910.							
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits	382,518.	208,278.	174,240.							
10	Payroll taxes	394,400.	294,945.	98,908.	547.						
11	Fees for services (non-employees):										
а	Management										
b	Legal	7,512.		7,512.							
С	Accounting	12,533.		12,533.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17		* 4, * ;; %	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
f	Investment management fees	050 400	445 435	125 060							
g	Other	253,403.	117,435.	135,968.	1 005						
12	Advertising and promotion	37,324.	16,663.	19,636.	1,025.						
13	Office expenses		_ <del></del>		ļ						
14	Information technology				<b> </b>						
15	Royalties		270 221	402 000	<del></del>						
16	Occupancy	683,211.	279,221. 21,260.	403,990.	<del> </del>						
17	Travel	39,986.	21,200.	10,740.	<del></del>						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	<del> </del>		<del> </del>							
19	Conferences, conventions, and meetings	199,640.		199,640.	<del> </del> -						
20	Interest	199,040.		177,040.	<del> </del>						
21	Payments to affiliates	346,093.	19,017.	327,076.	<del> </del>						
22	Depreciation, depletion, and amortization	170,336.	41,966.	128,370.	<del> </del>						
23	Insurance Other expenses, Itemize expenses not covered	170,330		220,5,00	₹ 7 × × × × ·						
24	above. (List miscellaneous expenses in line 24f. If line	<i>"</i> , " * * * * * * * * * * * * * * * * * *		1							
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)		·	, , , , , , , , , , , , , , , , , , ,	, ,						
а	SUPPLIES	581,465.	486,514.	89,581.	5,370.						
a b	DEBT FEES	98,875.		98,875.	<u> </u>						
C	DUES	94,196.	82,066.	12,130.	<del> </del>						
d	TELEPHONE	66,291.	23,753.	42,538.	<del> </del>						
e	EQUIPMENT RENTAL AND RE	41,717.	12,510.	29,207.							
f	All other expenses	80,349.	1,968,591.		-21,159.						
25	Total functional expenses. Add lines 1 through 24f	7,296,599.	6,112,456.	1,174,016.	10,127.						
26	Joint costs. Check here   if following SOP										
	98-2 (ASC 958-720). Complete this line only if the				<u> </u>						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising		<b>!</b>		ļ						
	combined educational campaign and fundraising solicitation		į .	<u> </u>	<u> </u>						

₃Pa	rt <u>(X</u>	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,179,981.	2	922,541.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	93,291.	4	114,849.
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, and highest compensated employees. Complete Part II			
	ł	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		ž	
	,	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		***	
		employers and sponsoring organizations of section 501(c)(9) voluntary		- L	Aalaa
S.		employees' beneficiary organizations (see instructions)		6_	
Assets	7	Notes and loans receivable, net	F-012	7	
ğ	8	Inventories for sale or use	5,913.	8	4,121.
	9	Prepaid expenses and deferred charges	77,139.	9_	127,558.
	ioa	Land, buildings, and equipment. cost or other	T O O E E O	<b>₩</b> 2	
		basis Complete Part VI of Schedule D Less: accumulated depreciation  10a 9,914,623.  2,929,348.	7,090,532.	1	6,985,275.
	11	Less: accumulated depreciation 10b 2,929,348.  Investments - publicly traded securities	1,090,332.	10c	0,365,275.
	12	Investments - publicly traded securities  Investments - other securities See Part IV, line 11		11 12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets. See Part IV, line 11	368,167.	15	1,226,206.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,815,023.	16	9,380,550.
	17	Accounts payable and accrued expenses	782,131.	17	655,403.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		₩.	% 'y ' 'n '', A
iab		highest compensated employees, and disqualified persons. Complete Part II	i. i	À	
-		of Schedule L	4 300 000	22	4 4 6 6 6 6 6
	23	Secured mortgages and notes payable to unrelated third parties	4,320,000.	_23	4,109,283.
	24	Unsecured notes and loans payable to unrelated third parties	27 074	24	22 607
	25	Other liabilities Complete Part X of Schedule D	27,874. 5,130,005.	25	23,697. 4,788,383.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	N. NA NA NA NA	26	4,700,303.
s		lines 27 through 29, and lines 33 and 34.			
e l	27	Unrestricted net assets	4,685,018.	27	<u>.</u> 4,592,167.
alaı	28	Temporarily restricted net assets	1,003,010.	28	1,332,1076
d B	29	Permanently restricted net assets		29	
듄		Organizations that do not follow SFAS 117, check here	, , 8 <sub>4</sub> \;	*	7 7 7 7 7
o		complete lines 30 through 34,			19 Se the
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	-victoreto, is the control of th	30	and officers of the state of th
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,685,018.	33	4,592,167.
	34	Total liabilities and net assets/fund balances	9,815,023.	34	9,380,550.

Form **990** (2010)

Form	990 (2010) SOUTH SOUND FOUNG MEN S CHRISTIAN ASSN.	91-1	0004/0	Pag	ge ı∠
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,29		
3	Revenue less expenses Subtract line 2 from line 1	3			51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,68	5,0	18.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,59	2,1	67.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		X
				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	0	_  , }	Ľ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	i '	) }	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.	**	5	*
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	, ·	3*	3 8
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		100	0m 3	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audi	t		}
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t T		
	or guide, explain why in Schedule O and describe any stone token to undergo such guides		36	1 1	1

Form **990** (2010)

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

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

		SOUTH S	OUND YOUNG M	EN'S	CHRIS	TIAN	ASSN.		9:	L-0586473
<sub>≰</sub> Part T	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this part	t) See ins	tructions		
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)			
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).		
2 🖳	A school des	cribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)						
з 🖳	A hospital or	a cooperative hospi	ital service organization (	described	ın <b>section</b>	170(b)(1)	(A)(iii).			
4 📖	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ıi	i). Enter t	he hospital's name,
	city, and stat	te'								
5	An organizat	on operated for the	benefit of a college or ui	niversity o	wned or or	perated by	a govern	mental uni	t describe	ed in
<u> </u>		(b)(1)(A)(iv). (Compl	•							
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın <b>sectio</b>	n 170(b)(1	1)(A)(v).			
7 📖	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	oublic described in
		( <b>b)(1)(A)(vi).</b> (Comple	•							
8 🖳			section 170(b)(1)(A)(vi).							
9 X	An organizat	on that normally rec	eives: (1) more than 33 ·	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross receipts from
		•	nctions - subject to certa			•				•
	income and i	unrelated business t	axable income (less sec	tion 511 ta	ıx) from bu	ısınesses a	acquired b	y the orga	nızatıon a	after June 30, 1975.
	See section	509(a)(2). (Complete	e Part III )							
10	An organizat	ion organized and o	perated exclusively to te	st for publ	ıc safety S	See <b>sectio</b>	n 509(a)(4	<del>1</del> ).		
11 📖	-		perated exclusively for the						•	
			ations described in secti				2). See <b>se</b> o	ction 509(a	a)(3). Che	ck the box that
			organization and compl	ete lines 1	1e through	11h.				ı
_	a L Type	1 <b>b</b> L	ا Type II و	: 📖 Тур	e III - Fund	tionally int	tegrated		d L	Type III · Other
e 🗀	By checking	this box, I certify the	at the organization is not	controllec	durectly o	r indirectly	by one o	r more disc	qualified p	persons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2)
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III e		_
	supporting o	rganızatıon, check th	nis box							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	
	(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (ı	III) below,	Yes No
	the gov	erning body of the s	upported organization?							11g(ı)
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)
	(iii) A 35%	controlled entity of a	ı person described in (i) o	or (II) above	e?					11g(ıii)
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)					
		· ·								
(i) Name	of supported	(ii) EIN	(iii) Type of			( <b>v</b> ) Did yot		(vi) ls		(vii) Amount of
org	anızatıon		organization (described on lines 1-9		sted in your			organizatio (i) organiz	ed in the	support
			above or IRC section	governing	document?	(i) oi your	support?	U S.	.?	
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No	
			1						[	
						<u> </u>	ļ			<u></u> <u></u>
		]	1	1	İ	)	}	Ì	) i	
			ļ	ļ	<b> </b>				$\vdash$	
		1	<b>†</b>	1	}			<u> </u>		
			ļ	<u> </u>	<u> </u>		<u> </u>		<b> </b>	<del></del>
				l	[					

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	]				ì	
	ınclude any "unusual grants ")		_				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	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						
5	The portion of total contributions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			# 1 1 1 W			
	on line 1 that exceeds 2% of the			{ ¥ . • . • . •			
	amount shown on line 11,			a de se de			
	column (f)	, <u>%</u> %, %	*		* \$ 7 %	7 3 9	
	Public support. Subtract line 5 from line 4	** **		<u>* * * * * * * * * * * * * * * * * * * </u>	<u> </u>	& 4 2 3	
	ction B. Total Support					<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	<b></b>				<del>   </del>	
8	Gross income from interest,					1	
	dividends, payments received on					,	
	securities loans, rents, royalties					ŀ	
	and income from similar sources		<u> </u>				
9	Net income from unrelated business					l	
	activities, whether or not the	[				[	
	business is regularly carried on			<del></del>			
10	Other income. Do not include gain						
	or loss from the sale of capital	}				1	
	assets (Explain in Part IV)	×. 880 . e		* 7			
	Total support. Add lines 7 through 10			× 1		<del></del>	<del></del>
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	-	s first, second, thii	d, tourth, or titth to	ax year as a sectio	n 501(c)(3)	▶□
200	organization, check this box and sto	p nere lic Support Pe	rcentage				
				aclumn (fl)		14	
	Public support percentage for 2010 ( Public support percentage from 2009)	•		Column (I))		15	% %
	33 1/3% support test - 2010.If the			n line 13, and line	14 is 33 1/3% or m	<del></del>	
100	stop here. The organization qualifies				14 13 00 17070 01 11	iore, erreek triio be	▶□
ŀ	33 1/3% support test - 2009. If the c		-		line 15 is 33 1/3%	or more, check the	s box
•	and stop here. The organization qua	-					<b>▶</b> □
17:	10% -facts-and-circumstances tes	• •			13, 16a, or 16b. a	and line 14 is 10% o	or more.
.,,	and if the organization meets the "fai						
	meets the "facts-and-circumstances"						▶□
ŀ	10% -facts-and-circumstances tes	_	-		-	7a, and line 15 is 1	0% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						ightharpoons
18							s
						edule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2010 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 3 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

<u> </u>	qualify under the tests listed b	ielow, please comp	olete Part II)				
	tion A. Public Support					<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	l .					
	membership fees received (Do not						
	include any "unusual grants.")	7,032,157.	7,194,389.	6,863,945.	7,547,312.	7,057,843.	35,695,646.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	104,460.	125,703.	96,444.	63,368.	119,625.	509,600.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	1					
	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	7,136,617.	7,320,092.	6,960,389,	7,610,680.	7,177,468,	36,205,246.
	Amounts included on lines 1, 2, and				<del></del>		<del></del>
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)	. & 1600 A	<b>₹</b> 4 /	¥ } . *		* * `	36,205,246.
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	_(e) 2010	(f) Total
	Amounts from line 6	7,136,617.	7,320,092.	6,960,389.	7,610,680.	7,177,468.	36,205,246.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,112.	100,523.	74,296.	38,410.	26,280.	311,621.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975			i		_	
C	Add lines 10a and 10b	72,112.	100,523.	74,296.	38,410.	26,280.	311,621.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	7,208,729.	7,420,615.	7,034,685.	7,649,090.	7,203,748.	36,516,867.
14	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here					<del></del>	
<u>Sec</u>	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (I	iine 8, column (f) di	ivided by line 13, c	olumn (f))		15	99.15 %
	Public support percentage from 2009					16	99.11 %
<u>Sec</u>	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	110 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.85 %
18	Investment income percentage from 2	<b>2009</b> Schedule A,	Part III, line 17			18	.89 %
19a	33 1/3% support tests - 2010. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ai 33 1/3% support tests - 2009. If the	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	ightharpoons
	line 18 is not more than 33 1/3%, che						ightharpoons
	Private foundation. If the organization			•		_	

### **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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public 81

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

₽aı	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<u> </u>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II 💪 Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	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 e	education) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	• •	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L_J Yes     L_J No
9	In Part XIV, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
<b>.</b>	conservation easements	(A.t. Ulatarian Tanananananananan	Harry Circuits at Association
Pai	TIII Organizations Maintaining Collections o	·	tner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
þ	If the organization elected, as permitted under SFAS 116 (AS	• •	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>S</b>
_	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre		ı gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<b>.</b>
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

$\overline{}$				RISTIAN ASS		-0586473 Page <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	ner Similar	Assets (continued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	e following that are a	significant use	of its collection items
	(check all that apply):					
а	Public exhibition	d	I Loan or exc	change programs		
b	Scholarly research	e	Other			
С	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	empt purpose	ın Part XIV.
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other simil	ar assets	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	collection?		Yes No
Pai	t IV Escrow and Custodial Arran	<b>igements.</b> Compl	ete if the organizati	on answered "Yes" t	o Form 990, Pa	art IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21				
1a	Is the organization an agent, trustee, custod	lan or other intermed	diary for contributio	ns or other assets no	ot included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:		_	
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?		<del></del>	Yes No
	If "Yes," explain the arrangement in Part XIV					
Pai	t V   Endowment Funds. Complete	f the organization ar	swered "Yes" to Fo	orm 990, Part IV, line	10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four years back
1a	Beginning of year balance				^\$ , Y <sub>1</sub>	. * . * . * * * * * * * * * * * * * * *
b	Contributions				38 *	
С	Net investment earnings, gains, and losses					3 2 2
d	Grants or scholarships				× 3	330x 4/ x v
	Other expenditures for facilities			<del>                                     </del>	7. 1	7.v 8 499
	and programs			1		
f	Administrative expenses			1	* *	* * * *
g	End of year balance		<u> </u>	<del></del>	4 8	5. V 4 . A
2	Provide the estimated percentage of the year	ur end balance held a	ls			<u> </u>
а	Board designated or quasi-endowment		%			
b	Permanent endowment ▶	%	<b>-</b> ~			
C		<u></u>				
	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organization	on
	by				<b>J</b>	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ıi)
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			3b
4	Describe in Part XIV the intended uses of the	•				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	t VI Land, Buildings, and Equipm			<del></del>		
<u> </u>	Description of investment	(a) Cost or o	<del></del>	t or other (c)	Accumulated	(d) Book value
		basis (investr	1 '	1	epreciation	(=, ====
1a	Land			2,200.	<del></del>	1,492,200.
	Buildings				929,348	
	Leasehold improvements					
	Equipment	<del></del>		<del></del>		
	Other					<del>                                     </del>
	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. column (B) line	10(c) )		6,985,275.
	12/11/2019	,	,	17//		

Schedule D (Form 990) 2010

_	dule D (Form 990) 2010 SOUTH SOUND YOUNG MEN'S CH					ge <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final	ncial Stat	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		7,203,74	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		7,296,59	9.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-92,85	1.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9	10		-92,85	
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve		Return		
1	Total revenue, gains, and other support per audited financial statements			1	7,193,61	4.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				.,===,,==	
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b		- I ( )		
	Recoveries of prior year grants	2c				
c C	• • •			-		
d	Other (Describe in Part XIV)			<b>-</b>		0.
e	Add lines 2a through 2d		-	2e	7,193,61	
3	Subtract line 2e from line 1			3	7,193,01	<del>4</del> •
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10 12/	45.7		
p	Other (Describe in Part XIV.)	4b	10,134	2.000	10 12	
С	Add lines 4a and 4b			4c	10,13	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	A Mills From		5	7,203,74	<u>8 .</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents with Exp	enses pe	T T		_
1	Total expenses and losses per audited financial statements			1 1	7,286,46	<u>5.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		-   1 1 1   1   1   1   1   1   1   1		
b	Prior year adjustments	2b		_!: **		
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d		-	2e		<u>0.</u>
3	Subtract line 2e from line 1			3	7,286,46	<u>5.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3.	_	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	10,134			
С	Add lines 4a and 4b			4c	10,13	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,296,59	<u>9.</u>
Pa	t XIV Supplemental Information		<u> </u>			
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp IDRAISING					ırt
			<u>.</u>		<del></del>	
			_			

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Department of the Treasury or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17, Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ Yes X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity to (or retained by) have custody or control of contributions or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. WA

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

Schedule G (Form 990 or 990-EZ) 2010

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 (b) Event #2 (c) Other events (a) Event #1 (d) Total events STRONG KIDS NONE (add col. (a) through CAMPAIGN col (c)) (event type) (event type) (total number) 379,339 379,339. 1 Gross receipts 379,339 379,339. 2 Less: Charitable contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 13,875. 13,875. 9 Other direct expenses 13,875, 10 Direct expense summary Add lines 4 through 9 in column (d) -13,875.11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_ Yes No b If "Yes," explain.

Schedule G (Form 990 or 990-EZ) 2010 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 2

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

Sch	edule G (Form 990 or 990-EZ) 2010 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0	<u> 586</u>	<u>473</u>	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1 1		
	The organization's facility	13a		%
	An outside facility	13b		<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		
14	cincer the flathe and address of the person who prepares the organization's gaining/special events books and records.			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<b>Ye</b> s	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	······································			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	•			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	$\Box$	es	□ No
	retain the state gaming license?	<b>T</b>	es	NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<u> </u>	organization's own exempt activities during the tax year > \$			
Pa —	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.			
_				
				<del></del>
	<del></del>			
_				
	<del></del>			

### **SCHEDULE J** (Form 990)

## Compensation Information

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Part I

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91–0586473 Page 2

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(i)	0	0	0	0	0	0	1
1 MICHAEL WEST	(ii)	168,20	0	0	0	0	168,204.	
	(i)							
2	(ii)							
!	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(1)							
5	(ii)							
	( <u>I</u> )							
9	<u> </u>							
	Ξ							
7	<b>(E)</b>							
	Θ							
8	(ii)							
	(1)							
6	(iii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	Ξ							
12	⊞			İ		i	į	
	Ξ							
13	Ξ							
	Θ							
14	(ii)							
	Ξ							
15	( <u>ii</u> )		i					
	Ξ							
16	<u> </u>			i				
				Ç.			Schedul	Schedule J (Form 990) 2010

032112 12-21-10

SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

(i) Pooled financing Yes No 2010 Open to Publication **Employer identification number** × OMB No 1545-0047 ŝ ŝ (g) Defeased (h) On behalf 91-0586473 Yes No × of issuer Yes Yes ŝ × Yes ŝ ٤ 4145000.ISSUE DATED SEPTE (f) Description of purpose ပ Yes Yes REFUND PRIOR ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V. ŝ ŝ See separate instructions. m Yes Yes (e) Issue price (F) CONTINUATIONS 202,704. 4,145,000 × ŝ ŝ 1999 (d) Date issued 01/15/10 CHRISTIAN ASSN Yes Yes × × COLUMN 91-1874730000000000000(c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of SEE PART V FOR Was the organization a partner in a partnership, or a member of an LLC, YOUNG MEN'S ▼ Attach to Form 990. (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? SOUND WASHINGTON STATE HOUSING Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds SOUTH A FINANCE COMMISSION Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of Issue Other spent proceeds Name of the organization Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service Part 4 ဖ œ ø 9 9 Ŋ ^ 덛 ೮ 4 5 N 8 ပ Ω

Schedule K (Form 990) 2010

29

02:02-11 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bond-financed property?

Schedule K (Form 999) 2010 SOUTH SOUND YOUNG MEN'S CHRISTIAN		ASSN.	91-	-0586473				Page 2
Part III Private Business Use (Continued)								
	,	A		В	)	C	O	
3a Are there any management or service contracts that may result in private	Yes	S.	Yes	No	Yes	No	Yes	N <sub>o</sub>
business use of bond-financed property?								
b Are there any research agreements that may result in private business use of								
bond-financed property?							i	:
c Does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts or research								
agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
result of unrelated trade or business activity carried on by your organization,				_		-		
another section 501(c)(3) organization, or a state or local government		%		%		%	İ	%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to								
ensure the post-issuance compliance of its tax-exempt bond liabilities?	-							
Part IV Arbitrage								
		A		В	<b>o</b>		D	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	°N	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								}
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the								
GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		×						
6 Did the bond issue qualify for an exception to rebate?	×							

Schedule K (Form 990) 2010

1999

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: WASHINGTON STATE HOUSING FINANCE COMMISSION

(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE DATED SEPTEMBER 30,

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT OF MIND, BODY AND SPIRIT THROUGH RECREATIONAL, HEALTH AND
LEADERSHIP PROGRAMS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SEE ATTACHED
EXPENSES \$ 1,028,831. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: SEE ATTACHED
FORM 990, PART VI, SECTION B, LINE 12C: SEE ATTACHED
FORM 990, PART VI, SECTION B, LINE 15: SEE ATTACHED
FORM 990, PART VI, SECTION C, LINE 19: THESE ITEMS WOULD BE MADE AVAILABLE
ON AN INDIVIDUAL BASIS, UPON REQUEST.
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
AMENDED RETURN EXPLANATION
THE 990 IS BEING AMENDED TO ADD THE BOND ISSUANCE INFORMATION ON
SCHEDULE K. NO OTHER FINANCIAL DATA HAS BEEN CHANGED.