Form **990**

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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

and ending

2011

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
г	Addre		NT		
누	chang Name		<u> </u>	91-0	586473
F	chang Initial		Room/suite	E Telephone number	
F	return Termii		חטטווו/טעונכ	(360	
5	ated Amen			G Gross receipts \$	6,859,885.
F	return Applic tion			H(a) Is this a group re	
	pendi			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
		empt status X 501(c)(3) 501(c) () ((msert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)
		te: ► WWW.SOUTHSOUNDYMCA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1892 N	State of legal domicile: WA
P	art ₂ i∣	Summary			
ø	1	Briefly describe the organization's mission or most significant activities. TO P	ROVIDE	YOUTH AND	COMMUNITY
Governance		AN AFFORDABLE AND ACCESSIBLE RESOURCE FOR		POSITIVE GRO	
Jerr	2	Check this box If the organization discontinued its operations or dispose	-1	ettran 25% Of its net as	
ĝ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 11)	31 .ian		
	4		ייייי וי	0 2 2018	531
itie		Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necess TATITE INITE	005	010 Op5	1134
Activities &				Trail Trail	0.
Ā	Ь	Total unrelated business revenue from Part VIII, commercial Inc. Net unrelated business taxable income from Form 9901, inc.		7b	0.
	† -			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h) JAN 0 9 2018		562,673.	525,433.
ы	9	Program service revenue (Part VIII, line 2g) TPRBRANCH		6,495,170.	6,159,438.
Revenue	10	investment income (Fart viii, Column (A), inles 5, 4, angre (A)		26,280.	36,134.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 and 100		119,625.	118,845.
~ —	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	7,203,748.	6,839,850.
0/0	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	<u>U•</u>
9	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 4,583,668.	4,389,822.
70/ Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	4,363,666.	4,309,022.
)/ë	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 27, 3	59. H	9	3 33 3 22
Š	17	Total fundraising expenses (Part IX, column (D), line 25) 27, 39 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,712,931.	2,489,577.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	7,296,599.	6,879,399.
	10	Revenue lace expenses. Subtract line 18 from line 12	-	-92,851.	-39,549.
50	3	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		9,380,550.	14,576,529.
Net Asse	21	Total liabilities (Part X, line 26)		4,788,383.	4,433,234.
2	22_	Net assets or fund balances. Subtract line 21 from line 20		4,592,167.	10,143,295.
_	art II	Signature Block			
		alties of perjury, I declare that Lhape examined this return, including accompanying schedule			y knowledge and belief, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	r has any knowledge.	
		Signature of officer		1/2/20	717
Sig		KYLE CRONK, CEO		Date ,	
He	re	Type or print name and title			
		 		Date , Check	TI PTIN
Pa	id	Print/Type preparer's name DANIEL MORTENSEN, CPA Reparer's signature		12 A 17 If self-employed	
	eparer	Firm's name NR SMITH AND ASSOCIATES, PS	 L	Firm's EIN	91-0959909
	e Only	Firm's address 2120 CATON WAY SW			 ,
	•	OLYMPIA, WA 98502-1106		Phone no. (360) 754-9475
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **990** (2011)

1-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2011) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page	2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	<u> </u>
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 RECREATIONAL HEALTH AND LEADERSHIP PROGRAMS.	_
	RECREATIONAL REALIN AND DEADERSHIP PROGRAMS.	—
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	ю
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	o
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations 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	<u>·</u>)
	CHILDCARE: SEE ATTACHED	
		—
		—
		—
		_
		—
		_
		_
		_
		_
4b	(Code) (Expenses \$1,701,934. including grants of \$) (Revenue \$2,803,478.	•)
	MEMBERSHIP: SEE ATTACHED	
		_
		—
		—
		—
		—
		—
4c	(Code) (Expenses \$ 677,503 . including grants of \$) (Revenue \$ 402,229	$\overline{}$
	YOUTH: SEE ATTACHED	_ ′
		_
		_
		_
		_
		_
		_
		_
	Other present any uses (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 941,832. including grants of \$	
4e	(Expenses \$ 941,832 · including grants of \$) (Revenue \$ 454,267 ·) Total program service expenses ► 5,710,738 ·	
	Form 990 (20 ⁻¹	1)

Form 990 (2011) SOUTH SOUND

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)?		100	110
	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
Ü	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			v
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1	(A)	* * · · · · · · · · · · · · · · · · · ·
_	as applicable	Æ.		*
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.5
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a_		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	_	<u>X</u>
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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\vdash \dashv$	$\frac{1}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) SOUTH SOUND YOUNG
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	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	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			١,,
_	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	l		_~ ,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	,	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250		
LU	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule Ł, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	,* ; '	, W	å. s
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 8a		_ X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 8b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
3 2	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		Ţ	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	2011\
			-WII /	

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any guestion.

	Check it Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	San	~	*5
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	100		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	of Kar	X	(G)
	(gambling) winnings to prize winners?	1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-000	Salak	1
	filed for the calendar year ending with or within the year covered by this return 2a 531	Ž.	, a v	À .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	l _
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Mes.	X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	if "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	. 3	So	#
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		***	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	× ×	silia	Ŕ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	10000	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	X		Éài
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e "		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	×	A.	·
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	. 🖞		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	*	, ,	My Control
а	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	*		2 V
11	Section 501(c)(12) organizations. Enter:	~ \$;	%	\$ ' 2 x
а	Gross income from members or shareholders			~.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	,	, 6	ĺ
	amounts due or received from them)		***************************************	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	,		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2011)

91-0586473

age 6

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

	Check if Schedule O contains a response to any question in this Part Vi						Δ					
Sec	tion A. Governing Body and Management					V	Na					
4-		مدا	I	19	7 💰	Yes	No					
па	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1a			**	<u>\$</u> .	Ž.					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					%.						
L.		1b	ļ	19								
b	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other			×(1)	1					
2	officer, director, trustee, or key employee?	p with	arry other	S S	2	Š	×					
2	Did the organization delegate control over management duties customarily performed by or under the	o diro	et europyeion	-	_							
3	of officers, directors, or trustees, or key employees to a management company or other person?	ie dire	ot supervision	į.	3		х					
	Did the organization make any significant changes to its governing documents since the prior Form	000	as filod?	-	4		X					
4			as meu ·	-	5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as	2612,		_ -	6		X					
	6 Did the organization have members or stockholders? 70 Did the organization have members stockholders, or other persons who had the power to elect or appoint one or											
14	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	-	7a		Х					
U	persons other than the governing body?	SLOCKII	olders, or),	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy th	e following:		<u>/B</u>	*	*					
	The governing body?	агруп	ic following.		8a	X	,					
a	Each committee with authority to act on behalf of the governing body?				8b	X						
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	achad	at the	F	OD							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at the		9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)		Ť	_						
	tion by the obtains requests morning to a secretarious by the internal		0 0000,			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			Ţ.	10a	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such of	hanter	s affiliates			_						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		-, <u>-</u>		10b	X						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dv befo	ore filing the for	_	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			` .		AŠS.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	A88.					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?		12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						-					
	in Schedule O how this was done] 1	12c	X						
13	Did the organization have a written whistleblower policy?				13	X						
14	Did the organization have a written document retention and destruction policy?				14	X						
15	Did the process for determining compensation of the following persons include a review and approv	al by II	ndependent	Γ	sok.	3						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			%		\$ *					
а	The organization's CEO, Executive Director, or top management official			[-	15a	X						
b	Other officers or key employees of the organization			[-	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Γ	<	×						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a	Ĺ		<u> </u>	.33£.					
	taxable entity during the year?			Ŀ	16a		X					
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation	1								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ınızatıc	n's	_								
	exempt status with respect to such arrangements?				16b		Ĺ					
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 (Sec	tion 501(c)(3)s (only) av	aılab	le						
	for public inspection. Indicate how you made 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 made its governing documents, or	onflict	of interest polic	cy, and	fınar	ncial						
	statements available to the public during the tax year											
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the org	anızatıc	ou.							
	COLLEEN OCZKEWICZ - 360-753-6576 1530 YELM HIGHWAY SE. OLYMPIA WA 98501-4684											

Form 990 (2011)

Part VIII 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

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.

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

- 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 in fieldler the organization		I .	A1 114.0) (2)	пре	isai	(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week	per box,		Pos heck ss pe	rtior more	than ts bot or/trus	one than compensation stee) from		Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employes	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL WEST	40.00	,,		,,				170 271	•	•
PRESIDENT/CEO	40.00	Х	_	X	_	<u> </u>	_	172,371.	0.	0.
(2) LYNN WOFFORD	1 000	Į.,		Į.,				0.	0.	0.
CHAIR	0.00	X	1	X		┝	L	0.	0.	0.
(3) KIMBERLY ELLWANGER	0.00	x		x				0.	0.	0.
VICE CHAIR (4) DICK WADLEY	0.00	┢	├	^		\vdash	\vdash	· · ·	0.	0.
(4) DICK WADLEY VICE CHAIR	0.00	X		x				0.	0.	0.
(5) JACE MUNSON	- 0.00	Δ.		^		\vdash	\vdash	0.	· · · · · · · · · · · · · · · · · · ·	
TREASURER	0.00	x		x				0.	0.	0.
(6) JOHN PARRY	0.00	 		<u> </u>	╁	<u> </u>	-	 		<u> </u>
SECRETARY	0.00	x		x				0.	0.	0.
(7) NEIL WOODY	1		╁╌							
PAST CHAIR	0.00	x		x				0.	0.	0.
(8) SCOTT BECKWITH	1									
BOARD MEMBER	0.00	X			l			0.	0.	0.
(9) LAURIE BERRYMAN							Г			
BOARD MEMBER	0.00	X						0.	0.	0.
(10) PAT BERSCHAUER										
BOARD MEMBER	0.00	X						0.	0.	0.
(11) WILLIAM BROWN			i						_	_
BOARD MEMBER	0.00	X						0.	0.	0.
(12) MARY FURMAN	1			ŀ		1	ļ			
BOARD MEMBER	0.00	X	_			<u> </u>		0.	0.	0.
(13) STEVE HATTON		١		1						
BOARD MEMBER	0.00	X	<u> </u>	ļ	<u> </u>		L	0.	0.	0.
(14) WENDY HOLDEN	1	,,					1			_
BOARD MEMBER	0.00	X	├-	├	⊢	-	⊢	0.	0.	0.
(15) JON JONES	0.00	$ _{\mathbf{x}}$	1					0.	0.	0.
BOARD MEMBER	1 0.00	╇	├-	\vdash	₩	\vdash	\vdash		<u> </u>	U •
(16) ALLEN T MILLER, JR	0.00	x	l					0.	0.	0.
BOARD MEMBER (17) JAMEN MAY	1 0.00	╀≏	\vdash	-	\vdash	╀	\vdash	<u> </u>		· ·
BOARD MEMBER	0.00	x				1		0.	0.	0.
122007 01-23-12	1 0.00	IA	1	Ь	1	ــــــــــــــــــــــــــــــــــــــ	Ь_	1	1 0.	Form 990 (2011)

Part VII Section A. Officers, Directors, Tr	ustees, Key E	nplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)		
(A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	ition) than	ODA	Reportable	Reportable	Estima	ated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amour	nt of
	week	<u> — </u>	cer an	oac	lirecto	Jr/u us	itee)	from	from related	othe	
	(describe hours for	Individual trustee or director			l		l	the	organizations	compens	
	related	5	8	ĺ	1	sated	ĺ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from	
	organizations	uster	trust	ŀ	8	üdu	l	(44-27 1099-141130)	:	organiz and rel	
	ın Schedule	d da	institutional trustee	_	nploy	st co				organiza	
	O)	Indiv	Institu	Officer	Кеу етріоуее	Highest compensated employee	Former				
(18) KIM PUTNAM											
BOARD MEMBER	0.00	X				<u> </u>		0.	0	•	0.
(19) BILL MCGREGOR	1	1	1		1	ł	ł		_	1	_
BOARD MEMBER	0.00	X		_	┕	<u> </u>		0.	0	•	0.
(20) RUTH WEIGELT							ļ			ł	
BOARD MEMBER	0.00	X	_		L	<u> </u>	_	0.	0	•	0.
(21) HARRY SUMMERS]				ļ	50 050		-	•
CHEIF FINANCIAL OFFICER	40.00			X		L_		72,870.	0	•	0.
(22) SUSAN CALLENDER					l	Ì	l				_
FINANCE DEVELOPMENT DIR.	40.00	_	L	X		<u> </u>		63,849.	0	<u>• </u>	0.
(23) MYRON WHITE					l		l		_		_
DIR OF CHILD DEVELOPMENT	40.00	L		X	_	<u> </u>	_	54,455.	0	<u> </u>	0.
(24) JOYCE NEAS									_		
BRANCH EX DIRECTOR	40.00			X	_	<u> </u>	<u> </u>	74,530.	0	<u>· </u>	<u> </u>
(25) JASON GRATER		1							_		
BRANCH EX DIRECTOR	40.00	L	<u> </u> _	X	_	<u> </u>	╙	66,754.	0	<u>. </u>	0.
1b Sub-total		L	<u> </u>			┶	<u>L</u> .	504,829.	0		0.
c Total from continuation sheets to Part V	III Caabiaa A							0.	- 0		0.
	ii, Section A							504,829.	Ö		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th		licto	d a	hove	ابداه	ho r			<u> </u>	
compensation from the organization	iot iii nitea to ti	1036	IISLE	u a	DOV	<i>6)</i> WI	101	eceived more than \$100	,,000 or reportable		1
compensation from the organization										Yes	
3 Did the organization list any former officer	director or th	iste	e ke	v er	olam	vee	or	highest compensated e	mplovee on		
line 1a? If "Yes," complete Schedule J for			0 ,	,,	,	.,	,			3	`\ X
4 For any individual listed on line 1a, is the s		le co	omo	ensa	atior	า ลกเ	d ot	her compensation from	the organization		: 8,5%
and related organizations greater than \$15	•		•					-	ino organization	4 X	
5 Did any person listed on line 1a receive or	-		-						idual for services	žš š	
rendered to the organization? If "Yes," cor	•				-					5	* x **
Section B. Independent Contractors		_								<u></u>	
Complete this table for your five highest or	ompensated in	dep	ende	ent c	conti	racto	ors 1	that received more than	\$100,000 of compe	nsation from	
the organization Report compensation for	the calendar y	ear	end	ng v	vith	or w	/ithi	n the organization's tax	year.		
(A)				_				(B)		(C)	
Name and business	s address	N	INC	€			_	Description of s	services	Compensat	ion
									1		
		_					\dashv				
									i		
							- 1				
					_		\dashv				
							ŀ		1		
2 Total number of independent contractors	(including but r	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than		
\$100,000 of compensation from the organ	-					<u>0</u>					
										Form 990	(2011)

Statement of Revenue Part VIII (D) (C) (B) (A) Revenue excluded from Unrelated Related or Total revenue exempt function business tax under sections 512, 513, or 514 revenue revenue 16,842. Gifts, Grants 1a Federated campaigns **b** Membership dues 1b 352,445 1c c Fundraising events 1d d Related organizations 137,326 e Government grants (contributions) 1e Contributions, and Other Sim f All other contributions, gifts, grants, and 18,820 sımılar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 803 478. 2803478 900099 2 a MEMBERSHIP DUES Program Service 2 499 464. 2499464 900099 CHILD CARE 402,229. 402,229. 900099 YOUTH 341,794. 900099 341,794. d AQUATICS 112,473. 900099 112,473 PHYSICAL EDUCATION 900099 All other program service revenue 6159438. Total. Add lines 2a-2f Investment income (including dividends, interest, and 36,134 36,134 other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less, rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 352,445. of including \$ contributions reported on line 1c). See Part IV, line 18 20,035 **b** Less direct expenses , 035 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 89,079. 89,079 900099 SPECIAL EVENTS <u>49,801.</u> 900099 49,801 MISCELLANEOUS INCOME All other revenue 138,880. Total. Add lines 11a-11d 36,134. 6,278,283. 6839850. Total revenue. See instructions Form **990** (2011)

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)

	Oh - 4 O - - 1 - 0 - 1		- D- LIV		
	Check if Schedule O contains a respor	nse to any question in the	ıs Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			**	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			14.7.10 . 63	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			, , , , , , , , , , , , , , , , , , ,	
	United States See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		
4	Benefits paid to or for members			% <u>58 - ()</u>	
5	Compensation of current officers, directors,	E04 021	001 000	055 405	05.404
	trustees, and key employees	504,831.	201,932.	275,405.	27,494.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 001 710	0.005.045	006 665	
7	Other salaries and wages	3,081,712.	2,095,047.	986,665.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)	400 074	104 007	21/ 007	
9	Other employee benefits	408,874. 394,405.	194,807.	214,067.	274
10	Payroll taxes	394,405	299,944.	94,090.	371.
11	Fees for services (non-employees):				
	Management	1 504		1 504	
	Legal	1,504. 16,332.		1,504.	
_	Accounting	10,332.	-	16,332.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17			- \$4	
f	Investment management fees	213,693.	84,745.	128,743.	205
	Other	49,343.	25,958.	21,492.	205. 1,893.
12	Advertising and promotion	49,343.	23,330.	21,492.	1,093.
13	Office expenses				 -
14 15	Information technology Royalties				
16	Occupancy	642,214.	244,515.	397,699.	
17	Travel	35,906.	19,412.	16,494.	
18	Payments of travel or entertainment expenses	33,300.	10,410.	10,454.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	207,303.		207,303.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	384,987.	21,192.	363,795.	
23	Insurance	144,146.	37,618.	106,528.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		,		
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	538,125.	440,986.	86,253.	10,886.
b	DUES	92,206.	82,024.	10,182.	
С	TELEPHONE	60,878.	22,397.	38,481.	
d	EQUIPMENT RENTAL AND RE	42,722.	12,282.	30,440.	
е	All other expenses	60,218.	1,927,879.	-1,854,171.	-13,490.
25	Total functional expenses. Add lines 1 through 24e	6,879,399.	5,710,738.	1,141,302.	27,359.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	922,541.	2	927,238.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	114,849.	4	87,911.
	5	Receivables from current and former officers, directors, trustees, key			Z, I
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	San Artistan		*
	ľ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c)(9) voluntary	* ***]	
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	4,121.	8	2,886.
•	9	Prepaid expenses and deferred charges	127,558.	9	120,934.
	10a	Land, buildings, and equipment cost or other			Marin 18.60
		basis Complete Part VI of Schedule D 10a 15,583,095	5.	, ,	***
	Ь	Less accumulated depreciation 10b 3,320,247	7. 6,985,275.	10c	12,262,848.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,226,206.	15	1,174,712.
į	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,380,550.	16	14,576,529.
	17	Accounts payable and accrued expenses	655,403.	17	585,333.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
g	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,		. 1	· ** /* ** ** ** ** **
abi		highest compensated employees, and disqualified persons. Complete Part II			*
Ξ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,109,283.	23	3,821,550.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	23,697.	25	26,351.
	26	Total liabilities. Add lines 17 through 25	4,788,383.	26	4,433,234.
		Organizations that follow SFAS 117, check here 🕨 🐰 and complete	Land Mark	, ,	
es		lines 27 through 29, and lines 33 and 34.	4,592,167.	áŽ.	10,143,295.
auc	27	Unrestricted net assets	4,592,167.	27	10,143,295.
3ali	28	Temporanly restricted net assets		28	
둳	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and			, ,
Ď		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
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	10-11-
Z	33	Total net assets or fund balances	4,592,167.		10,143,295.
	34	Total liabilities and net assets/fund balances	9,380,550.	34	14,576,529.

orm	990 (2011) SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	91-0	586473	Page 12
Рa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,8 <u>5</u> 0.
2	Total expenses (must equal Part IX, column (A), line 25)	6,879		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,549.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,167.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		,677.
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	10,143	,295.
Pa	rt XII Financial Statements and Reporting	_	_	
	Check if Schedule O contains a response to any question in this Part XII			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es 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		
2a	, market and a second a second and a second		2a	X
b			2b	X
С	The second secon	e audıt,	1 1	
	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 Sch		,	3/2 m
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	# s.	
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			ý , , , , , , , , , , , , , , , , , , ,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audı	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 requ	ired audr	.	}
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	_	3b	
			Form 9	90 (2011)

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

				OUND YOUNG M						91	L-0586	473	
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part) See inst	tructions.				
The	organ	ızatıon ıs not a	private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox)					
1		A church, cor	nvention of churches	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)	١.				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter tl	he hospital	i's name,	
		city, and stat				-							
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	perated by	a governi	mental uni	t describe	ed in		_
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Comple	te Part II)	• •								
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X			eives (1) more than 33			rom contri	butions, m	nembershi	p fees, an	d gross re	ceipts fro	m
		_	-	nctions - subject to certa						-	_		
				axable income (less sect									
		See section	509(a)(2). (Complete	Part III.)									
10		An organizati	on organized and or	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).				
11		An organizati	on organized and or	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one or	
		more publicly	supported organiza	ations described in secti	on 509(a)(1	l) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	ck the box	that	
		describes the	e type of supporting	organization and compl	et <u>e lin</u> es 1º	1e through	n 11h.						
		a Type I	l b□	☐ Type II 💢	: 🔲 Тур	e III - Fund	tionally int	egrated		d 🗀	Type III - (Other	
€	•	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	ner than	
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	}(a)(2).	
1	ř	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			-	
		supporting or	rganızatıon, check th	nis box								L	
ç	3	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ii) and (III) below,		Yes N	lo
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)	 	
		(iii) A 35% d	controlled entity of a	person described in (i) o	n (i) or (ii) above?								
r	1	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
			r	I (III) Toma of									
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organizatio	on in col.	(vii) An	nount of	
	org	anızatıon		(described on lines 1-9	in col. (i) lis governing ((i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))			`` '						
				(see instructions))	Yes	No	Yes	No	Yes	No			
					-					1	•		
Tot	al												

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

Schedule A (Form 990 or 990-EZ) 2011

	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	i) Page 2
<u> </u>	(Complete only if you checke						
	fails to qualify under the tests listed below, please complete Part III.)						
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1		3-7-3-3	(47 = 3 = 3	(9/2000	(a) 2.0 10	(6) 2011	(i) rotar
	membership fees received. (Do not	<u> </u>	İ			1	
	ınclude any "unusual grants ")		<u> </u>			1	
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to	(ļ	ļ	ļ .	
	the organization without charge				L		
4	Total. Add lines 1 through 3						
5	The portion of total contributions		* * *				
	by each person (other than a		1, 4, 4,				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		4 % %				
	amount shown on line 11, column (f)					l. V 4l	
6	• • • • • • • • • • • • • • • • • • • •	* 4 4		W 54 1 X	A CONTRACTOR		
Sec	Public support. Subtract line 5 from line 4 ction B. Total Support			<u> </u>	<u> </u>	* 1 1	· - · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(=) 2000	(4) 0010	(-) 0044	(0 T tol
	Amounts from line 4	(a) 2001	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8	Gross income from interest,				<u> </u>	 	
_	dividends, payments received on						
	securities loans, rents, royalties			,		ļ į	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	[]				[
10	Other income Do not include gain						
	or loss from the sale of capital		j				
	assets (Explain in Part IV)					<u> </u>	
11	Total support, Add lines 7 through 10	*/ \$	*	* * / *	n 🤻 🤻 n	1. 3. 9 s	
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor						
_	ction C. Computation of Publ						
	Public support percentage for 2011 (column (f))		14	%
15	Public support percentage from 2010	•	•			15	%
168	33 1/3% support test - 2011. If the c				14 is 33 1/3% or r	nore, check this bo	and
	stop here. The organization qualifies		•		مم سها	,	▶ ∟
	33 1/3% support test - 2010. If the c				line 15 is 33 1/3%	or more, check the	s box
17-	and stop here. The organization qual				- 40 40 40'	and the safety safety	▶∟
1/8	10% -facts-and-circumstances tes	te and errors	anization did not (neck a box on line	9 13, 16a, or 16b, a	and line 14 is 10% (or more,
	and if the organization meets the "faction meets the "facts-and-circumstances"					rt iv now the organi	zation
h	10% -facts-and-circumstances tes					170 and locate is 4	0% 0*
	india mile dillocatione (Co	- 20 101 ii ii io oigi	armadion did fiol (ALLOCK & DOX OH HITE	, io, ioa, iou, or	ira, and interplis i	U70 UI

Schedule A (Form 990 or 990-EZ) 2011

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2011 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 qualify under the tests listed below please complete Part II.)

Sec	ction A. Public Support	relow, please comp	Diete Part II /				
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and					· · · · · · · · · · · · · · · · · · ·	
	membership fees received. (Do not		1				
	include any "unusual grants.")	7,194,389.	6,863,945.	7,547,312.	7,057,843.	6,684,871.	35,348,360.
2	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	125,703.	96,444.	63.368.	119,625.		523,985.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			"			
6	Total. Add lines 1 through 5	7,320,092.	6,960,389.	7,610,680.	7,177,468.	6,803,716.	35,872,345.
	Amounts included on lines 1, 2, and	7,320,032.	0,500,505.	7,010,000.	7,177,100.	0,000,120.	33,012,323,
,,	3 received from disqualified persons	ļ	į				0.
t	n Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		-				<u>0.</u> 0.
	Public support (Subtract line 7c from line 6)	1 1 1 1 1 1 1 1 1 1	\$	\$. * ½;	W.	i i i i i i i i i i i i i i i i i i i	35,872,345.
	ction B. Total Support					L	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	7,320,092.	6,960,389.	7,610,680.	7,177,468.	6,803,716.	35,872,345.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	100,523.	74,296.	38,410.	26,280.	36,134.	275,643.
b	Unrelated business taxable income			-			· · · · ·
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	100,523.	74,296.	38,410.	26,280.	36,134.	275,643.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	7,420,615.	7,034,685.	7,649,090.	7,203,748.	6,839,850.	36,147,988.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 5 01 (c)(3) organız	ation,
_	check this box and stop here			=			<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2011 (•	column (f))		15	99.24 %
	Public support percentage from 2010					16	99.15 %
	ction D. Computation of Inve					, - , 	
17	Investment income percentage for 20	•	•	ne 13, column (f))		17	.76 %
18	·					18	.85 %
19a	a 33 1/3% support tests - 2011. If the	•				· · · · · · · · · · · · · · · · · · ·	
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the	e organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che			•		•	▶⊨
20	Private foundation. If the organization	on did not check a	box on line 14, 19:	a, or 19b, check th	his box and see ins	structions	▶∟

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

Pa	irt 🔝 Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or Accounts. Complete if	the
	organization answered "Yes" to Form 990, Part IV, line	6		
		(a) Donor advised funds	(b) Funds and other acco	unts
1	Total number at end of year			
2	Aggregate contributions to (during year)	-		
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's e		☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad		e used only	
-	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	the second secon	Yes	☐ No
Pa	art II Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990.		
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or ed		nistorically important land area	
	Protection of natural habitat		ertified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	n of a conservation easement on	the last
_	day of the tax year			
	day of the tax year		Held at the End of	the Tax Year
,	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic stru	cture included in (a)	2c	
	Number of conservation easements included in (c) acquired a	- · ·		
•	listed in the National Register	100 07 17700, 4174 1101 071 4 111010110 0114	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	—————	_
Ū	year ▶	acca, changaionea, chachanaica a, i		
4	Number of states where property subject to conservation easi	ement is located >		
5	Does the organization have a written policy regarding the period		- vf	
•	violations, and enforcement of the conservation easements it		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		during the year	
7	Amount of expenses incurred in monitoring, inspecting, and e			
8	Does each conservation easement reported on line 2(d) above			
Ī	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes	☐ No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expen	se statement, and balance sheet	and
Ū	include, if applicable, the text of the footnote to the organizati			
	conservation easements			
P	art III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.	
_	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8		
1:	a If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stat	ement and balance sheet works	of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthe	rance of public service, provide,	ın Part XIV,
	the text of the footnote to its financial statements that describ	oes these items		
1	b If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	ent and balance sheet works of a	rt, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide the followi	ng amounts
	relating to these items	·		J
	(i) Revenues included in Form 990, Part VIII, line 1		> \$	
	(ii) Assets included in Form 990, Part X		► \$ ► \$	
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial		
_	the following amounts required to be reported under SFAS 11		<u> </u>	
	a Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$	
	b Assets included in Form 990, Part X		▶ \$ ▶ \$	

	dule D (Form 990) 2011 SOUTH S	OUND YOUNG						0586473	Page 2
<u> </u>									
3	Using the organization's acquisition, accessi	on, and other record	as, cnec	k any of the	tollowing tha	it are a s	significant use o	tits collection i	items
_	(check all that apply): Public exhibition	_							
a					hange progra	ams			
b	Scholarly research	•	•	Other			 		
C	Preservation for future generations								
4	Provide a description of the organization's co							Part XIV.	
5	During the year, did the organization solicit of					er sımıla	r assets		
Dai	to be sold to raise funds rather than to be m						5 000 D	Yes Yes	<u> </u>
<u> r ai</u>	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ii the	e organizatio	on answered	"Yes" to	Form 990, Part	IV, line 9, or	
			diam i fau	000000000000000000000000000000000000000					
ıa	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermed	ulary lor	CONTRIBUTION	is or other as	sets no	included		□ Na
L	•	and complete the fee		4=bl=:				Yes	∟ No
D	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.					
_	Regioning belonce						4-	Amount	
	Additions during the user						1c		
	Additions during the year						1d		
e	Distributions during the year						1e		
0-	Ending balance	000 Dt V l	040					T.6	I Inc
	Did the organization include an amount on F		217					Yes	└── No
Pai	If "Yes," explain the arrangement in Part XIV. t V Endowment Funds. Complete in the compl		anuarad	"Voo" to Es	um 000 Deet	IV June 1			
<u> </u>	Endownient Fands. Complete	-						ank Lan Course	noro book
4-	Dominion of voor belongs	(a) Current year	(B) P	rior year	(c) Two year	IS DACK	(d) Three years b	ack (e) Four ye	ears back
	Beginning of year balance		<u> </u>		 				<u> </u>
b	Contributions		 		 -			- A -	19.8
C	Net investment earnings, gains, and losses		-		ł			******	- 1 <u>184</u>
	Grants or scholarships				 -			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*3
е	Other expenditures for facilities]			ł			
	and programs				 -			78 ×	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Ť	Administrative expenses		-		<u> </u>			\$ %	
g	End of year balance		<u>L</u>						<u> </u>
2	Provide the estimated percentage of the cur	rent year end baland	,	g, column (a)) held as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
٥-	The percentages in lines 2a, 2b, and 2c should be a sh	•							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neld a	ina aaministe	erea for t	ne organization	ΓŒ	
	by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	 -
_	If "Yes" to 3a(ii), are the related organizations							_3b	
I Dai	Describe in Part XIV the intended uses of the tVI. Land, Buildings, and Equipm					_		·	
<u> </u>						4 3 4			
	Description of property	(a) Cost or o			or other		ccumulated	(d) Book v	/alue
	Land	basis (investi	nent)		(other)	ue	preciation	1,492	200
	Land				1,837.	2	651,837.	10,320	
	Buildings			14,31	1,03/	4,	001,001.	10,340	, 000.
	Leasehold improvements	<u> </u>		1 11	9,058.		668,410.	150	610
	Equipment			+,++	.5,050.		000,410.	450	,6 4 8.
	Other I. Add lines 1a through 1e. (Column (d) must e	gual Form 000, Bort	V 001:-	nn (P) trac				12,262	8/18
iota	i. Aud iirles Ta triitough Te. (Columin (u) Must e	guai ruiii 330, Päll	A, COIUN	ııı (D), IINE I	U(C))		▶	14,404	, 0 40.

Schedule D (Form 990) 2011

FIN 48 (ASC 740)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
FIN 48 (ASC 740) FOOTNOTE IN Part XIV, provide the text of the footnote to the org

	dule D (Form 990) 2011 SOUTH SOUND YOUNG MEN S CE					ge 4
Pa	t XI* Reconciliation of Change in Net Assets from Form 990 to	o Audited Fi	nancial S	Statement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		6,839,85	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		6,879,39	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-39,54	9.
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		5,590,67	7.
9	Total adjustments (net). Add lines 4 through 8		9		5,590,67	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	ind 9	10		5,551,12	
	t XII Reconciliation of Revenue per Audited Financial Statem		evenue p	er Return		
1	Total revenue, gains, and other support per audited financial statements			1	6,812,49	1.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			· · ·	- 7 7	_
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
-	Recoveries of prior year grants	2c		─ ┤ ※\		
C C	Other (Describe in Part XIV.)	2d				
d						0.
e	Add lines 2a through 2d			2e	6,812,49	
3	Subtract line 2e from line 1			3	0,012,42	<u></u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		3.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,3	<u></u>		
b	Other (Describe in Part XIV)	4b	21,3		27 25	
С	Add lines 4a and 4b			4c	27,35 6,839,85	3.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	nanta With E	· · · · · · · · · · · · · · · · · · ·	5 Dotu	0,039,03	<u> </u>
_	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents with E	xpenses	 T		_
1	Total expenses and losses per audited financial statements			1	6,852,03	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		*		
а	Donated services and use of facilities	2a		* ·.		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				_
е	Add lines 2a through 2d			2e	6 0 5 0 0 0	0.
3	Subtract line 2e from line 1			3	6,852,03	<u>9.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			l 🖟 l		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 ` 1		
b	Other (Describe in Part XIV)	4b	27,3	59.		
С	Add lines 4a and 4b			4c	27,35	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	6,879,39	8.
Pa	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also com					art ——
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:		·····			
FA	IR VALUE ADJUSTMENT	<u></u>			5,590,67	7.
FUI	NDRAISING					
		-				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN

Employer identification number

Schedule G (Form 990 or 990-EZ) 2011

300111 3	COND TOONS MEN 5 C	TIVI	211	MI ABBN.	191-0380	4/3
Fundraising Activities required to complete this par	Complete if the organization answer t.	ered "Y	'es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the follows	ng acti	/ities	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g Special		-	•		
d In-person solicitations	g openia	Turidia	ising (CVOIILO		
2 a Did the organization have a written of	or oral agreement with any individual	Linclus	dina o	fficare directors tru	otano or	
key employees listed in Form 990, P			-		_	□ No
b If "Yes," list the ten highest paid indi	,			•		
compensated at least \$5,000 by the		ouani ic	agre	ements under which	the fundraiser is to	be
	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		\vdash				
		-				
į						·
 						
		 				
		<u> </u>				
		}	ſ			
						_
		\vdash				
						!
Total			•			
3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
WA						
						
						
						
						

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

Schedule G (Form 990 or 990-EZ) 2011 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 Page 2 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 (a) Event #1 (b) Event #2 (c) Other events (d) Total events STRONG KIDS NONE (add col. (a) through CAMPAIGN col. (c)) (total number) (event type) (event type) 352,445. 352,445. 1 Gross receipts 352,445. 352,445 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 20,035. 20,035. 9 Other direct expenses 20,035 10 Direct expense summary. Add lines 4 through 9 in column (d) -20,035. 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 (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor Νo 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? Yes b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2011

__ Yes

b If "Yes," explain: __

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	edule G (Form 990 or 990 EZ) 2011 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-	<u> </u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	r 1	
	to administer charitable gaming?	Yes	No No
	Indicate the percentage of gaming activity operated in:	} }	
	a The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	e If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	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 (ii		
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instruc	tions).
			
			

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

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Part I

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91 - 0586473

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		, ,,,	**************************************
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	38	2.	\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)
	First-class or charter travel Housing allowance or residence for personal use			1 3
	Travel for companions Payments for business use of personal residence	×.ś	**************************************	, B
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	`	1 /8	1 3
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1.4	. 34	
		1	Ą	8
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Lá	· vanday	1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	})
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_2	Х	
		N. S.		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		3 3	
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	1 2	ŭŭ	32
	establish compensation of the CEO/Executive Director Explain in Part III.	-	2. 45	
	Compensation committee Written employment contract	ž	Na species	
	Independent compensation consultant Compensation survey or study		- Ka	N.
	Form 990 of other organizations Approval by the board or compensation committee	100		₹.
		1	, 1	, xxx
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	rá.	€ .	
	organization or a related organization.		Ś	12
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III		ş	1
				97
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	*	333	W
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	8,	**************************************	, (, ()
	contingent on the revenues of:		1 8	, X
	The organization?	5a 5b		X
a	Any related organization?	30		A
_	If "Yes" to line 5a or 5b, describe in Part III.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	^		f
_	contingent on the net earnings of. The organization?	6a		X
	The organization? Any related organization?	6b		X
D	If "Yes" to line 6a or 6b, describe in Part III	N.	200	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	13	ĽŽ.	
•		7		X
8	not described in lines 5 and 6? If "Yes," describe in Part III	⊢ ′−	├	
	Were any amounts reported in Form 990. Part VII. hald or accrued nursuant to a contract that was subject to the	1		
J	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	lΩ		x
9	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		Х

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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

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

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

(A) Moreo		/D) Disciplination of		and the same of th				
Caroly (A)		(b) Dieakdowii oi	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(0)	(E)	(E)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	nontaxable benefits	otal of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	ε	172,371.	0.		0	0	172,371.	0
1 MICHAEL WEST	€	0	0		0	0	0	0
	Ξ							
2	(ii)							
	(i)							
3	(ii)							
	Θ							
4	(ii)							
] (i)							
5	(ii)							
	(i)							
9	(ii)							
	Ξ							
7	▣							
	Ξ							
8	▣							
	Ξ							
6	Ξ							
	Ξ							
10	<u> </u>							
	Ξ							
11	Ξ							
	Ξ							
12	Ξ		-					
	Ξ							
13	▣							:
	Ξ							ŀ
14	Ξ							
	Ξ							
15	Ξ							
	Ξ							
16	<u> </u>							

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Yes No Schedule K (Form 990) 2011 (i) Pooled financing Employer identification number × OMB No 1545-0047 2011 Open to Public Inspection 💥 ŝ ŝ (g) Defeased (h) On behalf 91 - 0586473Yes No × of issuer ۵ Yes Yes ŝ × Yes ŝ ŝ 4145000. ISSUE DATED SEPTE (f) Description of purpose Ç O 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 VI.
 Attach to Form 990. ŝ ş 8 8 Supplemental Information on Tax-Exempt Bonds Yes Yes (F) CONTINUATIONS (e) Issue price 425,277 ŝ ŝ 1999 (d) Date issued 01/15/10 CHRISTIAN ASSN ×es Yes × × 30 SEE PART VI FOR COLUMN 91-18747300000000000 132121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (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 YOUNG MEN'S Was the organization a partner in a partnership, or a member of an LLC, (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 SOUTH A FINANCE COMMISSION Amount of bonds legally defeased Capitalized interest from proceeds 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 bond-financed property? Total proceeds of Issue Other spent proceeds Name of the organization Part | Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990) Ŋ æ ო 4 ဖ O 9 Ξ 4 9 8 ပ 헏 5 5 4

% % ŝ ŝ Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement Yes Yes % % % ŝ ŝ O Yes Yes 91-0586473 % % % ŝ ŝ m 8 Yes Yes % % % ŝ ŝ × × × SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. Yes Yes counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of Has the organization adopted management practices and procedures to ensure the entities other than a section 501(c)(3) organization or a state or local government counsel to review any research agreements relating to the financed property? Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another 4a. Were gross proceeds invested in a guaranteed investment contract (GIC)? Were any gross proceeds invested beyond an available temporary period? Are there any management or service contracts that may result in private 3a Has the organization or the governmental issuer entered into a qualified section 501(c)(3) organization, or a state or local government Arbitrage Rebate, been filed with respect to the bond issue? post-issuance compliance of its tax-exempt bond liabilities? Did the bond issue qualify for an exception to rebate? Part V | Procedures To Undertake Corrective Action business use of bond-financed property? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? d Was the hedge superintergrated? e Was the hedge terminated? Schedule K (Form 990) 2011 Total of lines 4 and 5 b Name of provider b Name of provider Part IV Arbitrage c Term of hedge c Term of GIC 39 ß 2 Q 4 9 9

Schedule K (Form 990) 2011

Yes

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

program if self-remediation is not available under applicable regulations

Schedule K (Form 990) 2011 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473
Part VI 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, 1999

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
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 SPIRIT, MIND AND BODY THROUGH RECREATIONAL, HEALTH AND

LEADERSHIP PROGRAMS.

INTRODUCTION

THE SOUTH SOUND YMCA SERVES OUR COMMUNITY BY MEETING THE HEALTH

AND SOCIAL SERVICE NEEDS OF FAMILIES AND INDIVIDUALS. WE WORK TO HELP

PEOPLE DEVELOP VALUES AND BEHAVIORS THAT ARE CONSISTENT WITH CHRISTIAN

PRINCIPLES. THEY ARE FOR PEOPLE OF ALL FAITHS, RACES, ABILITIES AND

INCOMES. NO ONE IS TURNED AWAY FOR INABILITY TO PAY.

IN THE YMCA, A VOLUNTEER BOARD HIRES AND SETS POLICY FOR ITS CEO,
WHO MANAGES THE OPERATION WITH FULL-TIME AND PART-TIME STAFF AND
VOLUNTEER LEADERS. OUR YMCA MEETS COMMUNITY NEEDS THROUGH ORGANIZED
ACTIVITIES CALLED PROGRAMS, IN YMCA BUILDINGS AND FROM RENTED QUARTERS,
DONATED SPACE, STOREFRONTS, PARKS AND PLAYGROUNDS.

THE SOUTH SOUND YMCA MEETS COMMUNITY NEEDS COUNTYWIDE. THERE ARE

MANY HUNDREDS OF CORPORATE YMCA® THAT ARE FORMAL MEMBERS OF THE

NATIONAL MOVEMENT. THE CORPORATE YMCA® CAN BE AS EXTENSIVE AS NEW

YORK CITY, WITH MORE THAN 20 BRANCHES, OR AS UNCOMPLICATED AS A SINGLE

YMCA IN A TOWN LIKE VISALIA, CALIFORNIA.

THE ENTIRE SYSTEM INVITES CREATIVITY AND CHANGE THROUGH ITS

AUTONOMOUS MEMBER YMCAS, ITS DECENTRALIZATION AND ITS LACK OF REGIONAL

BOUNDARIES. OVER ITS LONG HISTORY, THE YMCA HAS BEEN RENEWED AGAIN AND

AGAIN BY THE ACTIONS OF ITS MEMBER ASSOCIATIONS, THEIR PROGRAM

INNOVATIONS AND THEIR COMMON SENSE APPROACH.

YMCAS IN THE US ARE PART OF A WORLDWIDE MOVEMENT, THE WORLD

Name of the organization **Employer identification number** SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 ALLIANCE OF YMCAS. IT IS A NON-BINDING ORGANIZATION OF INDEPENDENT YMCA MOVEMENTS FROM MORE THAN 100 COUNTRIES, WITH HEADQUARTERS IN GENEVA, SWITZERLAND. **PURPOSE** THE YMCA IS A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. IT IS DEDICATED TO BUILDING HEALTHY BODY, MIND AND SPIRIT OF INDIVIDUALS AND FAMILIES. IT PUTS CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSHIP, COMMUNITY DEVELOPMENT AND INTERNATIONAL UNDERSTANDING. GOALS **©**O PROVIDE OPPORTUNITIES, ENCOURAGEMENT AND SUPPORT FOR INDIVIDUALS TO ENHANCE AND MAINTAIN THEIR COMMITMENT TO MENTAL, PHYSICAL AND SPIRITUAL WELL-BEING; OO PROVIDE OPPORTUNITIES AND SUPPORT FOR FAMILIES TO ENRICH THEIR RELATIONSHIPS THROUGH ACTIVITIES DESIGNED TO EXAMINE AND CLARIFY VALUES, IMPROVE COMMUNICATION AND ENCOURAGE POSITIVE INTERACTION; **©**O PROVIDE THE ENVIRONMENT, OPPORTUNITY AND ENCOURAGEMENT FOR YOUTH TO DEVELOP SKILLS AND VALUES THAT FOSTER LEADERSHIP, CONFIDENCE, SELF-ESTEEM, SELF-RELIANCE AND MUTUAL RESPECT; **©O PROVIDE OPPORTUNITIES AND SUPPORT FOR INDIVIDUALS AND GROUPS TO** DEVELOP A SENSE OF CITIZENSHIP THROUGH PROGRAMS THAT MEET IDENTIFIED COMMUNITY NEEDS; OO PROVIDE OPPORTUNITIES AND SUPPORT FOR INDIVIDUALS TO EXPAND THEIR AWARENESS, INTEREST, RESPECT AND APPRECIATION OF THE VARIED PEOPLES AND 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
CULTURES OF OUR GLOBAL SOCIETY.	
MEMBERS	
IN 2011, 59,723 PEOPLE WERE SOUTH SOUND YMCA MEMBERS	S AND PROGRAM
PARTICIPANTS, INCLUDING 31,718 CHILDREN AND TEENS AND 28,	005 ADULTS.
OF THESE, 4,128 PEOPLE RECEIVED \$591,266 IN FINANCIAL ASS	SISTANCE.
VOI INTERD C	
IN 2011, 1,134 POLICY AND PROGRAM VOLUNTEERS DONATED) 14,233 HOURS
TO OUR YMCA.	
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVI	CE:
DESCRIPTION OF YMCA PROGRAMS	
AQUATICS: LIFELONG ACTIVITY	
WATER IS AN UNFAMILIAR PLACE FOR PEOPLE WHO TRAVEL M	MOSTLY ON DRY
GROUND. BUT SINCE THE PLANET HAS MORE WATER THAN LAND, T	HERE ARE
SWIMMING LESSONS TO BE LEARNED.	
AT THE YMCA, LEARNING IS A GREAT DEAL MORE THAN IT M	IIGHT SEEM.
IT® TAKING PEOPLE INTO WATER THAT SOME FIND SCARY AT FIRS	T AND
TEACHING THEM NOT ONLY TO SURVIVE BUT ALSO TO THRIVE AND	TO FIND FUN,
FITNESS, STRESS RELIEF, ADVENTURE AND LIFELONG ENJOYMENT.	
EVERY YEAR THOUSANDS OF PEOPLE LEARN TO SWIM AT THE Y	MCA. THAT® A
LOT OF SPLASHING AROUND ØWITHOUT EVEN BEGINNING TO COUNT 132212 01-23-12 Schee	THE THOUSANDS dule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Employer identification number Name of the organization 91-0586473 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. MORE WHO ALREADY KNOW HOW TO SWIM AND JOIN THE YMCA TO SWIM LAPS, LOOSEN MUSCLES AND JOINTS WITH AQUATIC EXERCISES, BECOME PART OF SWIM TEAMS, LEARN LIFE GUARDING, AND INTRODUCE BABIES TO THE POOL OR JUST PLAY AROUND IN THE WATER. THE RECENT ACCENT ON HEALTHY LIVING FOR ALL AGES HAS ONLY INCREASE INTEREST IN AQUATICS. MANY PEOPLE CLAIM THAT SWIMMING IS THE BEST FORM OF EXERCISE FOR YOUNG AND OLD TO KEEP THE BODY FIT AND TRIM WHILE STRENGTHENING THE HEART AND LUNGS. WATER® BUOYANCY IS A PARTICULAR PLEASURE FOR PEOPLE TEMPORARILY OR PERMANENTLY DISABLED. OUR YMCAS OFFER PROGRAMS SPECIFICALLY FOR SUCH CHILD AND ADULTS. WATER CAN OFTEN FREE THEM TO MOVE AROUND WITHOUT SUPPORT AND STRENGTHEN LITTLE-USED MUSCLES. SOMETIMES PEOPLE WITH DISABILITIES TAKE PART IN REGULAR CLASSES. BECAUSE RESPECT FOR OTHERS, REGARDLESS OF AGE OR ABILITY, IS AN UNDERLYING VALUE FOR ALL YMCA PROGRAMS, THESE CLASSES PROVIDE AN ATMOSPHERE OF ACCEPTANCE THAT IS ITSELF A POSITIVE EXPERIENCE. IN RECENT YEARS, YMCA HEALTH AND FITNESS EXPERTS HAVE ADAPTED AEROBIC EXERCISES FOR THE POOL TO CREATE GENTLE-IMPACT AEROBICS. WATER ENABLES EXERCISERS TO WORK AT HIGHER INTENSITY WITH LESS IMPACT THAN ON A GYM OR EXERCISE-ROOM FLOOR. MANY OLDER EXERCISERS ESPECIALLY LIKE WATER AEROBICS. FUN FOR THE WHOLE FAMILY MOST PEOPLE COUNT SWIMMING AS A FAMILY AFFAIR AT THE OCEAN, LAKES, RIVERS AND POOLS. IT IS OFTEN A FAMILY AFFAIR AT THE YMCA, TOO, WITH

SWIMMING TIMES SET-ASIDE JUST FOR FAMILIES. WATER SPORTS AND SWIMMING

ARE ALSO STANDARD FEATURES AT YMCA CAMPS.

WORKING FROM THE OVERALL YMCA PHILOSOPHY OF SELF-DEVELOPMENT, THE INSTRUCTORS USE A PROBLEM-SOLVING, GUIDED DISCOVERY TEACHING APPROACH.

THE EMPHASIS IS ON LEARNING, NOT PASSING OR FAILING. MANY YOUNGSTERS

SHARKS, ARE CHALLENGED TO MASTER THE SIDESTROKE, BACK DIVE AND

LIFESAVING SKILLS.

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
AND ADULTS WHO LEARN TO SWIM AT YMCAS BECOME TEACHERS THE	EMSELVES, WHO
GROW IN THEIR OWN LEADERSHIP ABILITIES AS WELL AS SWIMMIN	G SKILLS.
SELF-ESTEEM GROWS	
SWIMMING AT THE YMCA IS TAUGHT IN A POSITIVE MANNER	ØTRUSTING,
SUPPORTING, AND CARING. PEOPLE LEARN IN A NON-THREATENIN	IG ATMOSPHERE
FREE FROM DISCOURAGING CRITICISM. IT MEANS POSITIVE FEEL	BACK AND
REINFORCEMENT FOR EVEN THE TINIEST GAIN. ACCOMPLISHMENT	BUILDS
CONFIDENCE AND SELF ESTEEM. IT WORKS WONDERS.	
	
AQUATIC ACCOMPLISHMENTS	
AS RESIDENTS OF THE PUGET SOUND, PEOPLE IN THIS COMM	MUNITY COULD BE
SUBJECT TO TRAUMATIC INCIDENTS AROUND WATER. OUR AQUATIO	PROGRAMS HELP
PREVENT THAT FROM HAPPENING. IN 2011 WE PROVIDED SWIMMIN	IG LESSONS TO
5,456 CHILDREN, YOUTH AND TEENS.	
CHILD CARE: WORK WITHOUT WORRY	
IN 1980, A GROUP OF YMCA DIRECTORS MET TO DISCUSS TH	IE RAPIDLY
GROWING NEED FOR CHILDCARE. THEY RECOGNIZED THAT THE KIN	DS OF FAMILIES
KIDS WERE GROWING UP IN HAD CHANGED. MOST HAD BOTH PAREN	TS ON THE JOB
OR A SINGLE PARENT WHO WORKED. THAT MEANT SOME KID OF DA	AY CARE WAS
NEEDED TO FILL THE GAPS.	
IT WAS A NATURAL FOR YMCAS. THEY HAD BEEN ACTIVE FO	OR 60 YEARS IN
A VARIETY OF PARENT-CHILD ACTIVITIES. THEY HAD BEEN INVO	DLVED IN CHILD
CARE, TOO ØBEFORE IT WAS EVER CALLED THAT ØWITH YOUNGSTER	RS COMING IN dule O (Form 990 or 990-EZ) (2011)
U1-20-12 SCHOOL	aalo o (i oi ili aao oi aao-EZ) (2011)

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

AFTER SCHOOL TO YMCA GAME ROOMS, GYMS, POOLS AND CRAFT CLASSES, GETTING

TO KNOW YMCA STAFF MEMBERS AND OTHER KIDS THERE. IN THE SUMMER THERE

WERE DAY CAMPS AND FUN CLUBS ALONG WITH REGULAR RESIDENT SUMMER CAMP.

ALL OF THIS IS STILL AROUND TODAY, PLUS THERE ARE FORMAL CHILDCARE

PROGRAMS.

TO CREATE ITS BASIC MANUALS, THE YMCA DREW FROM ITS OWN EXPERIENCE

AND ADDED THE ADVICE OF EXPERTS ON CHILD DEVELOPMENT. THE RESULT WAS AN

ABILITY TO SET UP AT MULTIPLE SITES, WITH DAILY ACTIVITIES MAPPED OUT

BY WELL-PREPARED STAFF MEMBERS. IN ADDITION TO YMCA TRAINING, MANY

YMCA CHILDCARE PROFESSIONALS HAVE ADVANCED DEGREES IN EARLY CHILDHOOD

EDUCATION, ESPECIALLY THOSE WHO WORK WITH PRESCHOOLERS, INFANTS AND

TODDLERS.

FOCUSES ON FAMILY VALUES AND INVOLVEMENT

NO MATTER HAW MANY HOURS YOUNGSTERS SPEND IN A CHILD CARE SETTING

EACH WEEK, IT IS STILL THE FAMILY THAT IS THE SINGLE MOST IMPORTANT

STRUCTURE IN THEIR LIVES. GOOD CHILD CARE MUST BE GOOD FAMILY CARE,

YMCA CHILD CARE PROGRAMS OFFER WONDERFUL OPPORTUNITIES TO STRENGTHEN

FAMILIES, HELPING THEM BETTER COMMUNICATE; WORK AND PLAY TOGETHER;

SHARE VALUES; FEEL A SENSE OF COMMUNITY WITH OTHER FAMILIES AND EVEN

IMPROVE THEIR ECONOMIC STABILITY.

CONVENIENT LOCATIONS AND CARING STAFF MEMBERS

THE YMCA APPROACH IS CHARACTERISTICALLY FLEXIBLE. OUR CHILDCARE

TAKES PLACE IN A VARIETY OF SETTINGS ØIN THE YMCA® MULTIPURPOSE

BUILDINGS AND IN SCHOOL GYMNASIUMS, CAFETERIAS AND PORTABLES. THE HIGH

STANDARDS FOR THE CARE OF CHILDREN REFLECT THE YMCA MOVEMENT® VALUES

AND EXPECTATIONS: YMCAS MEET AND OFTEN EXCEED GOVERNMENT LICENSING

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Employer identification number Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 STANDARDS. STAFF MEMBERS ARE WELL PREPARED AND PARTICIPATE IN ONGOING TRAINING THROUGH THE YMCA SYSTEM OF PROGRAM SCHOOLS, TRAINING EVENTS THEY BELIEVE THEIR PROGRAMS CAN HELP DEVELOP A AND CERTIFICATION. BETTER LIFE FOR CHILDREN AND FAMILIES. LIKE ALL YMCA PROGRAMS, CHILDCARE IS OPEN TO ALL, WITH FINANCIAL AID AVAILABLE FOR THOSE UNABLE TO PAY FULL FEES. WE PRIDE OURSELVES IN OUR COMMITMENT TO TURN NO ONE AWAY. THE BOTTOM LINE FOR YMCA CHILDCARE IS WHAT® BEST FOR THE FAMILY. PROVIDING IT IS THE YMCA® WAY OF WORKING TO IMPROVE THE QUALITY OF LIFE OFOR THE WHOLE CHILD, THE WHOLE FAMILY AND THE WHOLE COMMUNITY. AGE-APPROPRIATE EXPERIENCE FOR YOUNG CHILDREN EARLY CHILDHOOD CENTERS THE SOUTH SOUND YMCA PROVIDES CARE TO CHILDREN AGES 1 TO 6 YEARS AT SOUTH PUGET SOUND COMMUNITY COLLEGE. PARENTS CAN CONCENTRATE ON STUDIES KNOWING THEIR CHILDREN ARE RECEIVING EXCELLENT CARE. CHILDREN ALSO RECEIVE CARE AFTER 6 PM WHILE THEIR PARENT IS ATTENDING EVENING CLASSES. AT OUR BRANCHES, MOTHERS AND FATHERS CAN TAKE ADVANTAGE OF DROP CARE WHILE THEY WORK OUT OR ATTEND A PROGRAM. SCHOOL AGE PARENTSOWORKDAYS TYPICALLY START EARLIER AND LATER THAN THEIR CHILDREN® SCHOOL DAYS. THOSE MORNING AND AFTERNOON TIME GAPS CAN BE EMPTY, EVEN LONELY OOR THEY CAN BE FILLED CREATIVELY AND

CONSTRUCTIVELY. CHILDREN CONCENTRATE ON ACADEMICS AT ELEMENTARY

132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Employer identification number Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 SCHOOL, BUT THERE IS SOMETHING ELSE FOR THEM TO LEARN IN YMCA PROGRAMS BEFORE AND AFTER THOSE HOURS. YMCA CHILDCARE FOR THESE 6 TO 12-YEAR OLDS PROVIDES CHANCES TO EXPRESS INDIVIDUAL TALENTS IN THE ARTS, CRAFTS, GAMES, SPORTS OR OTHER AREAS OF INTEREST, TAKING FULL ADVANTAGE OF YMCA FACILITIES AND CLASSES. KIDS FIND OUT WHAT PARTICIPATION AND SUCCESS IS ALL ABOUT IN AN APPROACH THAT SAYS EVERYBODY PLAYS, EVERYBODY WINS. EACH DAY THERE IS TIME FOR KIDS TO CALL THEIR OWN. AND TIME IS SET ASIDE TO TACKLE HOMEWORK WITH TUTORING AVAILABLE. CLOSE COMMUNICATION WITH SCHOOLS IS IMPORTANT. MANY PROGRAMS FOR THESE OLDER CHILDREN ALSO INCLUDE FIELD TRIPS TO WIDEN THEIR WORLD. YMCA PEOPLE KNOW HOW TO CHALLENGE SCHOOL-AGE CHILDREN AND HOW TO CHILDREN IN THIS AGE GROUP TYPICALLY ENJOY INTERACTING LISTEN TO THEM. WITH ALL THE ADULTS INVOLVED, BUT STAFF ALSO HAS A RESPONSIBILITY TO GIVE FEEDBACK TO PARENTS AS OFTEN AS POSSIBLE. DAY CAMPS WHILE HELPFUL FOR WORKING PARENTS, DAY CAMPS ARE AN EXCITING OPPORTUNITY FOR CHILDREN TO EXPERIENCE THE BEST OF YMCA ACTIVITIES. DAY CAMPS ARE OFFERED IN THE SPRING, SUMMER, AND WINTER AND DURING MID-WINTER SCHOOL BREAKS. THESE CAMPS OFFER A WIDE VARIETY OF INDOOR AND OUTDOOR ACTIVITIES, INCLUDING SPORTS, OVERNIGHT CAMPING, CRAFTS AND VISITS TO MUSEUMS, ZOOS AND PARKS.

CHILDCARE ACCOMPLISHMENTS

IN MANY INSTANCES, YMCA CHILDCARE ALLOWS PARENTS OF THE CHILDREN TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT. FOR PARENTS WHO CANNOT AFFORD THE Schedule O (Form 990 or 990-EZ) (2011) Schedule O (Form 990 or 990-EZ) (2011) Page 2 Employer identification number Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 FULL FEE, CARE IS PROVIDED ON A SLIDING SCALE BASIS. WITH THE INCREASED COST OF LIVING IN OR AREA, THERE ARE MORE HOMES WHERE BOTH MOM AND DAD MUST WORK AND MANY SINGLE FAMILIES THAT CRITICALLY NEED IN 2011 THE YMCA CARED FOR 3,159 CHILDREN AND PROVIDED THIS SERVICE. \$299,546 IN FINANCIAL ASSISTANCE. WE CONTINUE TO REACH OUT TO THE COMMUNITY BY CREATING MORE PROGRAMS AND ADDED FOUR MORE CHILDCARE SITES THIS SCHOOL YEAR. THE SOUTH SOUND YMCA NOW PROVIDES CHILDCARE IN 33 LOCATIONS. YMCA OLDER ADULTS: A PLACE FOR ALL AGES THE Y, M AND C IN YMCA STAND FOR YOUNG, MEN® AND CHRISTIAN. WHEN THEY BEGAN 150 YEARS AGO, YMCAS OPENED THE DOOR ONLY TO CHRISTIAN IT CERTAINLY IS DIFFERENT TODAY. OVER THE YEARS YMCA® YOUNG MEN. KEPT OPENING THEIR DOORS WIDER AND WIDER UNTIL THEY INCLUDED ENTIRE MEN, WOMEN AND CHILDREN OF ALL AGES, RACES AND RELIGIONS. FAMILIES: THE YMCA HAS BEEN KEEPING PACE WITH MANY FOLKS SINCE THEIR CHILDHOOD. THERES NO REASON TO SHUT THEM OUT ONCE THEY REACH RETIREMENT. YMCAS HAVE FOUND THAT OLDER ADULTS NEED EXERCISE AND THE EXTRA EDGE OF GOOD HEALTH IT PROVIDES TO MEET LIFE® CHANGING CHALLENGES. THEY WANT A PLACE TO GO, LIKE THE YMCA, THAT THEY CAN DEPEND ON OA PLACE WHERE THEY CAN ENRICH THEIR LIVES AND DEVELOP NEW SKILLS, NEW INTERESTS AND NEW FRIENDS. BENEFICIAL USE OF TIME LIKE EVERYONE ELSE, OLDER PEOPLE NEED TO CONTINUE HAVING A MISSION IN THEIR LIVES, A SENSE OF DIRECTION AND PURPOSE. THEIR LIVES UNDERGO MAJOR CHANGES WITH RETIREMENT, ADDED TO THE NATURAL CHANGES IN FAMILY

Schedule O (Form 990 or 990-EZ) (2011)

132212 01-23-12

Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 LIFE THAT COME WITH AGE. AT THE SAME TIME, THEY OFTEN HAVE THE ADVANTAGE OF MORE TIME TO SPEND IN CONSTRUCTIVE WAYS, DOING THINGS THEY LIKE TO DO AND FINDING NEW CHALLENGES. THE SOUTH SOUND YMCA PLAYS AN IMPORTANT ROLE IN THIS PROCESS BY OFFERING A VARIETY OF OPPORTUNITIES AND ACTIVITIES. EXERCISE IS UNIVERSALLY RECOMMENDED REGARDLESS OF AGE, AND MANY SEEK OUT THE YMCA FOR THAT PURPOSE. FAVORITES FOR OLDER ADULTS ARE LIGHTER EXERCISES, WATER ACTIVITIES AND WALKING. THE HABITS OF ATTENDING REGULAR EXERCISE CLASSES OFTEN LEAD TO CREATION OF SOCIAL CLUBS. SOME OF THESE CLUBS HAVE A SINGLE FOCUS, LIKE GETTING TOGETHER TO SWIM, FOR MEALS OR TO TACKLE A COMMUNITY SERVICE PROJECT. OTHERS INCLUDE A VARIETY OF ACTIVITIES, SUCH AS CLASSES RANGING FROM CRAFTS TO CURRENT AFFAIRS. ALSO POPULAR ARE DAY TRIPS AND CAMPING. SOMETIMES OTHER FRIENDS AND FAMILY MEMBERS ARE INVITED. FRIENDS ARE IMPORTANT AT EVERY AGE, BUT THE OPPORTUNITY TO MAKE THEM AT THE TIME OF LIFE WHEN MANY PEOPLE EXPERIENCE THE LOSS OF OLD FRIENDS AND FAMILY MEMBERS IS ESPECIALLY VALUABLE. OPPORTUNITIES FOR HELPING OTHERS MANY OLDER ADULTS CHOOSE TO OFFER THEIR EXTRA HOURS ⊘AND THEIR LIFETIME OF EXPERIENCE OTO THEIR YMCAS, VOLUNTEERING IN MANY AREAS, FROM FUNDRAISING TO PROGRAMS. YMCAS TAKE CARE TO MATCH THE SKILLS AND INTEREST OF VOLUNTEERS WITH THE VARIOUS PROJECTS THAT ARE AVAILABLE. A PARTICULARLY IMPORTANT WAY FOR OLDER MEMBERS TO HELP THEIR YMCA® AND ENRICH THEIR OWN LIVES IS THROUGH INTERACTIONS WITH OUR YOUTH: EATING LUNCH WITH CHILDREN IN DAY CARE, SUPERVISING A GROUP OF ELEMENTARY SCHOOL KIDS ON A FIELD TRIP, ASSISTING WITH A YOUTH SWIM 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011) Name of the organization Employer identification number 91-0586473 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. CLASS OR SPORTS LEAGUE OR A ADVISING A TEEN CLUB. OLDER ADULTS TODAY INVOLVE THEMSELVES IN THE FULL LIFE OF THE YMCA. MANY DISCOVER THAT THIS HELPS THEM IN THEIR RELATIONS WITH YOUNGER MEMBERS OF THEIR OWN FAMILIES. IMPROVED MOBILITY AND A SENSE OF WELL-BEING JOGGERS DONO GET OFF THE TRACK BECAUSE THEY REACHED A CERTAIN AGE. NOR DO SWIMMERS THROW IN THE TOWEL. IN THE YMCA® FAVORITE HEALTH AND EXERCISE PROGRAMS, IT® SOMETIMES THE OLDER PARTICIPANTS WHO SET THE PACE OIF NOT FOR SPEED, BUT FOR DEDICATION TO STAYING FIT. THEY ARE AN INSPIRATION TO PEOPLE DECADES YOUNGER WHO CAN SEE HOW EXERCISE HAS HELPED THEM STAY ACTIVE. THE SOUTH SOUND YMCA BRANCHES INCLUDED A SPECTRUM OF AGES IN THEIR CLASSES. THIS GIVES OLDER ADULTS A RANGE OF PROGRAMS TO CHOOSE FROM AND FIND THE ONES THAT ARE BEST FOR THEM. WHILE SOME OLDER PEOPLE JOIN CLASSES WITH ADULTS OF ALL AGES, OTHERS ARE MORE COMFORTABLE WITH PROGRAMS LIMITED TO MEMBERS OF THEIR OWN AGE GROUP. IT® A CHOICE WE BELIEVE OLDER ADULTS SHOULD BE ABLE TO MAKE THEMSELVES. SOME ARE NEWCOMERS TO THE FITNESS FIELD, PERHAPS FINDING TIME LATER IN LIFE FOR THE EXERCISE THEY HAD ALWAYS MEANT TO DO BUT KEPT PUTTING OFF. OTHERS TRY THE YMCA AT THE RECOMMENDATION OF A PHYSICIAN TO HELP DEAL WITH A PHYSICAL PROBLEM. YMCA STAFF MEMBERS HELP THEM FIND AN APPROPRIATE PROGRAM, ONE THEYOL ENJOY DURING WORKOUTS AND AT OTHER TIMES BECAUSE OF HOW MUCH BETTER IT MAKES THEM FEEL.

Employer identification number Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 OLDER ADULT ACCOMPLISHMENTS IN 2011, THE SOUTH SOUND YMCA SERVED 6,642 ADULTS 55 YEARS OF AGE AND OLDER. SPORTS: DEVELOPS VALUES STRONGER THAN WINNING COACHES START WITH PLAYERS AT WHATEVER SKILL LEVEL THEY FIND THEM. THEY TRY TO WORK WITH EACH PLAYER TO SET GOALS AND EVALUATE PROGRESS IN LIGHT OF PLAYERS@OWN STANDARDS @NOT THOSE OF THE FASTEST, STRONGEST OR MOST COORDINATED. THE TEACHING COMPONENT IS IMPORTANT. PRACTICE SESSIONS INCLUDE A REVIEW OF SKILLS LEARNED AND THE INTRODUCTION OF NEW ONES. PLAYERS HAVE OPPORTUNITIES TO TAKE VARIOUS POSITIONS ON THE TEAM, BECAUSE NO WINNING SCORE MATTERS MORE THAN GIVING THEM ALL THE CHANCE TO STRIVE AND TO STRETCH ONESELF. SOME BRANCH YMCA® ALSO SPONSOR COMPETITIVE TEAMS, BACKED UP BY DEVELOPMENTAL INSTRUCTION. MOST ARE IN AQUATICS OR GYMNASTICS. THE YMCA YOUTH SPORTS PHILOSOPHY CARRIES OVER TO THESE, TOO. EVEN WHEN THE GOVERNING BODY FOR A SPORT REQUIRES THAT TIMES AND SCORES BE POSTED AT THE COMPETITION, YMCA COACHES ENCOURAGE PARTICIPANTS TO COMPARE THEIR MARKS WITH THEIR OWN PAST PERFORMANCE. BUILDS SELF-ESTEEM THOSE IN YMCA YOUTH SPORTS WHO LEARN A GAME WELL AND IMPROVE THEIR LEVELS OF SKILL GENERATE AUTHENTIC FEELINGS OF SELF-ESTEEM. VOLUNTEER COACHES, ROLE MODELS THEMSELVES, WHO ARE TRAINED AND ADVISED, TO AVOID PUT-DOWNS AND HAVE NO TRYOUTS OF CUTS, GUIDE THEM. 132212 01-23-12

LESS OBVIOUS BUT JUST AS IMPORTANT IS AN AWARENESS OF THE
OPPORTUNITIES THAT COME WITH BELONGING TO A COMMUNITY ORGANIZATION.

YOUNGSTERS, PARENTS AND INDIVIDUAL ADULTS IN YMCA SPORTS OFTEN GET
INVOLVED IN OTHER ACTIVITIES, PERHAPS JOINING ANOTHER YMCA PROGRAM SUCH
AS INDIAN GUIDES OR DAY CAMP. THEY CAN ALSO GET A CHANCE TO LEARN

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 ABOUT HELPING OTHERS THROUGH YMCA SERVICE PROJECTS. BEING A WINNER IN LIFE IS PART OF ALL IT IS ABOUT. YMCA SPORTS SEEK TO BRING OUT THE BEST IN EVERY PARTICIPANT. THE IDEALS ARE HIGH FOR TEAMS AND LEAGUES. YMCA® VALUE THE APPROACH THAT SAYS EVERYBODY PLAYS, REGARDLESS OF ABILITY. THEY VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER A GOOD SCORE, CHARACTER DEVELOPMENT IN YOUNG PEOPLE OVER DEVELOPING THE NEXT SUPERSTAR. VALUE BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT. THE YMCA KNOWS THAT WITH SUCH AN APPROACH, EVERYBODY WINS ∅UNDEFEATED IN SPIRIT, MIND AND BODY. THESE VALUES COMBINE TO KEEP COMPETITION IN PERSPECTIVE, GIVING EVERYONE THE FUN OF SPORTS WITHOUT FEELINGS OF REJECTION OR FAILURE. THIS IS ESPECIALLY IMPORTANT FOR ELEMENTARY AND MIDDLE SCHOOL KIDS. TEACHES COOPERATION AND TEAMWORK YOUNGSTERS IN TEAM SPORTS LEARN HOW TO WORK IN GROUPS ON AND OFF THE PLAYING FIELDS. THEY SEE HOW A TASK CARRIED OUT AT A SINGLE POSITION AFFECTS AN ENTIRE TEAM. THEY LEARN THE DISCIPLINE OF HARD WORK, THE NECESSITY TO TRUST OTHERS, AND THE ART OF BLENDING THEIR SKILLS WITH OTHERS⊘IN A COMMON PURSUIT. ALL OF THIS MAKES A BETTER TEAM. HELPING TEAMMATES IMPROVES THE LEVEL OF PLAY. SO DOES PAYING ATTENTION WITH EYES AND EARS. BEING PART OF THAT BETTER TEAM MEANS THAT RESPONSIBILITIES AND DECISION-MAKING SKILLS ALSO GROW. THE GOAL, OF COURSE, IS FOR EACH AND EVERY TEAM TO IMPROVE. AT THE END OF THE SEASON, THERE MAY BE AWARDS FOR PARTICIPATION OBUT NOT FOR WIN, PLACE

47

Schedule O (Form 990 or 990-EZ) (2011)

ANOTHER ASPECT OF TEAMWORK IS GETTING ALONG WITH A MIX OF PEOPLE.

OUR BRANCHES TYPICALLY BRING TOGETHER THOSE FROM A VARIETY OF ECONOMIC

LEVELS, ETHNIC BACKGROUNDS, RELIGIONS AND NEIGHBORHOODS, AS WELL AS

THOSE WITH DIFFERENT SKILL LEVELS. THEY ALL PLAY TOGETHER AND START TO

UNDERSTAND AND APPRECIATE EACH OTHER.

THE YOUNGSTERS WHO LEARN TO PLAY BY YMCA RULES CAN BECOME WINNERS

IN LIFE. THEY CAN GROW INTO HEALTHIER AND MORE SELF-ASSURED, LOVING

AND GIVING ADULTS AND PARENTS.

MEETS THE PHYSICAL AND SOCIAL NEEDS OF KIDS

DRIBBLING A BASKETBALL DOWN A COURT OR SPIKING A VOLLEYBALL OVER

THE NET OTHATO HOW A LOT OF GIRLS AND BOYS DEFINE FUN AND GAMES.

YMCA PEOPLE INVENTED BASKETBALL IN 1891 AND VOLLEYBALL IN 1895. IN THE

CENTURY SINCE THEY FIRST WERE PLAYED IN YMCA GYMS, THESE TWO GAMES HAVE

BECOME POPULAR THE WORLD OVER. THEY HAVE NEVER BELONGED JUST TO THE

YMCA BUT TO EVERYONE. MOST OF THE NEW THINGS YMCAS DEVELOP THEY GIVE

THE WORLD. NO CHARGE.

YOUTH SPORTS ARE OFFERED BY MOST OF THE YMCAS. THE SPORTS VARY

DEPENDING ON COMMUNITY SIZE AND NEED, AVAILABLE FIELDS AND FACILITIES

AND, OF COURSE, POPULARITY. FLAG FOOTBALL, BASEBALL, SOFTBALL, SOCCER,

T-BALL, FLOOR HOCKEY, TENNIS, FIELD HOCKEY, GYMNASTICS AND SWIMMING ARE

COMMON, AS WELL AS BASKETBALL AND VOLLEYBALL.

DEVELOPS SKILLS

THE CLEAR EMPHASIS ON PERSONAL GROWTH DOESN® MEAN THAT THE YMCA

ISN® SERIOUS ABOUT TEACHING THE SKILLS THAT LEAD TO GOOD PLAY ON ITS

COURTS AND FIELDS. IT IS THROUGH PRACTICE, PERSISTENCE AND PATIENCE,

132212
101-23-12
Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
IN FACT, THAT YOUNGSTERS IMPROVE SKILLS.	71 0300173
IN THEI, THEI TOURDEDAND INTROVE BRIDED.	
YOUTH ACCOMPLISHMENTS	
THE SOUTH SOUND YMCA OFFERS BASKETBALL, FLAG FOOTBA	ALL, MARTIAL
ARTS, GYMNASTICS, ROLLER HOCKEY, VOLLEYBALL, WALLEYBALL,	, CHESS, TRACK
AND AQUATIC PROGRAMS. IN 2011, THE YMCA GAVE \$20,200 IN	N DIRECT
FINANCIAL ASSISTANCE TO YOUTHS PARTICIPATING IN THESE AC	CTIVITIES.
HEALTH AND FITNESS: GOOD HEALTH	
PREVENTION IS THE KEY WORD FOR PHYSICAL EDUCATION A	AND HEALTH AT
THE YMCA. THE YMCA TAKES THE WELLNESS, OR HOLISTIC APPR	ROACH. ITS
HEALTH AND FITNESS PROGRAMS ARE ORGANIZED AROUND THE PRI	INCIPLE THAT
THERE IS A ONENESS OF BODY, MIND AND SPIRIT.	
ALL OF WHAT THE YMCA DOES IS AIMED AT A LONG AND PE	RODUCTIVE LIFE
AND HAVING FUN LIVING IT. THAT® THE WAY THE YMCA APPROA	ACHES EXERCISE.
IT® NOT SOMETHING JUST FOR THE BODY. IT® A WAY OF LIFE	THAT REQUIRES
EDUCATION IN GOOD NUTRITION, PROPER EXERCISE, AVOIDANCE	OF DRUG AND
ALCOHOL ABUSE, DEALING WITH STRESS AND STRUCTURING LIFE	TO LESSON
PROBLEMS POSED BY CHRONIC AILMENTS SUCH AS ARTHRITIS, CA	ANCER AND HEART
DISEASE.	
TODAY, EMPHASIS ON PREVENTION STRETCHES FROM THE FI	IELDS OF
MEDICINE TO INSURANCE. PEOPLE UNDERSTAND HOW IMPORTANT	THEIR DAILY
ACTIONS CAN BE FOR LONG-TERM HEALTH. THE YMCA IS A MAJO	OR PROVIDER OF
AFFORDABLE HEALTH AND FITNESS PROGRAMS, WITH FINANCIAL A	AID AVAILABLE.
IT ENCOURAGES SELF-IMPROVEMENT. ITS MEMBERSHIP IS CULTU	JRALLY DIVERSE,
MADE UP OF PEOPLE OF ALL AGES AND ABILITIES.	
YMCA STAFFS ARE WELL TRAINED AND CERTIFIED WHERE NE	EEDED. YMCA

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91 - 0586473STANDARDS GENERALLY MEET OR EXCEED THOSE REQUIRED BY LOCAL AND STATE LICENSING BOARDS. SINCE THE 1880S THE YMCA HAS BEEN A LEADER IN THE ITS OWN HEALTH AND FITNESS PROFESSIONALS NUMBER IN THE FIELD. IT HAS ALSO BEEN A TRAINING GROUND FOR RECREATION AND PHYSICAL EDUCATION PROFESSIONALS OUTSIDE THE YMCA, FOR THE HEALTH CLUB INDUSTRY AND FOR CORPORATE WELLNESS PROGRAMS. IT WAS IN 1891 THAT A YMCA PHYSICAL PROGRAMS LEADER CREATED THE NOW FAMILIAR RED TRIANGLE. TO THIS DAY, IT SYMBOLIZES THE ASSOCIATION COMMITMENT TO HELPING PEOPLE BUILD HEALTHY LIVES. ALONG WITH THE YMCA® OTHER COMMUNITY SERVICE PROGRAMS. BECAUSE HEALTHY EXERCISE HAS BEEN A YMCA STAPLE FOR SO LONG, THE YMCA ALREADY HAD HEALTH AND FITNESS CENTERS IN ALL 50 STATES IN THE 1970S, WHEN THE PURSUIT OF GOOD HEALTH TURNED INTO A NATIONAL PASSION. YMCAS ARE STILL LEADERS TODAY, WITH STATE OF THE ART EQUIPMENT AND EXERCISE INNOVATIONS SUCH AS YOUTH FITNESS, CROSS TRAINING AND CLASSES FOR OLDER ADULTS. ALL AGES, ALL ABILITIES, ALL INCOMES THE YMCA APPROACH IS THAT EXERCISE AND HEALTH EDUCATION ARE IMPORTANT AND SHOULD BE PROVIDED FOR PEOPLE OF ALL AGES AND ABILITIES. YMCAS LOOK FOR WAYS THAT ALL MEMBERS OF A FAMILY CAN PARTICIPATE IN PHYSICAL ACTIVITY, WHICH HELPS TAKE THE EDGE OFF TENSION AT HOME AND ENCOURAGES OPEN COMMUNICATION. YMCA FAMILY SWIM TIMES ARE DESIGNED TO GIVE PARENTS AND CHILDREN A CHANCE TO PLAY TOGETHER, RELAX AND HAVE FUN. OUR YMCA OFFERS SUBSIDIZED MEMBERSHIPS, SO NO ONE HAS TO BE TURNED AWAY FOR INABILITY TO PAY. FAMILY MEMBERSHIP ARE LESS PER PERSON THAN

INDIVIDUAL MEMBERS WOULD BE, WHICH IS FURTHER ENCOURAGEMENT TO BRING

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 EVERYBODY. CHILDREN WHO GROW UP IN YMCA PROGRAMS GET A GOOD BASIC KNOWLEDGE ABOUT HEALTH ISSUES, BUT EVEN BETTER, THEY LEARN ALONG THE WAY JUST HOW GREAT IT IS TO FEEL GOOD. THEY DEVELOP LIFESTYLES THAT INCLUDED TIME FOR FITNESS AND FUND. EVERYONE® INVITED THE YMCA IS A COMMUNITY SERVICE FOR ALL OA WARM, RELAXED PLACE LED BY VOLUNTEERS AND RUN BY WELL TRAINED AND HELPFUL EMPLOYEES WHO MAINTAIN ITS WHOLESOME ATMOSPHERE. IT ENCOURAGES INDEPENDENCE AND SELF-RELIANCE. THIS COMBINED WITH ITS OPEN DOOR POLICY HAS LED OUR YMCAS TO BE CENTERS FOR PEOPLE UNDERGOING PHYSICAL THERAPY, THOSE WITH PERMANENT DISABILITIES, THOSE RECOVERING FROM DISEASE AND THOSE SEEKING IMPROVED FLEXIBILITY AND STRENGTH. A JOYFUL AND PRODUCTIVE LIFE YMCA HEALTH PROGRAMS, ALONG WITH EXERCISE AND EDUCATION, GENERALLY INCLUDE A BROADENING OF ONES CIRCLE OF FRIENDS AT EVERY LEVEL OF DEVELOPMENT. WE BELIEVE KIDS SHOULD BE KIDS. PROVIDING OPPORTUNITIES TO LEARN VARIOUS SPORTS GIVES THEM NOT ONLY FIRST-RATE PHYSICAL EXERCISE BUT ALSO THE CHANCE TO FEEL GOOD ABOUT MASTERING NEW SKILLS AND LEARNING TO COOPERATE WITH OTHERS AS PART OF A TEAM. WHEN YOUNGSTERS MOVE TO MIDDLE SCHOOLS, MANY ARE READY TO LEARN MORE ABOUT TAKING CARE OF THEIR BODIES AND IMPROVING THEIR ATHLETIC ABILITIES. THIS IS THE TIME WHEN WE WILL ADD DISCUSSIONS ABOUT HEALTH ISSUES, FROM NUTRITION TO DRUG AWARENESS. THERE IS MORE DIVERSITY FOR HIGH SCHOOL YOUTH. SOME ARE READY FOR

STRENGTH TRAINING WORK FOR SPECIFIC SPORTS. OTHER PARTICIPANTS ARE

132212 01-23-12 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

ATTRACTED TO AEROBICS. THE YMCA CONTINUES TO EMPHASIZE VALUES THAT

PROMOTE A LIFELONG HEALTHY OUTLOOK. AND YMCA INSTRUCTORS, JUST BY

BEING WHO THEY ARE, ARE GREAT ROLE MODELS. THEY ARE TRAINED,

CERTIFIED, DEPENDABLE AND CARING.

INDEPENDENCE AND LONGEVITY

ADULTS NEED ØAND RECEIVE ØTHE WIDEST RANGE OF EXERCISE

ALTERNATIVES. WORKING OUT WITH WEIGHTS OR KEEPING STEP IN AEROBIC

DANCE HELPS MANY STAY IN SHAPE. OTHERS WANT MORE ØTO TRAIN FOR AN

EVENT, PERHAPS. AND SOME WANT LESS ØJUST THE STRENGTH TO MOVE FROM

THE COUCH TO THE JOGGING PATH. WHATEVER THE GOAL, A YMCA STAFF MEMBER

WILL HELP THE INDIVIDUAL DRAW UP A REALISTIC PLAN TO ACHIEVE IT, OFFER

ENCOURAGEMENT ALONG THE WAY AND HELP MAP OUT A NEW DIRECTION WHEN THE

GOAL IS REACHED.

THERE IS NO AGE BARRIER TO FITNESS. SOME OLDER PEOPLE WHO HAVE

ALWAYS EXERCISED REGULARLY CONTINUE RIGHT ON WITH THE ACTIVITIES THEY

ENJOY, JOINING CLASSES WITH PEOPLE DECADES YOUNGER. OTHERS MAY NEED A

SLOWER PACE OR A PROGRAM DESIGNED TO DEAL WITH A PARTICULAR PROBLEM,

LIKE ARTHRITIS. YMCAS RESPOND WITH SPECIAL CLASSES AND INDIVIDUAL

EXERCISE PLANS. THE EMPHASIS IS ON HELPING OLDER ADULTS MAINTAIN THE

BEST PHYSICAL CONDITION POSSIBLE, WHICH IN TURN HELPS THEM MAINTAIN

INDEPENDENCE.

NOR DO DISABILITIES FROM ACCIDENT OR DISEASE NECESSARILY LIMIT

EXERCISE OPPORTUNITIES AT THE YMCA. AN EXPERT WILL OFTEN WORK WITH

STAFF PEOPLE TO DESIGN A SPECIAL PROGRAM FOR A GROUP WITH A PARTICULAR

PROBLEM. OFTEN THE YMCA STAFF INTEGRATES PEOPLE WITH DISABILITIES INTO

REGULAR EXERCISE PROGRAMS, PROVIDING SPECIAL HELP WHEN NEEDED.

STRENGTHENS FAMILY COMMUNICATION

ON FOR SUPPORT.

YMCAS ARE ALERT TO THE SPECIAL NEEDS OF FAMILIES AND THEIR

INDIVIDUAL MEMBERS. STAFF MEMBERS AND VOLUNTEERS ALIKE PAY CLOSE

ATTERNATION WHEN MEMBERS TALK AROUTE MEATING IN THE RESERVE AND
ATTENTION WHEN MEMBERS TALK ABOUT WHAT® HAPPENING IN THEIR LIVES AND

OUR BRANCH YMCAS FILL THE GAP WHEN THEY CAN.

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

HOMES. TUTORING, COUNSELING, SUPPORT GROUPS, SEMINARS ØALL HELP TO STRENGTHEN FAMILIES.

THE YMCA GIVES FAMILIES A SAFE, RELIABLE AND AFFORDABLE PLACE TO

GO. YMCAS OFFER PROGRAMS THAT COMMIT CHILDREN AND ADULTS TO SETTING

ASIDE TIME TO SPEND TOTALLY ABSORBED IN PROJECTS AND FUN TOGETHER.

MANY OFFER PARENT-CHILD ACTIVITIES, HEALTH PROMOTING EXERCISES FOR

FAMILIES AND CLASSES FOR PARENTS. WE RESERVE REGULAR TIME SLOTS ON

THEIR SCHEDULES EXPRESSLY FOR FAMILIES TO SWIM, WORK OUT AND PLAY

TOGETHER.

YMCAS WERE EARLY PROVIDERS OF CHILD CARE FOR THE CHILDREN OF
WORKING PARENTS, OFFERING PROGRAMS TO MEET THIS COMMUNITY NEED AT THEIR
OWN FACILITIES AND AT SCHOOLS. PROGRAMS OUTSIDE A YMCA BUILDING OFFER
THE SAME BALANCE OF RECREATIONS, LEARNING AND VALUES DEVELOPMENT THAT
COMES TOGETHER IN ALL YMCA PROGRAMS. PARENTS CAN BE CONFIDENT THAT THE
CARE IS FOR THEIR WHOLE CHILD. AND YMCA CHILDCARE INVOLVES PARENTS
THROUGH FAMILY ACTIVITIES AND REGULAR DISCUSSIONS WITH CAREGIVERS.

IN CHILDCARE, EVERY EFFORT IS MADE TO ASSURE THAT THE YMCA IS NOT

A SUBSTITUTE FOR A PARENT BUT INSTEAD WORKS IN WAYS THAT SUPPLEMENT

WHAT THE FAMILY CAN DO.

SPENDING GOOD TIME WITH THE KIDS

YMCAS HAVE DECADES OF SUCCESSFUL PROGRAMS TO BUILD ON. IN 1910

THE IDEA OF FATHER AND SON BANQUETS AND CLOSE FELLOWSHIP WAS DEVELOPED

IN PROVIDENCE, RI. IT WAS FOLLOWED IN THE 1920S BY THE Y-INDIAN GUIDES

IN ST. LOUIS. THE GENERAL IDEA WAS TO CREATE EVENTS IN WHICH BOTH TOOK

PART. IT MEANT SETTING ASIDE TIME FOR THEM TO BE TOGETHER. MEN AND

BOYS, OF COURSE, HAD COME TO THE YMCA FOR EXERCISE AND FELLOWSHIP LONG

Name of the organization Employer identification number 91-0586473 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. BEFORE THEN. BUT THESE NEW VENTURES WERE THE FIRST TO INVOLVE FATHERS AND SONS IN ACTIVITIES PLANNED SPECIFICALLY TO STRENGTHEN THEIR RELATIONSHIPS. THE IDEA CONTINUED TO GROW. SOON AFTER WORLD WAR II, MOST YMCAS WELCOMED WOMEN AND GIRLS INTO MEMBERSHIP, AND MOTHER-DAUGHTER PROGRAMS WERE ADDED. NOW THERE ARE ALSO MOTHER-SON AND FATHER-DAUGHTER PROGRAMS. BRANCH YMCAS ADAPT THESE PROGRAMS, OR CREATE NEW ONES, TO REFLECT THE ADULT-CHILD COMBINATIONS PRESENT IN THEIR COMMUNITIES. YMCAS LEARNED THAT AN IMPORTANT WAY TO HELP CHILDREN AND YOUNG PEOPLE BUILD HEALTHY BODIES, MINDS AND SPIRITS WAS TO HELP THEIR ADULT CAREGIVERS AND ROLE MODELS DO THE SAME. FROM THE SIMPLEST SHARED PROJECTS, RESPECT, COMMUNICATIONS AND SELF-WORTH CAN GROW. NOW ALL THROUGH THE COUNTRY YMCA® ARE MEETING FAMILIES NEEDS BY OFFERING EXPERIENCES THAT DRAW ADULTS AND CHILDREN CLOSER TOGETHER IN A SAFE, CARING AND WARM ENVIRONMENT. A SECOND LOOK AT THOSE YMCA PROGRAM SCHEDULES SHOWS THAT WHETHER LABELED MAMILYOOR NOT, MANY ACTIVITIES DO INCLUDE FAMILIES AND CHILDREN IN SOME WAY. AFFORDABLE RECREATION SPLASHING EACH OTHER IN THE POOL DURING FRIDAY NIGHT FAMILY SWIM TIME MIGHT JUST BE THE BEST WAY TO RELAX AND LET THE WEEK® WORK AND WORRIES WASH AWAY. A FAMILY NIGHT OF FUN AND GAMES ØIN THE POOL, GYM OR ELSEWHERE OCAN BE A FERTILE TIME FOR GROWTH. OTHER RECREATIONAL OPPORTUNITIES ARE IMPORTANT, TOO, FROM MIXED VOLLEYBALL GAMES TO CAMPING TRIPS. SOME YMCAS SCHEDULE BIKE HIKES, PICNICS OR TRIPS TO PRO SPORTS EVENTS. THE ONLY BOUNDARIES FOR FAMILY FUN ARE SET BY THE IMAGINATION AND ENTHUSIASM OF THE PARTICIPANTS.

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 SOME FAMILIES VOLUNTEER TOGETHER. THEY PLAN AND RUN YMCA EVENTS AND PROGRAMS. OTHER FAMILIES OFFER COMMUNITY SERVICES AS VOLUNTEERS FOR A FOOD PANTRY, A RECYCLING CENTER OR OTHER PROGRAMS. THEY MAKE FRIENDS WITH OTHER IN THEIR COMMUNITIES AS THEY WORK AND PLAY TOGETHER, DEVELOPING NEW SKILLS IN COMMUNICATION AND COOPERATION. FAMILIES WHO CARE ABOUT THEMSELVES LEARN TO CARE ABOUT OTHER FAMILIES. ANOTHER KIND OF FAMILY YMCAS DONO JUST OFFER PROGRAMS FOR FAMILIES. THEY FUNCTION AS FAMILIES OF A SORT THEMSELVES, INVOLVING ALL MEMBERS IN ACTIVITIES THAT LEAD TO PERSONAL GROWTH AS THEY LEARN, WORK AND LAUGH TOGETHER. FAMILY PROGRAM ACCOMPLISHMENTS AS OF DECEMBER 2011, 41,022 PERSONS PARTICIPATED IN SOUTH SOUND YMCA PROGRAMS. TEEN LEADERSHIP: SKILLS FOR LIFE DEMOCRACY NEEDS LEADERS FROM AMONG ITS PEOPLE. THEY@E NEEDED IN COMMUNITIES, FAMILIES, BUSINESS, SCHOOLS, CHURCHES, AND GOVERNMENT ØIN FACT ALMOST EVERYTHING WE DO TOGETHER. GOOD LEADERS AREN® BORN TO LEAD; THEYME TRAINED FOR IT. AND THAT THE KIND OF TRAINING THE YMCA DOES WELL FOR CHILDREN AND ADULTS. WE ARE CONSTANTLY FORMING GROUPS, BOARDS, CLUBS, MODEL GOVERNMENTS, COMMITTEES AND TEAMS WHERE THOSE OF ALMOST ALL AGES CAN LEARN THE GIVE AND TAKE NEEDED IN WORKING TOWARD A COMMON PURPOSE. THIS IS BASIC TO FAMILY LIFE AND TO CITIZENSHIP. IT PRODUCES PEOPLE WHO CAN ROUSE THE CONSCIENCE OF A COMMUNITY, CONDUCT FAMILY AFFAIRS IN

56

A WAY THE EVERYONE WINS, OR PERFORM WELL ON THE JOB.

WHEN ALL ARE

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

HEARD AND THEIR VIEWS RESPECTED, SELF-CONFIDENCE FLOWERS FOR BOTH THE LEADERS AND THE FOLLOWERS.

THE YMCA® VOLUNTEER LEADERS BRING IT BACK TO ITS ROOTS AS A PLACE
WHERE PEOPLE ASSOCIATE FREELY FOR THE COMMON GOOD. IN THIS RESPECT THE
YMCA BECOMES A SCHOOL FOR DEMOCRACY.

LEARNING TO GIVE AND TAKE

THERE ARE NEGATIVE MODELS OF LEADERSHIP THAT THE YMCA REJECTS,

SUCH AS THE HOSTILE LEADER WHO CONFRONTS AND PUNISHES. THE YMCA MODEL

IS POSITIVE, BASED ON A BELIEF THAT WE ALL ARE WORTHWHILE INDIVIDUALS.

THE YMCA BELIEVES THAT MORE AND BETTER WORK IS PRODUCED BY THOSE WHO

ARE LED POSITIVELY AND PRAISED FOR WHAT THEY HAVE DONE WELL, RATHER

THAN SCOLDED FOR WHAT THEY MISSED.

LEADERSHIP MEANS LEARNING HOW TO GET THINGS DONE ON GROUPS, HOW TO
DRAW UP RULES, HOW TO FOLLOW A LEADER AND WHAT TO DO WHEN CALLED UPON
TO LEAD. THAT MEANS LEARNING THE ART OF COMPROMISE, SPEAKING IN
PUBLIC, ACCEPTING DIFFERENT VIEWS AND SEEKING OUT THINGS THAT UNITE
PEOPLE RATHER THAN FOCUSING ON WHAT DIVIDES THEM. THESE TALENTS GIVE
RISE TO DECISIONS THAT DRAW SUPPORT AND STRATEGY THAT WORKS.
FOLLOWING THE RIGHT PATH

PROGRAMS OFFERED BY THE YMCA TODAY DIFFER AT EACH BRANCH AS EACH
MEETS THE PARTICULAR NEED OF ITS COMMUNITY. BUT THE ESSENTIAL

COMPONENTS OF TEEN LEADERSHIP DEVELOPMENT ARE THE SAME: SELF-ESTEEM,

PERSONAL HEALTH, EMPLOYMENT SKILLS AND CAREER GOALS, EDUCATION AND

TRAINING AND VOLUNTEER SERVICE. THEY ALL DERIVE FROM THE YMCA®

MISSION TO BUILD HEALTHY MIND, BODY AND SPIRIT.

SKILLS THROUGH PRACTICE

SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.

Employer identification number 91-0586473

THE SOUTH SOUND YMCA OFFERS A YOUTH AND GOVERNMENT PROGRAM. THOSE

TAKING PART LEARN ABOUT STATE GOVERNMENT THROUGH HANDS-ON ACTIVITIES

LIKE DRAFTING AND DEBATING LEGISLATION AND TAKING ON THE ROLES OF

ELECTED STATE OFFICIALS.

WHETHER THROUGH SPECIALIZED PROGRAMS LIKE THESE OR THROUGH BASIC

HEALTH AND EXERCISE, TEENS COMING TO THE YMCA FIND THE OPPORTUNITIES,

TRAINING AND ENCOURAGEMENT THEY NEED TO MAKE THE TRANSITION FROM

CHILDHOOD TO ADULTHOOD, A TIME OF WONDERFUL GROWTH. THEY DISCOVER

THEIR TALENTS FOR LEADERSHIP AND LEARN HOW TO DEVELOP THEM THROUGH

SERVING OTHERS.

LEADERSHIP ACCOMPLISHMENTS

THE SOUTH SOUND YMCA OFFERS PROGRAMS THAT EMPOWER TEENS THROUGH

ACTIVITIES AND SERVICES THAT PROVIDE SUPPORT, TRAINING, CHALLENGE AND

RECOGNITION. OUR PROGRAMS INCLUDE YOUTH IN GOVERNMENT, LATE NIGHT

EVENTS, EARTH SERVICE CORPS, AMERICORP AND FAMILY PRIME TIME, AN

INTERGENERATIONAL GET TOGETHER. IN 2011, THE SOUTH SOUND YMCA HAD

1,005 PERSONS PARTICIPATE IN ITS YOUTH EARTH SERVICES CORP AND YOUTH IN

GOVERNMENT PROGRAMS.

COMMUNITY DEVELOPMENT: GOOD PLACES TO LIVE

THROUGH A CENTURY AND A HALF OF GROWTH, THE YMCA HAS CELEBRATED

DIVERSITY. PEOPLE OF ALL KINDS COME TOGETHER AT THE YMCA. THEY REACH

OUT, BRINGING OTHERS INTO AN ORGANIZATION WHERE ALL FEEL COMFORTABLE.

THE YMCA BECOMES A COMMUNITY IN ITSELF, ONE WHICH HELPS BUILD CULTURAL

AWARENESS AND MEANINGFUL, RESPECTFUL INTERACTION AMONG PEOPLE IN LOCAL

NEIGHBORHOODS.

LOOK FOR THE MERCHANT, THE TEACHER, THE COMPUTER PROGRAMMER, THE

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473	
SALESMAN, THE TRUCK DRIVER AND THE MAYOR ON THE EXERCISE MATS AT A 7		
A.M. WORKOUT. THEIR COOL-DOWN OFTEN INCLUDES SOME TALK ON HOT TOPICS		
IN TOWN. LOOK FOR THOSE SAME PEOPLE AT A YMCA BOARD MEET	ring, making	
PLANS AND DECISIONS TOGETHER WITH A COMMON PURPOSE: STRE	ENGTHENING THE	
COMMUNITY AND IMPROVING LIVES.		
COORDINATED SERVICE		
THE YMCA IS A LEADER IN MEETING HEALTH AND SOCIAL SE	ERVICE NEEDS.	
BUT YMCAS DON® DO IT ALONE. COLLABORATION IS AT THE HEAD	RT OF THEIR	
COMMUNITY DEVELOPMENT NETWORK. THE YMCA ACTS AS AN AGENT FOR CHANGE,		
EITHER CALLED IN TO HELP OR ORIGINATING AN IDEA AND BUILDING SUPPORT		
FROM OTHER GROUPS @GOVERNMENTAL AND PRIVATE, EDUCATIONAL	AND SOCIAL	
SERVICE. THE MUTUAL DRIVE TO GET THINGS DONE IS MORE IMP	PORTANT THAN	
BATTLES OVER TURF OR DOLLARS.		
COMMUNITY SELF-RELIANCE	·	
YMCAS BEGAN IN ENGLAND IN 1844, AND SEVEN YEARS LATE	ER IN BOSTON,	
AS ASSOCIATES OF WHAT MIGHT BE CALLED TODAY BORN-AGAIN PR	ROTESTANT YOUNG	
MEN WHO WERE ANXIOUS TO SAVE THE SOULS OF OTHER YOUNG MEN	. THEY WERE	
WORRIED ABOUT THE TEMPTATIONS FACING THOSE NEWLY ARRIVED	FROM FARMS TO	
WORK IN THE URBAN FACTORIES. BOSTON® ORIGINAL YMCA CONST	TITUTION	
DEDICATED THE		
ORGANIZATION TO WORK TO IMPROVE THE SPIRITUAL AND MENTAL	CONDITION OF	
YOUNG MEN. Ø AS THE YEARS PASSED, THE ORGANIZATION ADDED A	A SOCIAL	
MISSION TO ITS ORIGINAL RELIGIOUS PURPOSE.		
REACHING OUT TO THOSE NOT YET SAVED, THE YMCA ESTABI	LISHED A HABIT	
EARLY OF OPENING ITS DOORS WIDE. TODAY IT® EVANGELIZING	IS GONE, BUT	
132212 01-23-12 Sche	dule O (Form 990 or 990-EZ) (2011)	

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 91-0586473
THE YMCA
COME OR
CKGROUNDS TO
LOOK BEYOND
TIONS
\$ 454,267.
WAS PROVIDED TO
WAS FILED.

Name of the organization **Employer identification number** 91-0586473 SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ON A REGULAR BASIS. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DETERMINES COMPENSATION OF OFFICERS THROUGH A COMPARABILITY STUDY, APPROVED BY THE GOVERNING BODY. FORM 990, PART VI, SECTION C, LINE 19: THESE ITEMS WOULD BE MADE AVAILABLE ON AN INDIVIDUAL BASIS, UPON REQUEST. PAGE 9, PART VIII, RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES LINE 2(E): YMCA PHYSICAL EDUCATION WELL-BEING MEANS A HEALTHY BODY, MIND AND SPIRIT. YMCA HEALTH ENHANCEMENT PROGRAMS ARE MEDICALLY BASED PROGRAMS THAT STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE HABITS AND HEALTH INCLUDING NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION. THEY ARE MADE AVAILABLE AT A FEE THAT A MAJOR SEGMENT OF THE COMMUNITY CAN AFFORD, WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANO AFFORD THE FULL FEE. YMCA FAMILY PROGRAMS THESE PROGRAMS HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF FAMILIES. THEY PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP. ACTIVITIES ARE PLANNED TO 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011)

132212 01-23-12

Name of the organization **Employer identification number** SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN. 91-0586473 BRING GROUPS OF FAMILIES TOGETHER TO SUPPORT EACH OTHER. PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY. THE SOUTH SOUND YMCA HAS ACTIVE, GROWING PROGRAMS SUCH AS FAMILY SWIM AND FAMILY PRIME TIME. AS OF DECEMBER 2011, 41,022 PERSONS PARTICIPATED IN SOUTH SOUND YMCA PROGRAMS. YMCA OLDER ADULTS THE SOUTH SOUND YMCA OFFERS WATER AEROBICS AND OTHER EXERCISE PROGRAMS SPECIFICALLY DESIGNED FOR OLDER ADULTS. IN 2011, THE YMCA SERVED 6,642 ADULTS 55 YEARS OF AGE AND OLDER. LINE 2(D): YMCA AQUATICS YMCA AQUATICS PROGRAMS ARE PART OF THE YMCA® OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE AND LEADERSHIP. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAND AFFORD THE FULL FEE. AS RESIDENTS OF THE SOUTH PUGET SOUND, PEOPLE IN THIS COMMUNITY COULD BE SUBJECT TO TRAUMATIC INCIDENTS AROUND WATER. OUR AQUATICS PROGRAMS HELP PREVENT THAT FROM HAPPENING. IN 2011, THE SOUTH SOUND YMCA PROVIDED SWIMMING LESSONS TO 5,456 CHILDREN, YOUTH AND TEENS. LINE 2(C): YMCA YOUTH YMCA YOUTH THESE PROGRAMS PROMOTE AN APPRECIATION OF ONE® OWN WORTH. WHATEVER THE SPORT, THE FOCUS IS ON FULL AND EQUAL PARTICIPATION OF

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 91-0586473

ALL; EVERY CHILD PLAYS IN EVERY GAME. WIN OR LOSE, YMCA YOUTH SPORTS

PROGRAMS EMPHASIZE DEVELOPMENT OF SKILL, HEALTH AND FITNESS, SAFETY,

COOPERATION, SELF-ESTEEM AND RESPECT FOR OTHERS. THE SOUTH SOUND YMCA

OFFERS BASKETBALL, VOLLEYBALL, FLAG FOOTBALL, BASEBALL, SOFTBALL,

SOCCER, T-BALL, FIELD HOCKEY, GYMNASTICS AND SWIMMING. IN 2011, THE

SOUTH SOUND YMCA GAVE \$20,200 IN FINANCIAL ASSISTANCE TO YOUTHS

PARTICIPATING IN THESE ACTIVITIES.

YMCA TEEN LEADERSHIP

THE SOUTH SOUND YMCA OFFERS PROGRAMS THAT EMPOWER TEENS THROUGH

ACTIVITIES AND SERVICES THAT PROVIDE SUPPORT, TRAINING, CHALLENGE AND

RECOGNITION. OUR PROGRAMS INCLUDE YOUTH IN GOVERNMENT, LATE NIGHT

EVENTS, EARTH SERVICE CORPS, AMERICORP AND FAMILY PRIME TIME, AN

INTERGENERATIONAL GET TOGETHER. IN 2011, THE SOUTH SOUND YMCA HAD

1,005 PERSONS PARTICIPATE IN ITS YOUTH EARTH SERVICES CORP AND YOUTH IN

GOVERNMENT PROGRAMS.

LINE 2(B): YMCA CHILDCARE

THE CENTRAL FOCUS OF ALL YMCA CHILDCARE PROGRAMS IS TO FOSTER

GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN, BUT ALSO IN THEIR PARENTS

AND FAMILIES. THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND

ETHICAL BEHAVIOR, SELF-ESTEEM AND LEADERSHIP. PARENTS PLAY AN

IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS.

IN MANY INSTANCES, YMCA CHILDCARE ALLOWS PARENTS OF THE CHILDREN

IN OUR PROGRAM TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR

CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT. FOR PARENTS

WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A SLIDING SCALE

132212

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
BASIS. WITH THE INCREASED COST OF LIVING IN OUR AREA, TH	ERE ARE MORE
HOMES WHERE BOTH MOM AND DAD MUST WORK AND THERE ARE MANY	SINGLE PARENT
FAMILIES THAT CRITICALLY NEED THIS SERVICE. IN 2011, THE	SOUTH SOUND
YMCA CARED FOR 3,159 CHILDREN AND PROVIDED \$299,546 IN FI	NANCIAL
ASSISTANCE.	
LINE 2(A): MEMBERSHIP DUES AND ASSESSMENTS	
THE YMCA IS ESSENTIALLY A MEMBERSHIP ASSOCIATION OF	MEN, WOMEN AND
CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIG	IONS. IT IS
DEDICATED TO BUILDING HEALTHY BODY, MIND AND SPIRIT OF IN	DIVIDUALS AND
FAMILIES. IT PUTS CHRISTIAN PRINCIPALS INTO PROACTIVE TH	ROUGH PROGRAMS
THAT PROMOTE GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSH	IP, COMMUNITY
DEVELOPMENT AND INTERNATIONAL UNDERSTANDING.	
YMCA MEMBERS HAVE ACCESS TO ALL PROGRAMS, ACTIVITIES	AND
FACILITIES DESCRIBED IN THIS SECTION, ALL OF WHICH FURTHER	R OUR
CHARITABLE CAUSE. NO ONE IS DENIED A CHANCE TO PARTICIPA	TE IN A YMCA
PROGRAM DUE TO AN INABILITY TO PAY.	
IN 2011, 59,723 PEOPLE WERE SOUTH SOUND YMCA MEMBERS	AND PROGRAM
PARTICIPANTS, INCLUDING 31,718 CHILDREN AND TEENS AND 28,	005 ADULTS.
OF THESE, 4,128 PEOPLE RECEIVED \$591,266 IN FINANCIAL ASS	ISTANCE.
LINE 11(B): MISCELLANEOUS	
THIS INCOME IS DIRECTLY RELATED TO SOUTH SOUND YMCA	PROGRAMS.
	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization SOUTH SOUND YOUNG MEN'S CHRISTIAN ASSN.	Employer identification number 91-0586473
FAIR VALUE ADJUSTMENT	5,590,677.
THE ORGANIZATION HAD A CHANGE IN ACCOUNTING METHODS, WHI	
USING FAIR VALUE MEASUREMENT FOR ASSETS AND LIABILITIES.	
THE ORGANIZATION HAS NOT CHANGED ITS METHOD OF OVERSIGHT	PROCESS DURING
AMENDED RETURN EXPLANATION	
THE 990 IS BEING AMENDED TO ADD THE TAX EXEMPT BOND INFO	DRMATION ON
SCHEDULE K. NO OTHER FINANCIAL DATA HAD BEEN CHANGED.	
	
	